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2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

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

						Inspection
or	caler	ndar year 2019, or tax year beginning 01-01-2	2019 , ar	nd ending 12-31-	2019	
		indation E CARES FOUNDATION		A Employer id	entification numbe	er
				46-5059067		
		l street (or P.O. box number if mail is not delivered to street addres ST RAINTREE DRIVE NO 300	s) Room/suite	B Telephone nu	mber (see instructio	ns)
				(480) 515-8000)	
		, state or province, country, and ZIP or foreign postal code E, AZ 85260		C If exemption	application is pendin	g, check here
						▶ ⊔
i Cl	neck al		a former public charity	_	ganizations, check h	▶ ⊔
		☐ Final return ☐ Amended retur ☐ Address change ☐ Name change	'n		ganizations meeting k here and attach co	
	neck tv	pe of organization: Section 501(c)(3) exempt privati	e foundation		undation status was	
_	•		ble private foundation	under sectio	n 507(b)(1)(A), ched	ck nere
Fa	ir mark	et value of all assets at end J Accounting method:	☑ Cash ☐ Accru		ation is in a 60-mont	
		rom Part II, col. (c), ▶\$ 436,840		under sectio	n 507(b)(1)(B), ched	:k here ▶ Ш
	,	(Part I, column (d) mu	st be on cash basis.)			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	1	Contributions, gifts, grants, etc., received (attach	1 2200			(cash basis only)
	*	schedule)	200,000			
	2	Check ► ☐ if the foundation is not required to attach				
	3	Sch. B				
	4	Dividends and interest from securities	5,521	5,521		
	5a	Gross rents				
	b	Net rental income or (loss)	_			
Ж	6a	Net gain or (loss) from sale of assets not on line 10	-1,512			
Revenue	b	Gross sales price for all assets on line 6a84,73	33			
ž	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	10a	Gross sales less returns and allowances				
	ь	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	9 455	0		
	12	Total. Add lines 1 through 11	204,464	5,521		
	13	Compensation of officers, directors, trustees, etc.	0	0		C
	14	Other employee salaries and wages				
ç	15	Pension plans, employee benefits				
en (16a	Legal fees (attach schedule)	66.1 0.455			
EXD	b	Accounting fees (attach schedule)	3,675	, , , , , , , , , , , , , , , , , , ,		1,838
and Administrative Expenses	c	Other professional fees (attach schedule)	2,544	2,544		C
<u> </u>	17 18		335	135		C
<u> </u>	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	355	155		
	20	Occupancy				
₹ -	21	Travel, conferences, and meetings				
	22	Printing and publications				
2	23	Other expenses (attach schedule)				
	24	Total operating and administrative expenses.				
Operacing		Add lines 13 through 23	6,554	·		1,838
ر	25	Contributions, gifts, grants paid	219,200			219,200
	26	Total expenses and disbursements. Add lines 24 and 25	225,754	4,516		221,038
	27	Subtract line 26 from line 12:	223,/34	7,310		221,030
	а	Excess of revenue over expenses and	24 200			
	b	disbursements Net investment income (if negative, enter -0-)	-21,290	1,005		
	c	Adjusted net income (if negative, enter -0-)		1,503		

Beginning of year

Page 2

436,840

End of year

401,657

3,675

3,675

397,982

397.982

401,657

419,272 -21,290

397,982

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0

0

1

2

3

4

5

6

419,272

419.272

419,272

	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 (attach schedule)				
		Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)	66,603	% J	44,416	46,090
	b	Investments—corporate stock (attach schedule)	129,329	چ	124,391	156,198
	С	Investments—corporate bonds (attach schedule)	53,194	% J	76,531	78,233
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
		.				

		i I	1
12	Investments—mortgage loans		Ī
13	Investments—other (attach schedule)		Ī
14	Land, buildings, and equipment: basis ▶		Ī
	Less: accumulated depreciation (attach schedule) ▶		
15	Other assets (describe ▶)		Ī
16	Total assets (to be completed by all filers—see the		Ī
	instructions. Also, see page 1, item I)	419,272	
17	Accounts payable and accrued expenses		Ī

Foundations that follow FASB ASC 958, check here ▶

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Attached schedules and amounts in the description column

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Accounts receivable

Less: allowance for doubtful accounts ▶

3

18

19

20

21

22

23

24

25

28

29 30

Part III

Liabilities

Fund Balances

ŏ 26

Assets 27

Net

2

3

5

Grants payable

Other liabilities (describe ▶_

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

(a) List and describe 2-story brick war	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1 a PUBLICLY TRADED SECUR	ITIES	Р	2019-01-01	2019-12-31	
b PUBLICLY TRADED SECUR	ITIES	Р	2012-01-01	2019-12-31	
c PUBLICLY TRADED SECUR	ITIES		Р	2019-01-01	2019-12-31
d PUBLICLY TRADED SECUR	ITIES		Р	2012-01-01	2019-12-31
e					
()	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
•	(or allowable)	plus expe	ense of sale	†) minus (g)
a 8	,963		8,938	3	25
b 44	,737		43,845	5	892
c 6	,418		6,477	7	-59
d 24	,615		26,985	5	-2,370
e					
Complete only for assets s	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	(I)
(;)	(j)		(k)		h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis		of col. (i)		less than -0-) or
	as of 12/31/69	over col.	. (j), if any	Losses (fr	om col.(h))
a					25
b					892
c					-59
d					-2,370
e					
2 Capital gain net income of3 Net short-term capital ga	1	If gain, also enter in Pour If (loss), enter -0- in Pour If (222(5) and (6):		2	-1,512
in Part I, line 8	I, line 8, column (c) (see instruction	. í .`. í 	}	3	
Part V Qualification U	nder Section 4940(e) for Re	duced Tax on Net	Investment In	come	
For optional use by domestic pri	vate foundations subject to the sec	ction 4940(a) tax on ne	t investment incon	ne.)	
f section 4940(d)(2) applies, lea	ve this part blank.				
	section 4942 tax on the distributate qualify under section 4940(e). Do		· ·	? L Y	es 🗹 No
1 Enter the appropriate amo	ount in each column for each year;	see instructions before	making any entrie	s.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl	le-use assets	(d) Distribution rati (col. (b) divided by c	
2018	257,748		357,637	(cor. (b) divided by e	0.720697
2017	426,736		262,229		1.627341
2016	148,150		285,507		0.518901
2015	196,388		367,768		0.534000
2014	88,033		429,995		0.204730
2 Total of line 1, column (d)			2		3.605669
3 Average distribution ratio f	for the 5-year base period $-$ divide t				0.721134
,	lation has been in existence if less t charitable-use assets for 2019 from	,	: : : <u>3</u>		388,813
		•	5		280,386
. , ,	nt income (1% of Part I, line 27b)		6		10
	, , , ,		<u>8</u>		280,396
					· · · · · · · · · · · · · · · · · · ·
If line 8 is equal to or grea	ns from Part XII, line 4 , . Iter than line 7, check the box in Pa			<u> </u> ng a 1% tax rate. Se	221,038 e the Part VI
instructions.					

	990-PF (2019)					ŀ	Page 6
Pai	rt VIII-B Statements Rega	rding Activities for Whi	ch Form 4720 May Be	Required (continued)			
5a	During the year did the foundation	n pay or incur any amount to:				Yes	No
	(1) Carry on propaganda, or othe	rwise attempt to influence leg	e attempt to influence legislation (section 4945(e))?				
	(2) Influence the outcome of any	' '	,,	03 _			
	on, directly or indirectly, any v	voter registration drive?		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?				No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described						
	in section 4945(d)(4)(A)? See			· · · Yes 🗸	No		
	(5) Provide for any purpose other	• • •					
	educational purposes, or for th	' '		∟ Yes ⊻	No		
b	If any answer is "Yes" to 5a(1)–(5						
	Regulations section 53.4945 or in			_	. 5b	1	
_	Organizations relying on a current	• •]		
С	If the answer is "Yes" to question	* **	·				
	tax because it maintained expendi If "Yes," attach the statement requ			· · L Yes L	No		
6-	·	· -					
6a	Did the foundation, during the year						
b	a personal benefit contract? Did the foundation, during the year			∟ Yes 🖭	No 6b		No
D	If "Yes" to 6b, file Form 8870.	ar, pay premiums, directly or	nullectly, on a personal be	ment contract:	00	+	NO
7a	At any time during the tax year, w	was the foundation a party to	a prohibited tay shelter trai	nsaction?			
	If "Yes", did the foundation receive		•	∟ Yes 🖭	No 7b		
8	Is the foundation subject to the se				75	 	
_	excess parachute payment during						
		: Officers, Directors, Tru			No L		
Pai	and Contractors	. Omiccis, Directors, me	istees, i suitaution rie	magers, mgm, raia Ei	пріоўсез	,	
1	List all officers, directors, trust	ees, foundation managers	and their compensation	See instructions			
	,,,,,	(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nce acc	ount
	(a) Name and address	hours per week	not paid, enter	employee benefit plans and deferred compensation		llowan	
STEVI	EN J HILTON	devoted to position PRESIDENT	- 0-)	'			
	EAST RAINTREE DRIVE SUITE 300	1.00	Ĭ		1		
	TSDALE, AZ 85260						
8800	SFERRUZZA	TREAS	0	())		C
SCOT	EAST RAINTREE DRIVE SUITE 300	TREAS 1.00	0	()		0
			0				0
C TIM	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260	1.00					0
C TIM 8800 SCOT	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260	1.00 VP / DIR / SEC 1.00	0	(0
C TIM	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260	1.00 VP / DIR / SEC 1.00	0			'NONE	0
C TIM 8800 SCOT 2	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid (b) Title, and average	those included on line 1	L—see instructions). If no	ne, enter		
C TIM 8800 SCOT 2	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred		se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid (b) Title, and average	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit	ne, enter '	se acco	unt,
C TIM 8800 SCOT 2	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week hours per week)	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,
C TIM 8800 SCOT 2 (a)	EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 OTHY WHITE EAST RAINTREE DRIVE SUITE 300 TSDALE, AZ 85260 Compensation of five highest-p Name and address of each employe more than \$50,000	1.00 VP / DIR / SEC 1.00 paid employees (other than the paid hours per week devoted to position	those included on line to the compensation	L—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter '	se acco	unt,

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Part VIII Information About Officers, Directors, and Contractors (continued)	Trustees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professi	ional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,00	00 (b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional se	ervices	0
Part IX-A Summary of Direct Charitable Activities	s	
List the foundation's four largest direct charitable activities during the tax yea organizations and other beneficiaries served, conferences convened, research		Expenses
1 NONE		0
2		_
2		
3		
4		
Part IX-B Summary of Program-Related Investment	ents (see instructions)	
Describe the two largest program-related investments made by the found	dation during the tax year on lines 1 and 2.	Amount
1 NONE		0
2		
		-
All other program-related investments. See instructions.		
3 分 Total. Add lines 1 through 3		0
Total. Add lines I tillough 5		
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2a |

2b

19,441

19,421

19.421

19.421

221,038

221.038

221.038

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2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

income. Enter 1% of Part I, line 27b. See instructions.

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

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

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

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

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

Page 9

19,421

19,421

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Form	990-PF	(201
Pa	rt XII	

0-PF	(20	019	
VTT	7		

0-PF (20	019)	
XIII	Undistributed Income	(see instructions)

a From 2014.

b From 2015. c From 2016. . . .

d From 2017.

e From 2018.

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e.

d Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

—see instructions

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

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

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.

4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). (a)

Corpus

1.035.953

201.617

1,237,570

70.242

1,167,328

70.242 178,244

133.911

413.625 239,931

178.244 133,911

413.625

239,931

201,617

(b)

Years prior to 2018

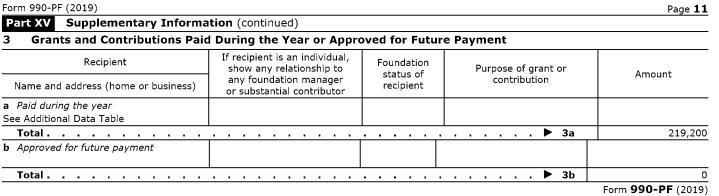
2019

(c)

2018

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed **d** Subtract line 6c from line 6b. Taxable amount e Undistributed income for 2018. Subtract line

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



nter gross	s amounts unless otherwise indicated.	Unrelated bu	ısiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
q						
g Fees	and contracts from government agencies					
_	ership dues and assessments					
3 Interes investn	t on savings and temporary cash nents					
	nds and interest from securities			14	5,521	
	ntal income or (loss) from real estate:					
	financed property					
	lebt-financed property					
	nvestment income					
8 Gain or	(loss) from sales of assets other than					
invento	ory			18	-1,512	
	ome or (loss) from special events:					
	profit or (loss) from sales of inventory					
1 Other i	revenue: :LLANEOUS				455	
	ELLANEOUS			01	455	
е						
	al. Add columns (b), (d), and (e)		(0	4,464	(
2 Subtot	ar. Add coldiniis (b), (d), and (c).					
3 Total.	Add line 12, columns (b), (d), and (e)				3	4,464
3 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)		13	3	4,464
3 Total.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the	lations.) ie Accomplish	ment of Exem	pt Purposes		
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Form 990-P	F (2019)				Pa	ge 13
Part XV	Information Re Exempt Organia		ons and Relationships With Nonchari	table		
		directly engage in any of the following with a organizations) or in section 527, relating to p	ny other organization described in section 501 political organizations?		Yes	No
a Transfei	s from the reporting foun	dation to a noncharitable exempt organizatio	n of:			
(1) Ca	sh			1a(1)		No
(2) Otl	ner assets			1a(2)		No
b Other tr	ansactions:					
(1) Sa	les of assets to a nonchari	table exempt organization		1b(1)		No
(2) Pui	rchases of assets from a n	oncharitable exempt organization		1b(2)		No
(3) Re	ntal of facilities, equipmer	nt, or other assets		1b(3)		No
(4) Re	imbursement arrangemen	ts		1b(4)		No
				1b(5)		No
(6) Peri	ormance of services or m	embership or fundraising solicitations		1b(6)		No
c Sharing	of facilities, equipment, n	nailing lists, other assets, or paid employees.		1c		No
(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arra	ngemen	its
describe	•	ectly affiliated with, or related to, one or more than section $501(c)(3)$) or in section 527 ?	<u> </u>	Z No		

2a Is the found	dation directly or indir	ectly affiliated with	, or related to, one or mo	re tax-exempt o	rganizations	
described in	section 501(c) (othe	r than section 501(c)(3)) or in section 527?		Yes	✓ No
	mplete the following s					
	(a) Name of organizati	on	(b) Type of organiz	ation	(c) Description of re	elationship
Unde	nenalties of perium	I declare that I hav	ve examined this return i	ncluding accomi	nanying schedules and stater	ments and to the hest

of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date

Paid	
Prepa	arer

Use Only

Sign

AMY A O'LOUGHLIN

Firm's name ▶

Signature of officer or trustee

Print/Type preparer's name

CBIZ MHM LLC

Firm's address ► 4722 N 24TH ST STE 300

Preparer's Signature

2020-06-23

Date

Title

2020-06-23

Check if self-

employed ▶ 🔲

	(see	ins
PT	IN	

May the IRS discuss this return with the preparer shown

e instr.)	✓ Yes	

P00869687

Firm's EIN ▶34-1884125

Phone	no.	(602)	264-683

PHOENIX, AZ 85016

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **#LOVE UP FOUNDATION** NONE PUBLIC UNRESTRICTED GIFT TO BE 2,500 4340 E INDIAN SCHOOL RD SUITE CHARITY USED FOR GENERAL

21-524 PHOENIX, AZ 85018			CHARITABLE PURPOSES OF THE ORGANIZATION	
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS,TX 75231	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	

272 GREENVILLE AVENUE ALLAS, TX 75231		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
RIZONA CHAMBER FOUNDATION 828 N CENTRAL AVE HOENIX, AZ 85004	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	

Total .

			URGANIZATION	
ARIZONA CHAMBER FOUNDATION 2828 N CENTRAL AVE PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000

10,000

219,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD 405B PHOENIX, AZ 85016	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	25,000
ARIZONA FORWARD 3800 N CENTRAL AVE UNIT 1030	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL	3,000

3800 N CENTRAL AVE UNIT 1030 PHOENIX, AZ 85012		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	-,
BIKES FOR GOODNESS SAKE LLC 12530 RESEARCH BLVD AUSTIN, TX 78759	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	7,500

			ORGANIZATION	
BIKES FOR GOODNESS SAKE LLC 12530 RESEARCH BLVD AUSTIN, TX 78759	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	7,500
Total			▶ 3a	219,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BLESSINGS IN A BACKPACK INC NONE PUBLIC UNRESTRICTED GIFT TO BE 500

4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE 10533 E LAKEVIEW DRIVE	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	25,000

SCOTTSDALE 10533 E LAKEVIEW DRIVE SCOTTSDALE, AZ 85258		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
BOYS TOWN CENTRAL FLORIDA INC 975 OKLAHOMA STREET OVIEDO, FL 32765	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	7,50

BOYS TOWN CENTRAL FLORIDA INC 975 OKLAHOMA STREET OVIEDO, FL 32765	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	7,500
Total	219,200			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BRIDGES OF LIGHT FOUNDATION I NONE PUBLIC UNRESTRICTED GIFT TO BE 2,500

4203 VINELAND RD D ORLANDO, FL 32811		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
CHILD ADVOCATES OF FORT BEND C 5403 AVENUE N	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL	2,500

ROSENBERG, TX 77471		J. 7. 1. 1. 1	CHARITABLE PURPOSES OF THE ORGANIZATION	
COURT APPOINTED SPECIAL ADVOCATES 1501 W WASHINGTON ST 128 PHOENIX, AZ 85007	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000

COURT APPOINTED SPECIAL ADVOCATES 1501 W WASHINGTON ST 128 PHOENIX, AZ 85007	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000
Total			▶ 3a	219,200

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

1				
DEFENDERS SPORTS GROUP INC 1719 DEEFIN CT INDIAN TRAIL, NC 28079	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
EAST FORT BEND HUMAN NEEDS	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	1,000

EAST FORT BEND HUMAN NEEDS MINISTRY INC 435 STAFFORD RUN STAFFORD, CA 77477	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	1,000
ELF LOUISE INCPO BOX 39107	NONE	PUBLIC	GENERAL & UNRESTRICTED	1,000

MINISTRY INC 435 STAFFORD RUN STAFFORD, CA 77477		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
ELF LOUISE INCPO BOX 39107	NONE	PUBLIC	GENERAL & UNRESTRICTED	1,00

Total .

STAFFORD, CA //4//			ORGANIZATION	
ELF LOUISE INCPO BOX 39107 SAN ANTONIO, TX 78218	NONE	PUBLIC CHARITY	GENERAL & UNRESTRICTED	1,000

219,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ESSILOR VISION FOUNDATION 13515 N STEMMONS FREEWAY DALLAS, TX 75234	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	500
EVERYDAY BLESSINGS INC 8421 PRITCHER RD	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	2,500

8421 PRITCHER RD LITHIA, FL 33547		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	ŕ
GORDON OWINO HEART FOUNDATION 778 LAGAN CT FORT MILLS, SC 29715	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	2,500

			URGANIZATION	
GORDON OWINO HEART FOUNDATION 778 LAGAN CT FORT MILLS, SC 29715	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
Total			▶ 3a	219,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HABITAT FOR HUMANITY INLAND NONE PUBLIC UNRESTRICTED GIFT TO BE 2,500

VALLEY 43085 BUSINESS PARK DR SUITE E TEMECULA, CA 92590		CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
HABITAT FOR HUMANITY OF DURHAM INC 215 N CHURCH ST DURHAM, NC 27701	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000
HABITAT FOR HUMANITY OF GREENVILLE COUNT PO BOX 1206 GREENVILLE SC 29602	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000

219,200

215 N CHURCH ST DURHAM, NC 27701			CHARITABLE PURPOSES OF THE ORGANIZATION	
HABITAT FOR HUMANITY OF GREENVILLE COUNT PO BOX 1206 GREENVILLE, SC 29602	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HELP A DIABETIC CHILD INC P O BOX 110161 NAPLES, FL 34108	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
HOMEAID ATLANTA INC 1 DUNWOODY PARK S SUITE 200 ATLANTA, GA 30338	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	5,000

HOMEAID ATLANTA INC 1 DUNWOODY PARK S SUITE 200 ATLANTA, GA 30338	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000
HOMEAID AUSTIN8140 EXCHANGE DR AUSTIN, TX 78754	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500

ATLANTA, GA 30338			CHARITABLE PURPOSES OF THE ORGANIZATION	
HOMEAID AUSTIN8140 EXCHANGE DR AUSTIN, TX 78754	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
Total			219,200	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1,000

2,500

219,200

▶ 3a

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

HOMEAID HOUSTON 9511 WEST SAM HOUSTON PKWY N HOUSTON, TX 77064	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
HOMEAID ORANGE COUNTY INC	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	

Total .

IOMEAID ORANGE COUNTY INC 4 EXECUTIVE PARK 100 RVINE, CA 92614	NONE	CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
IOMEAID SACRAMENTO 536 EUREKA ROAD	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL	

			ORGANIZATION	
HOMEAID SACRAMENTO 1536 EUREKA ROAD ROSEVILLE, CA 95661	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	7,500

HOMEAID SACRAMENTO 1536 EUREKA ROAD ROSEVILLE, CA 95661	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	7,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HOPE IMPACTS802 DPMINION DR KATY, TX 77450	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
LUKE 1412P O BOX 120864	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	2,500

LUKE 1412P O BOX 120864 NASHVILLE, TN 37212	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2
MEYER CENTER FOR SPECIAL CHILDREN	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	2

			ORGANIZATION	
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD RD GREENVILLE, SC 29609	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500

MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD RD GREENVILLE, SC 29609	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
Total			▶ 3a	219,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MODILE LOAVES & ETCHES INC NONE DUDLIC LINDECTRICTED CIET TO BE 2 500

9301 HOG EYE RD SUITE 950 HOUSTON, TX 78724	NONE	CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
MOUNTAIN LIONS BASEBALL BOOSTERS	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL	700

MOUNTAIN LIONS BASEBALL BOOSTERS 22651 N 71ST AVE GLENDALE, AZ 85310	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	700
PAPPAS KIDS SCHOOLHOUSE FOUNDATION 220 N MCKEMY AVE CHANDLER, AZ 85226	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	500

PAPPAS KIDS SCHOOLHOUSE FOUNDATION 220 N MCKEMY AVE CHANDLER, AZ 85226	NONE	CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	500
Total			> 3a	219,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

a Paid during the year				
PARTNERS IN ACTION INC 3233 W PEORIA AVE SUITE 211 PHOENIX, AZ 85029	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,000
PLAYMAKERS YOUTH SPORTS	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	2 500

			OKOANIZATION	
LAYMAKERS YOUTH SPORTS 045 BASELINE ROAD UNIT 105/147 AVEEN, AZ 85339	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
OSA OUTREACH INC	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	

Total .

LAVEEN, AZ 85339			ORGANIZATION	
POSA OUTREACH INC 7229 E 1ST AVE STE 203 SCOTTSDALE, AZ 85251	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	500

▶ 3a

219,200

			ORGANIZATION	
POSA OUTREACH INC 7229 E 1ST AVE STE 203 SCOTTSDALE, AZ 85251	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year REFLECTIONS OF TRINITY INC. NONE PUBLIC UNRESTRICTED GIFT TO BE 7,500 4037 AUSTELL-POWDER SPRINGS RD CHARITY USED FOR GENERAL POWDER SPRINGS, GA 30127 CHARITABLE PURPOSES OF THE ORGANIZATION

RONALD MCDONALD HOUSE CHARITIES OF CAROL 1 KROC DRIVE OAK BROOK, IL 60523	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	9,000
SAINT JOHN'S PROGRAM FOR REAL CHANGE 2443 FAIR OAKS BLVD 369 SACRAMENTO, CA 95825	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500

▶ 3a

219,200

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SILVER LINING RIDING PROGRAM 7220 N 185TH AVE WADDELL, AZ 85355	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
ST PETER-ST JOSEPH CHILDRENS	NONE	PUBLIC	GENERAL & UNRESTRICTED	1,000

WADDELL, AZ 85355			CHARITABLE PURPOSES OF THE ORGANIZATION	
ST PETER-ST JOSEPH CHILDRENS HOME 919 MISSION RD SAN ANTONIO, TX 78210	NONE	PUBLIC CHARITY	GENERAL & UNRESTRICTED	1,000
TALL TALES RANCH6311 S GRANT DR	NONE	PUBLIC	UNRESTRICTED GIFT TO BE	2,500

HOME 919 MISSION RD SAN ANTONIO, TX 78210	WOILE	CHARITY	51N21012 & 51N12511125125	1,000
TALL TALES RANCH6311 S GRANT DR CENTENNIAL, CO 80121	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500

Total			> 3a	219 200
TALL TALES RANCH6311 S GRANT DR CENTENNIAL, CO 80121	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
SAN ANTONIO, TX 78210				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE COVENTRY RESERVE NONE DUBLIC LINDESTRICTED CIET TO BE 2 500

2004 PARKER RD ST PAUL, TX 75098	NONE	CHARITY	USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,300
THE FAMILY EFFECT 1400 CLEVELAND STREET GREENVILLE, SC 29607	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500

GREENVILLE, SC 29607		CHARITY	CHARITABLE PURPOSES OF THE ORGANIZATION	
THE FIRST TEE OF GREEN VALLEY 20309 E 48TH PLACE DENVER, CO 80249	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
Total			▶ 3a	219,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE ISABELLA ROSE FOUNDATION NONE PUBLIC UNRESTRICTED GIFT TO BE 1,000 2131 W MONROE ST CHARITY USED FOR GENERAL CHANDLER, AZ 85224 CHARITABLE PURPOSES OF THE OPCANIZATION

			ONGANIZATION	
THE NATIONAL CENTER FOR MISSING 699 PRINCE STREET ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,500
TOURETTE ASSOCIATION OF AMERICA INC 42-40 BELL BOULEVARD SUITE 205 BAYSIDE NY 11361	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	5,000

		ONG/INIZE/MIGHT	l
TOURETTE ASSOCIATION OF AMERICA INC 42-40 BELL BOULEVARD SUITE 205 BAYSIDE, NY 11361	NONE	 UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	5,00
Total		 ▶ 3a	219,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF ARIZONA FOUNDATION NONE PUBLIC UNRESTRICTED GIFT TO BE 15,000 1111 NICHEDBY AVENUE CHARTTY LICED FOR CENERAL

TUCSON, AZ 85721		CHARITY	CHARITABLE PURPOSES OF THE ORGANIZATION	
WOMEN'S RESOURCE CENTER OF TAMPA INC PO BOX 3838	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE	2,500

TAMPA INC PO BOX 3838 BRANDON, FL 33509			USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	
WORKING WARDROBES FOR A NEW START 1851 KETTERING STREET IRVINE, CA 92614	NONE	PUBLIC CHARITY	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2

510 1115 G11/1 E 33303		ONG/INIZ/MION	
WORKING WARDROBES FOR A NEW START 1851 KETTERING STREET IRVINE, CA 92614	NONE	UNRESTRICTED GIFT TO BE USED FOR GENERAL CHARITABLE PURPOSES OF THE ORGANIZATION	2,000
Total		 ▶ 3a	219,200

efile GRAPHIC print - DO NOT PROC	ESS As Filed D	ata -	0	LN: 93491190008170	
TY 2019 Accounting Fees Schedule					
_					
	me: MERITAG EIN: 46-5059	GE CARES FOUNDAT	TION		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES	3,675	1,837		1,838	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	C	LN: 934911900081	170
TY 2019 All Other Program Re	lated Invest	ments Schedule		
Name:	MERITAGE CA	RES FOUNDATION		
EIN:	46-5059067			
	Category		Amount	
NONE				0

one did need print be not included and a second	
TY 2019 Investments Corporate Bonds Schedule	
Name: MERITAGE CARES FOUNDATION	

EIN: 46-5059067

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

CORPORATE BONDS - PUBLICLY TRADED

Investments Corporate Bonds Schedule Name of Bond End of Year Book End of Year Fair Value

Market Value

78,233

76,531

DIN: 93491190008170

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491190008170				
TY 2019 Investments Corporate Stock Schedule						
Nome.	AEDITACE CADEC	FOUNDATION				

156,198

124,391

Name: MERLIAGE CARES FOUNDATION

EIN:	46-505906/
Investments Corporation Stock Schedule	

CORPORATE STOCK - PUBLICLY TRADED

ETIN	40-3039007	
Investments Corporation Stock Schedule		

Name of Stock	End of Year Book Value	End of Year Fair Market Value
---------------	---------------------------	----------------------------------

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491190008170
TY 2019 Investments Governments	nent Obligat	ions Schedule	
Name:	MERITAGE CA	RES FOUNDATION	
EIN:	46-5059067		
US Government Securities - End of Year Book Value:		44,416	
US Government Securities - End of Year Fair Market Value:		46,090	
State & Local Government Securities - End of Year Book Value:		0	
State & Local Government Securities - End of Year Fair Market Value:		0	

efile GRAPHIC print - DO NOT PROCESS

Name: MERITAGE CARES FOUNDATION

EIN: 46-5059067

As Filed Data -

Other Income Schedule

MISCELLANEOUS

DLN: 93491190008170

Description

Revenue And **Expenses Per Books**

455

Net Investment Income

Adjusted Net Income

455

efile GRAPHIC print - DO NOT PROCE	As Filed Data	-	DL	N: 93491190008170			
TY 2019 Other Professional Fees Schedule							
Name: MERITAGE CARES FOUNDATION							
EIN: 46-5059067							
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

2,544

2,544

INVESTMENT FEES MORGAN STANLEY

Purposes

file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349119000817					N: 93491190008170			
TY 2019 Taxes Schedule								
	N MEDITAGE CADES FOUNDATION							
			CARES FOUNDATIO	N				
	EIN: 46-5059067							
Category	Category Amount Net Investment Adjusted Net Disbursements							
			Income	Income	for Charitable Purposes			
FOREIGN TAXES		135	135		0			

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491190008170
Schedule B	Schee	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest inform	nation.	2019
Name of the organization MERITAGE CARES FOUNDA	TION		Employer i	dentification number
Organization type (chec	k one).		46-5059067	7
	,			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	☐ 4947(a)(1) nonexempt ch	naritable trust not treated as a p	private foundation	
	☐ 527 political organization			
Form 990-PF	☑ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	te foundation	
	501(c)(3) taxable private	foundation		
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (tal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,	
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buons that were received during the General Rule applies to this or	it no such contributions tot e year for an <i>exclusively</i> r ganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General I must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	e 2, of its Form 990; or check th	e box on line H of its Form	•
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)

for Form 990, 990-EZ, or 990-PF.

Name of organiza MERITAGE CARES		46-5059067		
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	MERITAGE HOMES CORPORATION 8800 E RAINTREE DRIVE SUITE 300	\$ 200,000	✓ Person☐ Payroll☐ Noncash	
	SCOTTSDALE, AZ 85620		(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.)	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization CARES FOUNDATION			mployer identification number 6-5059067
Part III	than \$1,000 for the year from any one cont	ibutor. Complete co total of exclusively r instructions.) ► \$	lumns <mark>(a)</mark> througl eligious, charitab	n section 501(c)(7), (8), or (10) that total more h (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held
	Transferee's name, address, and z	` '	sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held
	Transferee's name, address, and z	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and z		sfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	e of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		sfer of gift Relatio	enship of transferor to transferee
			Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2019)