Form **990-PF** Department of the Treasury Internal Revegue Service EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PF for instructions and the latest information

FOI	calei	idar year 2019 of tax year beginning		, and ending		
Na	me o	f foundation			A Employer identification	n number
ס	TC	HARD C. ADKERSON FAMILY	POINTDANDER F	WED	72-135305	0
		INARD C. ADRERSON FAMILIE  and street (or P O box number if mail is not delivered to street				<u> </u>
		0 WEST BAR BC RANCH ROA	<b>^</b>	11921	B Telephone number 602-366-83	277
		own, state or province, country, and ZIP or foreign p	D 8 MOV 1	7 2020	· · · · · · · · · · · · · · · · · · ·	
J.T	y or t 'AC'	KSON, WY 83001	JOSIAI COURT	1≝	C If exemption application is	pending check here
		call that apply Initial return		rough charch	D 1 Foreign organization	as shock here
u ,	JIILOI	Final return	Amended return	rnici- <del>peono-onemy</del>	D i Torcigii organizatio	is, clieck liefe
		X Address change	Name change		Foreign organizations in check here and attach or	neeting the 85% test,
H (	Check	type of organization X Section 501(c)(3) e		04	E If private foundation s	
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(	
I Fa	air m	arket value of all assets at end of year   J   Account		Accrual	F If the foundation is in:	
(f	rom l		Other (specify)		under section 507(b)(	
	-\$	13,054,234. (Part I, colu	mn (d), must be on cash bası	s)		
Pa	art I	Analysis of Revenue and Expenses (The lotal of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	80,000.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	47,952.	47,952.		STATEMENT 1
	4	Dividends and interest from securities	218,855.	218,855.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
q:	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1007171701	26,188.			, <u>.</u>
100	_ b	assets on line 6a IU, U/II, / JI.		06.100		<u> </u>
Revenue	7	Capital gain net income (from Part IV, line 2)		26,188.		
<b>΄</b> -		Net short-term capital gard				<del> </del> -
>	9 10a	Income modifications Gross sales less returns				<del>-</del>
7	Ι.	and allowances Less Cost of goods sold				
う)へのと用つ	l	Gross profit or (loss)			<u> </u>	
	l	Other Income	36.	36.		STATEMENT 3
<del>-</del> -	12	Total Add lines 1 through 11	373,031.	293,031.	·	
<u> </u>	13	Compensation of officers directors trustees, etc	0.	0.		0.
<b>&gt;</b>	14	Other employee salaries and wages				
<b>⊋</b>	,	Pension plans, employee benefits				
36S		Legal fees				
را Expens	b	Accounting fees STMT 4	5,400.	5,400.	_	0.
Ä	C	Other professional fees STMT 5	115,573.	115,573.		0.
e A	17	Interest	21 012	01 010		·
fra	18	Taxes STMT 6	21,012.	21,012.	<del></del>	0.
Ĕ	19	Depreciation and depletion Occupancy	<del>-</del>	<u> </u>	<del></del>	
þ	17 18 19 20 21 22 23 24	Travel, conferences, and meetings	<del></del>		·	<u> </u>
þ	22	Printing and publications				
9	23	Other expenses			<del></del>	
at o	24	Total operating and administrative		···		
)er:		expenses Add lines 13 through 23	141,985.	141,985.		0.
ō	25	Contributions, gifts, grants paid	1,375,750.			0. 1,370,700.
	26	·				
		Add lines 24 and 25	1,517,735.	141,985.		1,370,700.
	27	Subtract line 26 from line 12	1 144 504			
	1	Excess of revenue over expenses and disbursements	-1,144,704.	151 046	·	-
	i .	Net investment income (if negative enter -0 )		151,046.	NI / D	
0205		Adjusted net income (if negative enter -0-)  17 19 LHA For Paperwork Reduction Act Notice	e cas instructions		N/A	Form <b>990-PF</b> (2019)
9235	O 1 12	17 19 LHA For Paperwork Reduction Act Notice	e, ace manuchuns		92	FORTH 330-FF (2019)
					a z	·2
				<b>-</b>		

Part II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	-136,561.	62,113.	62,113.
2 Savings and temporary cash investments	326,123.	168,512.	168,512.
3 Accounts receivable ►			
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			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
gg 8 Inventories for sale or use			
9 Prepaid expenses and deferred charges 10 Investments - II S and state government obligations STMT 7	_		
10a Investments - U.S. and state government obligations STMT 7		5,935.	6,241.
b Investments - corporate stock STMT 8	5,965,439.	5,812,719.	6,257,978.
c Investments - corporate bonds STMT 9	939,297.	926,398.	971,517.
11 Investments land, buildings and equipment basis			<del>_</del> <del>-</del>
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other STMT 1	0 5,750,040.	5,230,224.	<b>5</b> ,587, <b>8</b> 73.
14 Land, buildings, and equipment basis			·- ·
Less accumulated depreciation		-	
15 Other assets (describe ►	)		
16 Total assets (to be completed by all filers - see the			
instructions Also, see page 1, item i)	13,350,605.	12,205,901.	13,054,234.
17 Accounts payable and accrued expenses			
18 Grants payable			
n 19 Deferred revenue			
<u>~</u>			· ·
20 Loans from officers, directors, trustees and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe			-
22 Other liabilities (describe	)	-	
23 Total liabilities (add lines 17 through 22)	0.	0.	•
Foundations that follow FASB ASC 958, check here	]		
and complete lines 24, 25, 29, and 30	- I		
0 24 Net assets without donor restrictions	13,350,605.	12,205,901.	
25 Net assets with donor restrictions			
25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here  and complete lines 26 through 30			
and complete lines 26 through 30			
5 26 Capital stock, trust principal, or current funds	1.		
• · · · · · · · · · · · · · · · · · · ·			
27 Paid-in or capital surplus, or land, bldg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	13,350,605.	12,205,901.	
29   lotal net assets or fund balances			
30 Total liabilities and net assets/fund balances	13,350,605.	12,205,901.	
Part III Analysis of Changes in Net Assets or Fund			
		<del></del>	
1 Total net assets or fund balances at beginning of year - Part II, column (a),	line 29		4.0 000
(must agree with end-of-year figure reported on prior year's return)		1	13,350,605.
2 Enter amount from Part I, line 27a		2	-1,144,704.
Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	12,205,901.
5 Decreases not included in line 2 (itemize)		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part	II, column (b), line 29	6	12,205,901.

Part IV Capital Gains ar	d Losses for Tax on Ir	vestment	Income					
	kind(s) of property sold (for exa house, or common stock, 200 sh		е,	Ι' Ρ.	low acquired - Purchase - Donation		Date acquired mo , day, yr )	(d) Date sold (mo , day, yr )
18 SEE ATTACHMENT	1				P	V	ARIOUS	VARIOUS
	‡2				P	VZ	ARIOUS	VARIOUS
c CAPITAL GAINS D	IVIDENDS			<u> </u>	<del></del>			<del> </del>
<u>d</u>		-	<del></del>	<u> </u>		╁		<del>-</del>
<u>e</u>	(f) Depreciation allowed	(g) Coc	t or other basis	1		ــــــــــــــــــــــــــــــــــــــ	(h) Gain or (lo	ec)
(e) Gross sales price	(or allowable)		xpense of sale			((	e) plus (f) minu	
s 5,689,078.			5,804,59	2.				-115,514.
b 4,233,343.			4,241,01	1.				-7,668.
c 149,370.								149,370.
<u>d</u>			<del></del>					
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			/IV G	uns (Col (h) ga	an minue
	(j) Adjusted basis		cess of col (I)			col (k	), but not less t	han -0-) or
(e) FMV as of 12/31/69	as of 12/31/69		col (j), if any			L	oss <b>es</b> (from co	I (h)) 
3								-115,514.
<u>b</u>		<del> </del>			<u></u>			-7,668.
<u> </u>		<del> </del>			<del></del>			149,370.
<u>d</u>		<del> </del>			· <del>- ·</del> ·			<u> </u>
<u> </u>	∫ If gair, also ent	ar in Port I line	7	7	T			<del></del>
2 Capital gain net income or (net capi				•	2			26,188.
3 Net short-term capital gain or (loss	•					_		
If gain, also enter in Part I, line 8, c		\-,'		•			/	_
If (loss), enter -0- in Part 1, line 8 Part V   Qualification Un	der Section 4940(e) fo	r Reduced	Tay on Net	Inve	3   estment In	com	N/	<u>A</u>
(For optional use by domestic private f	<del></del>							<del></del> -
•		1010(a) ab on	not myosimont m	001110	,			
If section 4940(d)(2) applies, leave this	s part blank							
Was the foundation liable for the section			•	lod?				Yes X No
If "Yes," the foundation doesn't qualify				ntrion.				
1 Enter the appropriate amount in ea	(b)	INSU UCUONS DEN	ore making any e				<del></del> _	(d)
Base period years Calendar year (or tax year beginning		istributions	Net value of no	(c) onchar	ritable-use ass	ets	Dis (col (b)	(d) tribution ratio divided by col (c))
_2018	9(	66,700.		15	,636,95	6.		.061821
2017		47,016.		15	,607,43	35.		.079899
2016		08,089.	<del></del>		,996,85			.109858
2015		33,105.			,064,54			.060765
2014		20,484.		14	,573,93	90.	<del> </del>	.049436
2 Total of line 1, column (d)						- 1	2	.361779
3 Average distribution ratio for the 5-	vear base period - divide the tota	l on line 2 by 5 (	O, or by the numb	er of v	/ears			
the foundation has been in existence		•	, ,				3	.072356
4 Enter the net value of noncharitable	-use assets for 2019 from Part X	, line 5				ļ	4	12,698,065.
							_	010 701
5 Multiply line 4 by line 3							_ 5	918,781.
6 Enter 1% of net investment income	/1% of Part L line 27h\						6	1,510.
6 Furor 138 of Use massement Informe	(170 OFF division Crus					ļ	<u> </u>	2,010.
7 Add lines 5 and 6							7	920,291.
8 Enter qualifying distributions from	Part XII, line 4						8	1,370,700.
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, check the box in Part VI, in	ne 1b, and comp	olete that part usin	ng a 1	% tax rate			

	1990-PF (2019) RICHARD C. ADKERSON FAMILY FOUNDATION 72-1353 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	3058 Pa	age 4
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)	是"大学"的"大学"的"大学"的"大学"的"大学"的"大学"的"大学"的"大学"的	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1,51	0.
	of Part I, line 27b	The Fifth	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	The state of the s	£ 4,-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4 54	0.
3	Add lines 1 and 2	1,51	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	1 51	<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1,51	U. 공문화
6	Credits/Payments: 2019 estimated tax payments and 2018 overpayment credited to 2019  [6a] 20,842.		250
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>1</b>
	· · · · · · · · · · · · · · · · · · ·		100
			<b>3</b> 50
_		20,84	2
7	Total of other and paymonts. And miss out all ough of	20,04	0.
8		<del></del>	<u> </u>
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	19,33	2
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax		0.
	rt 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 participate or intervene in	<b>科號 Yes</b>	No
	any political campaign?	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	<u>X</u> .
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		1.00
	distributed by the foundation in connection with the activities.	<b>建强 联步</b>	, 22
	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		
_	managers. ► \$0.		<u> </u>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X Reserve
•	If "Yes," attach a detailed description of the activities.		SE P
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 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.	MAN BOOK :	<u>ख्</u> रिकत
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	愛   空	
·	By language in the governing instrument, or		
	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	
•	, , , , , , , , , , , , , , , , , , , ,	<b>意志 原数</b> E	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		
	LA		14 P
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1999年	3.75
	of each state as required by General Instruction G? If "No," attach explanation	8b X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	<b>经股份证</b>	Francis .
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X C
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

Form	990-PF (2019) RICHARD C. ADKERSON FAMILY FOUNDATION 72-1353	3058		Page 5
Pé	rt.VII-A Statements Regarding Activities (continued)			
	•	歌集 】	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12	l	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
10	Website address ► N/A			
44	The books are in care of TERRI LEAKE PRETLOVE  Telephone no. 602-30	56-83	77	
14	Located at >333 NORTH CENTRAL AVENUE, 26TH FLOOR, PHOENIX, AZ ZIP+4 >8		<u>, , , , , , , , , , , , , , , , , , , </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N/	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	304 4 1	15"	<u> </u>
	foreign country			整制
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	1.02 615	N E - 15	<u>- ^-</u>
		1 15. A. A.	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	V02712,E)	162	3050.2
18	During the year, did the foundation (either directly or indirectly):	4.4.3	317.88 10.00	200
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		74	13.3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		: T.B.	
	a disqualified person?		7	5.2
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1.32		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		13	14
	(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"		4	2 25
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ŀ	If any answer, is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			Ett.
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	8-14-1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		3	
•	before the first day of the tax year beginning in 2019?	1c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
•	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	\$5 \$80 I	redien h	Kusk-7
2		5 0 45 7	3.5	
	defined in section 4942(j)(3) or 4942(j)(5)):		· da	
i	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? Yes X No	2-3 M	慧	
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
- 1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	Ta. 12 2	24	S-1/2
	statement - see instructions.) N/A	2b		arte area
(	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b></b>			EEE.
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? $\qquad \qquad \qquad$			
ı	olf "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			Service I
	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			题為
	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,	1		
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			2
• '	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
_		orm <b>990</b>	-PF	

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orm 990-PF (2019) RICHARD C. ADKERSON FAMIL	LY FOUNDATION		72-13530	58 Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)	<del></del>
5a During the year, did the foundation pay or incur any amount to:			2.	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	4 150 1944
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	魏 [第] 李計
(4) Provide a grant to an organization other than a charitable, etc., organizatio				
4945(d)(4)(A)? See instructions	a doddinada iii doddon	□ v <sub>e</sub>	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo		ر ۱۱۵ <u>- ۱۱۵</u> ا	
the prevention of cruelty to children or animals?	o, oude= parpoor=, o		s X No	图 [ ]
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance, check I			<b>▶</b> 3	100 E 7 5 20 E
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned		
expenditure responsibility for the grant?		//A □ Y€	s 🗀 No 🕃	認到透過到
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		.,		<b>第1881</b> 第1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on		1	
a personal benefit contract?	pay promisimo on	□ v <sub>4</sub>	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a r	ersonal henefit contract?		_	6b X
If "Yes" to 6b, file Form 8870.	ordenar bonom bontraet	•	15	<b>建筑</b>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y <sub>€</sub>	es 🗶 No	第 图 图 图
b If "Yes," did the foundation receive any proceeds or have any net income attribu			/-	7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			4	200 2 to 1985
excess parachute payment(s) during the year?	.,	Ye	es X No	题的题
Part VIIIa Information About Officers, Directors, Trusto	Tarradakina Mar			
	es, roundation mar	nagers, Highly		
Paid Employees, and Contractors		nagers, Highly		
	neir compensation.			
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to	neir compensation.	(c) Compensation	(d) Contributions to employee benefit plans and effected	(e) Expense account, other
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the second se	neir compensation.  (b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C • ADKERSON	neir compensation.  (b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE	(c) Compensation (If not paid, enter -0-)	compensation	allowances
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE	(c) Compensation (If not paid, enter -0-)	compensation	allowances
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)	Compensation O .	allowances  O.
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)	compensation	allowances
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)	Compensation O .	allowances  O.
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the second se	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)  0 •	O •	0 .
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)	Compensation O .	allowances  O.
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)  0 •	O •	0 .
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)  0.	O. O.	0 . 0 .
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE	(c) Compensation (If not paid, enter -0-)  0.	O •	0 .
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  O.00  IR	(c) Compensation (If not paid, enter -0-)  0.	O .  O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  (e) Expense account, other
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the contract of the contr	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE	(c) Compensation (If not paid, enter -0-)  0.  0.  0.  enter "NONE."	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	0. 0. 0.
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and to  (a) Name and address  RICHARD C. ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  RICHARD CLARK ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  WILLIAM TYLER ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  ROBERT RYAN ADKERSON  L400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001  COMPENSATION OF THE PROPERTY O	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  O.00  IR	(c) Compensation (If not paid, enter -0-)  0.  0.  0.  enter "NONE."	O .  O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  (e) Expense account, other
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the contract of the contr	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  O.00  IR	(c) Compensation (If not paid, enter -0-)  0.  0.  0.  enter "NONE."	O .  O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  (e) Expense account, other
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the contract of the contr	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  O.00  IR	(c) Compensation (If not paid, enter -0-)  0.  0.  0.  enter "NONE."	O .  O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  (e) Expense account, other
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the contract of the contr	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  O.00  IR	(c) Compensation (If not paid, enter -0-)  0.  0.  0.  enter "NONE."	O .  O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  (e) Expense account, other
Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and the contract of the contr	neir compensation.  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  TRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  0.00  IRUSTEE  O.00  IR	(c) Compensation (If not paid, enter -0-)  0.  0.  0.  enter "NONE."	O .  O .  O .  (d) Contributions to employee benefit plans and deferred	0.  0.  0.  (e) Expense account, other

Form **990-PF** (2019)

Total number of other employees paid over \$50,000

orm 990-PF (2019) RICHARD C. ADKERSON FAMILY FOUNDA		2-1353	058 P	age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly			-
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compens	sation
CHARLES SCHWAB & CO., INC.	INVESTMENT ADV	SORY		
211 MAIN STREET, SAN FRANCISCO, CA 94105	FEES		115,5	73.
Total number of others receiving over \$50,000 for professional services				0
Part IX-A Summary of Direct Charitable Activities	<del></del>			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers product 1 N/A	cal information such as the ced, etc.		Expenses	
1 N/A				0.
2				
3				
4				
				_
Part IX-B   Summary of Program-Related Investments				
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2.		Amount	
1 N/A		$\exists$		
2			<u> </u>	0.
-All other program-related investments. See instructions.				
3				
		$\exists$		
Total, Add lines 1 through 3		<b></b>	200 ==	0.
		For	m 990-PF	(2019)

RICHARD C. ADKERSON FAMILY FOUNDATION Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 12,598,833. a Average monthly fair market value of securities 1a 292,604. b Average of monthly cash balances 1b 1c c Fair market value of all other assets 12,891,437. 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 3 193,372. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 12,698,065. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 634,903. 6 Minimum investment return Enter 5% of line 5 Part XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here 
and do not complete this part.) 634,903. Minimum investment return from Part X, line 6 1,510 2a Tax on investment income for 2019 from Part VI, line 5 , e k b Income tax for 2019. (This does not include the tax from Part VI.) 510 c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 5 . .. Deduction from distributable amount (see instructions) 6 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line Part XII. Qualifying Distributions (see instructions) 77. Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1,370,700. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 duly Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3b Cash distribution test (attach the required schedule) 1,370,700. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions Subtract line 5 from line 4

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

Form 990-PF (2019)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistribu	ited income (se	e instructions)			
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2018	2018	2019
1 Distributable amount for 20 line 7	119 from Part XI,			-	633,393.
2 Undistributed income, if any, as o	of the end of 2019		.,9		,
a Enter amount for 2018 only	, [		**	0.	
<b>b</b> Total for prior years:	J.,	,	0.		
3 Excess distributions carryo					·
1 -	vei, ii aliy, to 2015.	,	-		•
a From 2014		, ,		<b> </b>	~ , ´~
b From 2015	66 065	\ <u></u>	*		
c From 2016	66,965.		•		
d From 2017	474,282.	•			
e From 2018	199,371.	740 610			· · · · · · · · · · · · · · · · · · ·
f Total of lines 3a through e	<u> </u>	740,618.		<u>"</u>	V U L F 4
4 Qualifying distributions for		-			
Part XII, line 4: ►\$1		. '	6- N.		
a Applied to 2018, but not mo			· · · · · · · · · · · · · · · · · · ·	0.	
<b>b</b> Applied to undistributed inc	come of prior		_		,
years (Election required - s	ee instructions)	· · · · · · · · · · · · · · · · · · ·	0.		
c Treated as distributions out	t of corpus		Υ	· .	
(Election required - see inst	tructions)	0.	·,		
d Applied to 2019 distributab	le amount		~ /		633,393.
e Kemaining amount distribu	ited out of corpus	737,307.	to at the season of the	4 - A	
5 Excess distributions carryover ap (If an amount appears in column		0.			0.
must be shown in column (a) )			•		
6 Enter the net total of each indicated below:	column as		. '		,
a Corpus. Add lines 31, 4c, and 4e	Subtract line 5	1,477,925.	<u> </u>		
b Prior years' undistributed ii	ncome. Subtract	•		, '	'
line 4b from line 2b		<u> </u>	0.		
c Enter the amount of prior y undistributed income for w deficiency has been issued the section 4942(a) tax has	hich a notice of , or on which			- 1	
assessed	, , , ,		0.	<u> </u>	
d Subtract line 6c from line 6	6b. Taxable	, , , , , , , , , , , , , , , , , , , ,	_		ľ <i>-</i>
amount - see instructions	<u> </u>		0.	ļ <u>.</u>	
e Undistributed income for 2	018. Subtract line				,
4a from line 2a. Taxable an	nount - see instr.	<del></del>		0.	
f Undistributed income for 2	019. Subtract	•	, ,	-	
lines 4d and 5 from line 1.	This amount must	,	,	,	
be distributed in 2020					0.
7 Amounts treated as distrib	utions out of		1 . "	10 mg	
corpus to satisfy requireme	ents imposed by				
section 170(b)(1)(F) or 494	42(g)(3) (Election				
may be required - see instr	uctions)	0.	·		*
8 Excess distributions carryo			•		
not applied on line 5 or line		0.	,		
9 Excess distributions carry				· ·	,
Subtract lines 7 and 8 from		1,477,925.			1
10 Analysis of line 9:		,, , , , , , , , , , , , , , , , ,		·	
a Excess from 2015	j	•			
b Excess from 2016	66,965.				
c Excess from 2017	474,282.	•			[
d Excess from 2018	199,371.				
a Excess from 2010	737 307	,			1

		N FAMILY FO		72-13	53058 Page 10
Part XIV: Private Operating Fo	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the joundation has received a ruling o foundation, and the ruling is effective to			<b>•</b>		
b Check box to indicate whether the found		_	n section	4942(j)(3) or 49	42(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			-		
c Qualifying distributions from Part XII,		T		1	
line 4, for each year listed					
d Amounts included in line 2c not	<del>\</del>	<del></del>			
used directly for active conduct of					
• • • • • • • • • • • • • • • • • • •					
exempt activities			1	<del></del>	
e Qualifying distributions made directly					
for active conduct of exempt activities.	ì				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				<del> </del>	· · · · · · · · · · · · · · · · · · ·
alternative test relied upon:					
a "Assets" alternative test - enter:		1			
(1) Value of all assets			<del>  \ \</del>	<del> </del>	
(2) Value of assets qualifying				1	
under section 4942(j)(3)(B)(i)	<del></del>		<del>                                     </del>	<del>-</del>	<del></del> -
b "Endowment" alternative test - enter 2/3 of minimum investment return	/				
shown in Part X, line 6, for each year	<b>/</b>		`		
listed		ļ		<del>\</del>	
c "Support" alternative test - enter.	]				
(1) Total support other than gross					
investment income (interest, dividends, repts, payments on					
securities toans (section	1				
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)			l		
(3) Largest amount of support from	[				
an exempt organization					_
(4) Gross investment income					
Part XV. Supplementary Info			f the foundation	had \$5,000 or moi	e in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2) )			
RICHARD C. ADKERSON					
b List any managers of the foundation wh			(or an equally large portion	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.			
NONE					
<ol> <li>Information Regarding Contribut</li> </ol>					
Check here X if the foundation of					ests for funds. If
the foundation makes gifts, grants, etc.,				<del></del>	
a The name, address, and telephone num	ber or email address of the	he person to whom applic	ations should be address	sed:	
<b>b</b> The form in which applications should t	e submitted and informa	ition and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year ARIZONA SCIENCE CENTER EXEMPT GRAND CANYON EXPERIENCE 600 E. WASHINGTON ST. PHOENIX, AZ 85004 200,000. BUREAU OF GOVERNMENTAL RESEARCH EXEMPT GENERAL PURPOSE 1055 ST. CHARLES AVENUE, SUITE 200 NEW ORLEANS, LA 70130 10,000. EXEMPT GENERAL PURPOSE CCA LOUISIANA 12241 INDUSTRIPLEX BLVD. BATON ROUGE, LA 70809 1,000. COTTONWOOD INSTITUTE EXEMPT GENERAL PURPOSE P.O. BOX 7067 DENVER, CO 80207 2,500. DIKEMBE MUTOMBO FOUNDATION EXEMPT GENERAL PURPOSE P.O. BOX 674227 MARIETTA, GA 30006 10,000. SEE CONTINUATION SHEET(S) ▶ 3a 1,375,750. Total Approved for future payment NONE ► <u>3b</u> Total

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor FELLOWSHIP OF CHRISTIAN ATHLETES EXEMPT GENERAL PURPOSE 8701 LEEDS ROAD 20,000. KANSAS CITY, MO 64129 LEGACY DONOR FOUNDATION EXEMPT 20TH ANNIVERSARY SOUL REVIVAL 2701 KINGMAN STREET, SUITE 101 METAIRIE, LA 70006 1,250. EXEMPT GENERAL PURPOSE METROPOLITAN CRIME COMMISSION, INC. 1615 POYDRAS STREET, SUITE 1060 1,000. NEW ORLEANS, LA 70112 ATHLETIC FACILITIES EXEMPT MISSISSIPPI STATE - THE BULLDOG CLUB, INC. P.O. BOX BT 425,000. MISSISSIPPI STATE, MS 39762 EXEMPT DORA HERRING MEMORIAL MISSISSIPPI STATE UNIVERSITY FUND FOUNDATION P.O. BOX 6149 MISSISSIPPI STATE, MS 39762 100,000. MISSISSIPPI STATE UNIVERSITY EXEMPT GENERAL PURPOSE FOUNDATION P.O. BOX 6149 200,000. MISSISSIPPI STATE, MS 39762 PRESIDENT'S CABINET EXEMPT MISSISSIPPI STATE UNIVERSITY FUND FOUNDATION P.O. BOX 6149 10,000. MISSISSIPPI STATE, MS 39762 EXEMPT COMPASS SCHOLARSHIP MISSISSIPPI STATE UNIVERSITY FOUNDATION P.O. BOX 6149 MISSISSIPPI STATE, MS 39762 3,000. MISSISSIPPI STATE UNIVERSITY EXEMPT CHARLES EVERETT KEENUM ENDOWMENT FOUNDATION P.O. BOX 6149 1,000. MISSISSIPPI STATE, MS 39762 EXEMPT GENERAL PURPOSE NATIONAL MUSEUM OF WILDLIFE ART 2820 RUNGIUS ROAD 25,000. JACKSON, WY 83002 1,152,250. Total from continuation sheets

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Ye	T			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY		EXEMPT	PROVIDENCE FUND	
3939 GENTILLY BLVD.				
NEW ORLEANS, LA 70126				2,500.
NOW ON TANG MIGEUM OF ADD		EVENDA	CENERAL DIRECTE	
NEW ORLEANS MUSEUM OF ART ONE COLLINS C. DIBOLL CIRCLE, CITY	1	EXEMPT	GENERAL PURPOSE	
PARK NEW ORLEANS, LA 70124				2,500.
OPPORTUNITY INTERNATIONAL		EXEMPT	GENERAL PURPOSE	
550 WEST VAN BUREN STREET		ĺ		10 000
CHICAGO, IL-60607		<del> </del>	<del>                                     </del>	10,000.
PHOENIX ZOO		EXEMPT	GENERAL PURPOSE	
455 N. GALVIN PARKWAY				
PHOENIX, AZ 85008		<del> </del>		20,000.
SHADES OF PRAISE		EXEMPT	GENERAL PURPOSE	
6301 ST. CHARLES AVENUE				
NEW ORLEANS, LA 70118				5,000.
TGEN FOUNDATION		EXEMPT	JOHN S. MCCAIN III	
445 N. FIFTH STREET			ENDOWED CHAIR	
PHOENIX, AZ 85004				100,000.
THE LEWIS A LINEWAY COCKET		Transcom.	CAN C MOVAN OF MAN	
THE LEUKEMIA & LYMPHOMA SOCIETY  3 INTERNATIONAL DRIVE, SUITE 200		EXEMPT	MAN & WOMAN OF THE YEAR - SILVER SPONSER	
RYE BROOK, NY 10573			THAN SINVEN SPONSEN	7,500.
				<u> </u>
THE NATIONAL WORLD WAR II MUSEUM		EXEMPT	PATRIOTS CIRCLE	
945 MAGAZINE STREET NEW ORLEANS, LA 70130-3813				20,000.
Man ordered, are rolled soll				20,000.
THE NATIONAL WORLD WAR II MUSEUM		EXEMPT	LIBERATION PAVILION	
945 MAGAZINE STREET		1		400 555
NEW ORLEANS, LA 70130-3813		<del> </del>	-	100,000.
THE NATIONAL WORLD WAR II MUSEUM		EXEMPT	HIGGINS CAMPAIGN	
945 MAGAZINE STREET				
NEW ORLEANS, LA 70130-3813	<u> </u>			20,000.
Total from continuation sheets			<u></u>	

945 MARAZINE STREET NEW ORLEANS (LA 70130-3813) 2,500.  EXEMPT SENERAL PURPOSE  ARTS 2800 CLARAFRES ST. REW ORLEANS, LA 70117  25,000.  TROUT UNLIMITED 2777 N. REWN ST., SUITE 100 ARLINGTON, VA 22209  10,000.  UNITED WAY - NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119  UNITED WAY - VALLEY OF THE SUN 200 EAST CAMELIACK ROAD, SUITE 375 ERCENIX, AZ 85018  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VERMPT SENERAL PURPOSE  EXEMPT SENERAL PURPOSE  25,000.  EXEMPT SENERAL PURPOSE  25,000.  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERFOLIO ST., 77H FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMATO FOUNDATION 1515 POTERAS ST., 57H FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMATO FOUNDATION 1515 POTERAS ST., 57H FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMATO FOUNDATION 1515 POTERAS ST., 57H FLOOR NEW ORLEANS, LA 70112  1,000.	Part XV Supplementary Information	OT HISTORY III			
Name and address (home or business)  Selve any relationship to Published Amount Published Pub	3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Name and address (home or business)  Or substantal confinition  THE MATIONAL MORLD WAR II MUSEUM  915 MAGAZINE STREET  1017 MAGAZINE STREET  1018 NEW ORLEANS CENTER FOR CREATIVE ARES  1020 CREATERS ST.  1020 THE NEW ORLEANS LA 70117  1020 THOUT INLIMITED  1077 N. KERT ST., SUITE 100  ARLINGTON, VA 22209  10,000.  UNITED MAY - NEW ORLEANS  2315 CANAL STREET  1018 NEW ORLEANS, LA 70119  1010 THOUTH DRIVING ROLL THE SUN  1200 EAST CANELAGRAR ROAD, SUITE 375  PROEDIX, AZ 85018  EXEMPT  INNERAL FURPOSE  225,000.  EXEMPT  INNERAL FURPOSE  10,000.  EXEMPT  INNERAL FURPOSE  25,000.  EXEMPT  INNERAL FURPOSE  10,000.  EXEMPT  INNERAL FURPOSE  11,000.  EXEMPT  INNERAL FURPOSE  11,000.	. Recipient	show any relationship to			Amount
945 MARGAZINE STREET NEW ORLEANS, LA 70130-3813  2,500.  INCOUT UNLIMITED 1777 N. REWN ST., SUITE 100 RALINGTON, VA 22209  10,000.  INSTITUTED WAY - NEW ORLEANS 2515 CANAL STREET MEW ORLEANS, LA 70119  INSTITUTED WAY - VALLEY OF THE SUN 2000 EAST CAMBLIANCK ROAD, SUITE 375 PROCENIX, AZ 85018  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70126  VIEUX CARRE COMMISSION 1300 PERFOLIO ST., 7TH FLOOR NEW ORLEANS, LA 70122  VIRIGINIA ROSANNE AMANO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMANO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  LEMENT DEMERAL PURPOSE  2,500.  EXEMPT DEMERAL PURPOSE  2,500.  VIEUX CARRE COMMISSION 1300 PERFOLIO ST., 7TH FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMANO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  2,000.	Name and address (home or business)	any foundation manager or substantial contributor		Contribution	Amount
945 MARGAZINE STREET NEW ORLEANS, LA 70130-3813  2,500.  INCOUT UNLIMITED 1777 N. REWN ST., SUITE 100 RALINGTON, VA 22209  10,000.  INSTITUTED WAY - NEW ORLEANS 2515 CANAL STREET MEW ORLEANS, LA 70119  INSTITUTED WAY - VALLEY OF THE SUN 2000 EAST CAMBLIANCK ROAD, SUITE 375 PROCENIX, AZ 85018  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70126  VIEUX CARRE COMMISSION 1300 PERFOLIO ST., 7TH FLOOR NEW ORLEANS, LA 70122  VIRIGINIA ROSANNE AMANO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMANO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  LEMENT DEMERAL PURPOSE  2,500.  EXEMPT DEMERAL PURPOSE  2,500.  VIEUX CARRE COMMISSION 1300 PERFOLIO ST., 7TH FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMANO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  2,000.					
NEW ORLEANS, LA 70130-3813  2,500.  THE NEW ORLEANS CENTER FOR CREATIVE ARTS  ARTS  32800 CHARTRES ST.  NEW ORLEANS, LA 70117  TROUT UNLINITED  1777 N, KENT ST., SUITE 100  ARLINGTON, VA 22209  10,000.  UNITED MAY - NEW ORLEANS  2515 CANAL STREET  NEW ORLEANS, LA 70119  UNITED WAY - VALLEY OF THE SUN  3200 RAST CAMSLBACK ROAD, SUITE 375  PREDERIX, AZ 85018  VCPORA  P.O. BOX 56095  NEW ORLEANS, LA 70156  EXEMPT  DENERAL PURPOSE  25,000.  EXEMPT  DENERAL PURPOSE  25,000.  VCPORA  P.O. BOX 56095  NEW ORLEANS, LA 70156  EXEMPT  DENERAL PURPOSE  2,500.  VISUX CABRE COMMISSION  1300 PERSONO ST., 778 FLOOR  NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION  1615 POYDRAS ST., 578 FLOOR  NEW ORLEANS, LA 70112  1,000.	THE NATIONAL WORLD WAR II MUSEUM		EXEMPT	DRAFTS FOR CRAFTS	
THE NEW ORLEANS CENTER FOR CREATIVE ARTS 2800 CHARTES ST. 2800 CHARTES ST. 25,000.  TROUT UNLINITED 1777 N, KERT ST., SUITE 100 ARLINGTON, VA 22209  10,000.  UNITED MAY - NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119  10,000.  UNITED MAY - VALLEY OF THE SUN 2200 EAST CAMBLAGAK ROAD, SUITE 375 PROCENIX, AZ 85018  VCPORA P.O. BOX 56095  NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERGIDO ST., 78H FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 57H FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 57H FLOOR NEW ORLEANS, LA 70112  VIRIGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 57H FLOOR NEW ORLEANS, LA 70112  1,000.	945 MAGAZINE STREET				1
RETS 2800 CHARTES ST.  REW ORLEANS, LA 70117 25,000.  TROUT UNLIMITED  TROUT UNLIMITED  TROUT UNLIMITED  TROUT WAY - NEW ORLEANS 2515 CANAL STREET  REW ORLEANS, LA 70119 10,000.  UNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375  FROEBIL, AZ 85018 25,000.  VCPORA  VCPO	NEW ORLEANS, LA 70130-3813		ļ		2,500.
RETS 2800 CHARTES ST.  REW ORLEANS, LA 70117 25,000.  TROUT UNLIMITED  TROUT UNLIMITED  TROUT UNLIMITED  TROUT WAY - NEW ORLEANS 2515 CANAL STREET  REW ORLEANS, LA 70119 10,000.  UNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375  FROEBIL, AZ 85018 25,000.  VCPORA  VCPO				ATTACANT DIRECTOR	1
REMORIEANS, LA 70117  TROUT UNLIMITED  TROUT UNLIMITED  1777 N. KENT ST., SUITE 100 ARLINGTON, VA 22209  10,000.  UNITED WAY - NEW ORLEANS 2515 CANAL STREET  NEW ORLEANS, LA 70119  TO,000.  UNITED WAY - VALLEY OF THE SUN 2200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7TH FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO POUNDATION 1515 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  EXEMPT  SEMERAL PURPOSE  2,500.  LEXEMPT  SEMERAL PURPOSE  2,500.  EXEMPT  SEMERAL PURPOSE  1,000.			EXEMPT	GENERAL PURPOSE	
NEW ORLEANS, LA 70117  25,000.  TROUT UNLIMITED  ARKINGTON, VA 22209  10,000.  ARKINGTON, VA 22209  10,000.  UNITED WAY - NEW ORLEANS  2515 CANAL STREET  NEW ORLEANS, LA 70115  EXEMPT  SENERAL PURPOSE  10,000.  UNITED WAY - VALLEY OF THE SUN  2200 FAST CAMELBACK ROAD, SUITE 375  PHOENIX, AZ 85018  EXEMPT  SENERAL PURPOSE  25,000.  VOPORA  P.O. BOX 56095  NEW ORLEANS, LA 70156  EXEMPT  SENERAL PURPOSE  2,500.  VIEUX CARRE COMMISSION  1300 PERBIDO ST., 7HH FLOOR  NEW ORLEANS, LA 70112  EXEMPT  SENERAL PURPOSE  1,000.  1,000.			1		
TROUT UNLIMITED  1777 N. KENT ST., SUITE 100 ARLINGTON, VA 22209  10,000.  UNITED WAY - NEW ORLEANS 2515 CANAL STREET  NEW ORLEANS, LA 70119  10,000.  UNITED WAY - VALLEY OF THE SUN 2200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  25,000.  VCPORA P.O. BOX 56095  NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERGIDO ST., THE FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., STH FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., STH FLOOR NEW ORLEANS, LA 70112  1,000.	NEW ORLEANS, LA 70117		:		25,000.
1777 N. KENT ST., SUITE 100 ARLINGTON, VA 22209  10,000.  UNITED WAY - NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119  10,000.  UNITED WAY - VALLEY OF THE SUN 2200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  VOPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  2,500.  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 78H FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  1,000.					
1777 N. KENT ST., SUITE 100 ARLINGTON, VA 22209  10,000.  UNITED WAY - NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119  10,000.  UNITED WAY - VALLEY OF THE SUN 2200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  VOPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  2,500.  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 78H FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  1,000.					
INITED WAY - NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119  LUNITED WAY - VALLEY OF THE SUN 2200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7TH FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  LEXEMPT  SENERAL PURPOSE  2,500.  EXEMPT  SENERAL PURPOSE  2,500.  2,500.  2,500.			EXEMPT	GENERAL PURPOSE	
UNITED WAY - NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119  10,000.  UNITED WAY - VALLEY OF THE SUN 2200 EAST CAMPLBACK ROAD, SUITE 375 PHOENIX, AZ 85018  25,000.  VUCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  2,500.  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7HF FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 FOURDASS ST., 5TH FLOOR NEW ORLEANS, LA 70112  1,000.					10 000
DENORLEANS, LA 70119  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375  EXEMPT GENERAL PURPOSE  LINITED WAY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375  LINITED WAY OF THE SUN 3200 EAST CAMELBACK ROAD, S		<del>                                     </del>	<del> </del>		
DENORLEANS, LA 70119  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PROENIX, AZ 85018  LINITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375  EXEMPT GENERAL PURPOSE  LINITED WAY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375  LINITED WAY OF THE SUN 3200 EAST CAMELBACK ROAD, S					
NEW ORLEANS, LA 70119  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN 3200 EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNITED WAY - VALLEY OF THE SUN EAST CAMELBACK ROAD, SUITE 375 SENERAL PURPOSE  LUNI	UNITED WAY - NEW ORLEANS		EXEMPT	GENERAL PURPOSE	}
UNITED WAY - VALLEY OF THE SUN  3200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  25,000.  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7TH FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  1,000.	•				1
3200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  25,000.  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7th FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5th FLOOR NEW ORLEANS, LA 70112  1,000.	NEW ORLEANS, LA 70119				10,000.
3200 EAST CAMELBACK ROAD, SUITE 375 PHOENIX, AZ 85018  25,000.  VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7th FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5th FLOOR NEW ORLEANS, LA 70112  1,000.					
PHOENIX, AZ 85018  VCFORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7th FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5th FLOOR NEW ORLEANS, LA 70112  EXEMPT  GENERAL PURPOSE  1,000.	UNITED WAY - VALLEY OF THE SUN		EXEMPT	GENERAL PURPOSE	
VCPORA P.O. BOX 56095 NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION 1300 PERDIDO ST., 7TH FLOOR NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  SEMERAL PURPOSE  2,500.	3200 EAST CAMELBACK ROAD, SUITE 375				
P.O. BOX 56095  NEW ORLEANS, LA 70156  Z,500.  VIEUX CARRE COMMISSION  1300 PERDIDO ST., 7TH FLOOR  NEW ORLEANS, LA 70112  Z,500.  VIRGINIA ROSANNE AMATO FOUNDATION  1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  Z,500.	PHOENIX, AZ 85018				25,000.
P.O. BOX 56095  NEW ORLEANS, LA 70156  Z,500.  VIEUX CARRE COMMISSION  1300 PERDIDO ST., 7TH FLOOR  NEW ORLEANS, LA 70112  Z,500.  VIRGINIA ROSANNE AMATO FOUNDATION  1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  Z,500.					
NEW ORLEANS, LA 70156  VIEUX CARRE COMMISSION  1300 PERDIDO ST., 7th FLOOR  NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5th FLOOR  NEW ORLEANS, LA 70112  2,500.	VCPORA		EXEMPT	GENERAL PURPOSE	
VIEUX CARRE COMMISSION  1300 PERDIDO ST., 7TH FLOOR  NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION  1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  1,000.	P.O. BOX 56095				
1300 PERDIDO ST., 7TH FLOOR  NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  1,000.	NEW ORLEANS, LA 70156	<del> </del>		<del></del>	2,500.
1300 PERDIDO ST., 7TH FLOOR  NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  1,000.					
1300 PERDIDO ST., 7TH FLOOR  NEW ORLEANS, LA 70112  VIRGINIA ROSANNE AMATO FOUNDATION 1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  1,000.	VIEUX CARRE COMMISSION		EXEMPT	GENERAL PURPOSE	
VIRGINIA ROSANNE AMATO FOUNDATION EXEMPT GENERAL PURPOSE  1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112 1,000.	1300 PERDIDO ST., 7TH FLOOR				
VIRGINIA ROSANNE AMATO FOUNDATION  1615 POYDRAS ST., 5TH FLOOR  NEW ORLEANS, LA 70112  1,000.	NEW ORLEANS, LA 70112				2,500.
1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  1,000.	•				
1615 POYDRAS ST., 5TH FLOOR NEW ORLEANS, LA 70112  1,000.	VIRGINIA ROSANNE AMATO FOUNDATION		EXEMPT	GENERAL PURPOSE	
NEW ORLEANS, LA 70112 1,000.					
Total from continuation sheets	NEW ORLEANS, LA 70112				1,000.
Total from continuation sheets					
Total from continuation sheets					1
Total from continuation sheets					
Total from continuation sheets					1
Total from continuation sheets					
Total from continuation sheets					}
Total from continuation sheets					
Total from continuation sheets					
,	Total from continuation sheets				

Part XVI-A Analysis of Income-Producing Activi
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Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
-	(a) Business	(b)	(c)	(d)	Related or exempt
1 Program service revenue:	Rusiness	Amount	sion	Amount	function income
			1		
			+		
b			<del> </del>		······································
c			<del> </del>		· · · · · · · · · · · · · · · · · · ·
<u> </u>	<del></del>		<del> </del> -		
e					
f	<u> </u>		-		
g Fees and contracts from government agencies			4		
2 Membership dues and assessments			1	·	
3 Interest on savings and temporary cash			1		
investments	1 1		14		
4 Dividends and interest from securities			14	218,855.	<u>-</u>
5 Net rental income or (loss) from real estate:	***	* .		12	
a Debt-financed property					
b Not debt-financed property			1		<del>-</del>
6 Net rental income or (loss) from personal			+		<del>-</del>
•					
property		<del></del>	01	36.	
7 Other investment income		<u> </u>	1 01	30.	
8 Gain or (loss) from sales of assets other			1	06 100	
than inventory			18	26,188.	
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a					
b	L				
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	12.7	0.		293,031.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	293,031.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ev	emnt	Durnoses	
Ticiationship of Activities to		mpiisiment of Ex	cilip:		
Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A	A contril	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than I	by providing fu	nds for such purposes).			
		<u> </u>			<u> </u>
		<del></del>		<del> </del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·			
				<del></del>	<del></del>
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<b>!</b>			<del></del>		

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Part XVII	Inforn	nation Rega	rding 1	Transfers to	and Transa	ctions and	Relationships	With Nor	ncharitable
	Exem	pt Organiza	tions						
d Diddhaa		القداد المساحد بالقداد					daaabd	04(-)	

1	Did the org	ganization directly or indire	ectly engage in any of the followin	g with any other organization	described in section 501(c)	Yes No
	(other than	n section 501(c)(3) organi	izations) or in section 527, relating	to political organizations?		
a	Transfers t	from the reporting founda	ition to a noncharitable exempt org	ganization of:		
	(1) Cash					1a(1) X
	(2) Other	assets				1a(2) X
b	Other trans	sactions:				
	(1) Sales	of assets to a noncharitat	ble exempt organization			1b(1) X
	(2) Purch	ases of assets from a non	ncharitable exempt organization			1b(2) X
	(3) Renta	l of facilities, equipment, o	or other assets			1b(3) X
	(4) Reimb	bursement arrangements		•		1b(4) X
	(5) Loans	or loan guarantees				1b(5) X
			mbership or fundraising solicitatio			1b(6) X
			iling lists, other assets, or paid em			1c X
d		-		* *	ys show the fair market value of the goods, o	·
				ed less than fair market value i	n any transaction or sharing arrangement, sh	OW IN
- 1 -	<del></del> `	<del></del>	other assets, or services received.			<del></del>
a)L	ne no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and si	naring arrangements
		_	N/A			
				<del></del>		<del></del>
			<u> </u>			
						<del></del>
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_						<u></u>
	In the four	adation directly or indirect	Itly affiliated with, or related to, one	or more tax-eventet erangan	trans described	<del></del>
2 <b>a</b>			n 501(c)(3)) or in section 527?	OF MOTE MAX-EXEMPLO GAMIZA	tions described	Yes X No
h		omplete the following sch		••		
	11 100, 00	(a) Name of org		(b) Type of organization	(c) Description of relationsl	11D
1/.	Α	(2)	,	(6) 1) po o rongamento	(9) 2303, 2303	
•,,	<del></del>		·			
				<del>                                     </del>		
	···	X				
_			that I have examined this return, including			the IRS discuss this
Sig	gn and be	elief, it is true, correct, and com	nplete Declaration of preparer (other than	taxpayer) is based on all information	n of which preparer has any knowledge returned	rn with the preparer wn below? See instr
He	re			111/12/2020		Yes No
	Sian	nature of officer or trustee	RICHARD C. ADKERS		Title	
	1 2.91	Print/Type preparer's na			Date Check If PTIN	
		, , , , , , , , , , , , , , , , , , ,	1/	`	and ampleued	
Pa	id	KENNETH T.	FRANZ Lemost	J to wal	NOV 0 3 2020 PO	182200
	eparer		RGEOIS BENNETT,	L.L.C.	Firm's EIN ► 72-01	
	e Only				Timo City 7 22 02	= = <del> / -</del>
	•	Firm's address ▶ 11	1 VETERANS BLVD	17TH FLOOR		
			TAIRIE, LA 7000		Phone no. 504.83	31.4949
_						990-DF (2010)

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

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

Employer identification number

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

R	ICHARD C. ADKERSON FAMILY FOUNDATION	72-1353058
Organization type (check o	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	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(c)  General Rule  X For an organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ()(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount I. Complete Parts I and II	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section section, purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it role, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, chantable, etc.,
but it <b>must</b> answer "No" or	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

### RICHARD C. ADKERSON FAMILY FOUNDATION

72-1353058

Part 1.	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD C. ADKERSON  1400 WEST BAR BC RANCH ROAD  JACKSON, WY 83001	\$40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FREEPORT MCMORAN COPPER & GOLD  333 NORTH CENTRAL AVENUE  PHOENIX, AZ 85004		Person X 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 Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## RICHARD C. ADKERSON FAMILY FOUNDATION

72-1353058

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	<del></del>
(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
		* \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	990 990 FZ or 990 PE /2019)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number 72-1353058 RICHARD C. ADKERSON FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) > \$\_ Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERES	ST ON SAVING	S AND T	'EMPORARY	CASH	INVESTMENTS	ST	ATEMENT 1
SOURCE			(A) EVENUE BOOKS	NET	(B) INVESTMENT INCOME		(C) ADJUSTED ET INCOME
CHARLES SCHWAB & CO. 2205 CHARLES SCHWAB & CO. 4615			59. 47,893.		59. 47,893.		
TOTAL TO PART I, LIN	1E 3		47,952.	=====	47,952.		
FORM 990-PF	DIVIDENDS	AND INT	EREST FR	OM SEC	CURITIES	ST	'ATEMENT 2
SOURCE .	GROSS .	CAPIT GAIN DIVIDE	IS R	(A) EVENUE R BOOK			(C) ADJUSTED NET INCOME
CHARLES SCHWAB & CO., INC 0721 CHARLES SCHWAB &	184.		0.			84.	
CO., INC 2205 CHARLES SCHWAB & CO., INC 4615	95,396. 272,645.	149,	0. ,370.	95,39 123,27	·		
TO PART I, LINE 4	368,225.	149,	370.	218,85	55. 218,8	 55. 	
							•
FORM 990-PF		OTHER	RINCOME			ST	атемент 3
DESCRIPTION			(A) REVEN PER BC	IUE	(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOME
MISCELLANEOUS INVEST	TMENT INCOME	}		36.	. 3	6.	
TOTAL TO FORM 990-PI	F, PART I, L	INE 11		36.	. 3		

FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	5,400.	5,400.		0.		
TO FORM 990-PF, PG 1, LN 16B	5,400.	5,400.		0.		
FORM 990-PF C	THER PROFES	SIONAL FEES	, S	TATEMENT 5		
DESCRIPTION .	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	. (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT ADVISORY FEES	115,573.	115,573.		. 0.		
TO FORM 990-PF, PG 1, LN 16C	115,573.	115,573.		0.		
FORM 990-PF	TAX	ES	S	TATEMENT 6		
DESCRIPTION	(A) EXPENSES PER <sub>.</sub> BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FOREIGN TAXES WITHHELD MISCELLANEOUS BANK FEES	1,016. 19,791. 205.	19,791.		0. 0. 0.		
TO FORM 990-PF, PG 1, LN 18	21,012.	21,012.		0.		

FORM 990-PF U.S. AND STAT	E/CITY GOVERNMEN	T OBLIGATIONS	STATEMENT 7
DESCRIPTION	U.S. OTHER GOV'T GOV'T		FAIR MARKET VALUE
U.S. AND STATE GOVERNMENT	X		
OBLIGATIONS - CHARLES SCHWAB & CINC.	0.,	5,935.	6,241.
TOTAL U.S. GOVERNMENT OBLIGATION	S	5,935.	6,241.
TOTAL STATE AND MUNICIPAL GOVERN	MENT OBLIGATIONS		
TOTAL TO FORM 990-PF, PART II, L	INE 10A	5,935.	6,241.
FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET ' VALUE
CORPORATE STOCK - CHARLES SCHWAB	& CO., INC.	5,812,719.	6,257,978.
TOTAL TO FORM 990-PF, PART II, L	INE 10B	5,812,719.	6,257,978.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS - CHARLES SCHWAB	& CO., INC.	926,398.	971,517.
TOTAL TO FORM 990-PF, PART II, L	INE 10C	926,398.	971,517.

FORM 990-PF OTHE	R INVESTMENTS		STATEMENT 10
DESCRIPTION .	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - CHARLES SCHWAB &	COST	<del></del>	
CO., INC.	COCH	5,030,046.	5,348,196.
CMO & ASSET BACKED SECURITIES - CHARLES SCHWAB & CO., INC.	COST	25,135.	24,404.
EXCHANGE TRADED FUNDS - CHARLES	COST	23,133.	21,101.
SCHWAB & CO., INC.		175,043.	215,273.
TOTAL TO FORM 990-PF, PART II, LINE	: 13	5,230,224.	5,587,873.