.990-PF

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

| For ca                 | alendar year 2019 or tax year beginning   | _                            | <u>, 2019</u> | <u>, and endin</u> | g   |  |
|------------------------|---|------------------------------|---------------|--------------------|---|--|
| Name o                 | f foundation  |                              |               |                    | A Employer ident                          | ification number                                     |
| AMB                    | IT CARES, INC.  |                              |               |                    | 81-2832                                   | 542  |
|                        | r and street (or P O box number if mail is not delivered t  | o street address)            |               | Room/suite         | B Telephone num                           | ber (see instructions)                               |
|                        |   |                              |               |                    |   |  |
| 655                    | 5/SIERRA DRIVE  |                              |               |                    | (877) 65                                  | 4-3396   |
| City or                | town, state or province, country, and ZIP or foreign posta  | al code                      |               |                    |   | <del> </del>   |
|                        |   |                              | •             |                    | C If exemption appli<br>pending, check he | cation is  |
| IRV                    | ING, TX 75039   |                              |               |                    | pending, dieck ne                         |  |
|                        | eck all that apply   Initial return   | Initial return               | of a former p | public charif      | y D 1 Foreign organia                     | rations check here                                   |
|                        | Final return  | Amended re                   | ·             |                    | . Torongara                               | zations meeting the                                  |
|                        | X Address change  | Name chang                   |               |                    | 85% test, check                           | here and attach                                      |
| H Ch                   | eck type of organization X Section 501  |                              |               | ma                 |   |  |
|                        | Section 4947(a)(1) nonexempt charitable trust   | Other taxable pr             |               | tion $\mathcal{O}$ | ·   | ion status was terminated (b)(1)(A), check here.     |
|                        | r market value of all assets at J Acco  |                              |               |                    |   |  |
|                        |   | ther (specify)               |               |                    |   | is in a 60-month termination (b)(1)(B), check here . |
|                        | ,   | column (d), must be on c     |               |                    | _   |  |
|                        | Analysis of Revenue and Expenses (The   |                              |               |                    |   | (d) Disbursements                                    |
|                        | total of amounts in columns (b), (c), and (d)   | (a) Revenue and expenses per | (b) Net inve  |                    | (c) Adjusted net                          | for charitable purposes                              |
|                        | may not necessarily equal the amounts in column (a) (see instructions))                                 | books                        | incon         | ne                 | income                                    | (cash basis only)                                    |
| 1                      | Contributions, gifts, grants, etc., received (attach schedule)  | 163,088.00                   |               | -                  | ·   |  |
| 2                      | Check if the foundation is not required to  |                              |               |                    |   |  |
| 3                      | Interest on savings and temporary cash investments.   |                              |               |                    |   |  |
| 4                      | Dividends and interest from securities  |                              |               | <u> </u>           | · · · · · · · · · · · · · · · · · · ·     |  |
| 5a                     | _   |                              |               |                    |   | · · · · · · · · · · · · · · · · · · ·                |
| b                      |   |                              |               |                    | · · · · · · · · · · · · · · · · · · ·     |  |
| _ I                    | · · · <del></del>   |                              |               |                    |   |  |
| Revenue 2              | Net gain or (loss) from sale of assets not on line 10<br>Gross sales price for all<br>assets on line 6a |                              |               |                    |   |  |
| <b>3</b> 7             | Capital gain net income (from Part IV, line 2) .  |                              |               |                    | ·-··                                      | · ·  |
| 8                      | Net short-term capital gain   |                              |               |                    |   |  |
| 9                      | Income modifications  |                              |               |                    |   |  |
| 10 a                   | Gross sales less returns and allowances   |                              |               |                    |   |  |
| b                      | Less Cost of goods sold .   |                              |               |                    |   |  |
| c                      | Gross profit or (loss) (attach schedule)  |                              |               | <u> </u>           |   |  |
| 11                     | Other income (attach schedule)  |                              |               |                    |   |  |
| 12                     | Total. Add lines 1 through 11   | 163,088.00                   |               |                    |   |  |
| 13                     | Compensation of officers, directors, trustees, etc  |                              |               |                    |   |  |
| Se 14                  | Other employee salaries and wages   |                              |               |                    | RECENTE                                   |  |
| 15                     | Pension plans, employee benefits  |                              | 1             |                    | HECEIVE                                   |  |
| Administrative Expenso | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                              |               | <u> </u>           | 007.0 = 1                                 | 0  |
| E P                    | Accounting fees (attach schedule)   |                              |               | 183                | OCT <b>26</b> 2020                        | 10   |
| . <u>₹</u>             | Other professional fees (attach schedule)   |                              |               |                    |   |  |
| <u>E</u> 17            | Interest  |                              |               |                    | OGDEN, ITT                                | <b>#  </b>   |
| 18                     | Taxes (attach schedule) (see instructions)  |                              |               |                    | - CULIN, (1)                              | <b></b>  |
| <u>اچ</u>              | Depreciation (attach schedule) and depletion.   |                              |               |                    |   |  |
| 20                     | Occupancy   |                              |               |                    |   |  |
| 21                     | Travel, conferences, and meetings   |                              |               |                    |   |  |
| pue 21                 | Printing and publications   |                              |               |                    |   | <u> </u>   |
| Operating 22 25        | Other expenses (attach schedule)  | 5,762.00                     |               |                    |   | 5,762.00   |
| <b>‡</b> 24            | Total operating and administrative expenses.  |                              |               |                    |   |  |
| je l                   | Add lines 13 through 23   | 5,762.00                     |               |                    |   | 5,762.00   |
| Ö 25                   | Contributions, gifts, grants paid   | 143,600.00                   |               |                    |   | 148,400.00   |
| 26                     | Total expenses and disbursements Add lines 24 and 25  | 149,362.00                   |               |                    |   | 154,162.00   |
| 27                     | Subtract line 26 from line 12   |                              |               |                    |   |  |
| a                      | Excess of revenue over expenses and disbursements   | 13,726.00                    |               |                    | •   |  |
| l b                    | Net investment income (if negative, enter -0-)  |                              |               |                    |   |  |

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| ĮΡ                | ařt II               | Balance Sheets                                    | Attached schedules and amounts in the  | Beginning of year            | End o            | of year               |
|-------------------|----------------------|---|--|------------------------------|------------------|-----------------------|
|                   |                      | •   | description column should be for end-of-year amounts only (See instructions) | (a) Book Value               |                  | (c) Fair Market Value |
|                   | 1                    | Cash - non-interest-bear                          | ing  | 56,954.00                    | 65,880.00        | <u>65,880.0</u> 0     |
|                   | 2                    | Savings and temporary                             | cash investments   |                              |                  |                       |
|                   |                      | Accounts receivable ▶                             |  |                              |                  |                       |
|                   |                      | Less allowance for dou                            | btful accounts ▶   |                              |                  |                       |
|                   |                      | Pledges receivable ▶                              |  |                              |                  |                       |
|                   |                      |   | btful accounts ▶   |                              |                  |                       |
| -                 |                      |   | <del> </del>   |                              |                  |                       |
|                   |                      |   | officers, directors, trustees, and other                                     |                              | <u>.</u>         |                       |
|                   |                      |   | tach schedule) (see instructions)  |                              |                  |                       |
|                   |                      |   | receivable (attach schedule)   |                              |                  |                       |
|                   |                      | Less allowance for dou                            | btful accounts ▶   |                              |                  |                       |
| ध                 |                      |   | se   |                              |                  |                       |
| Assets            |                      |   | leferred charges   |                              |                  |                       |
| Ä                 |                      |   | e government obligations (attach schedule)                                   | •                            |                  |                       |
|                   |                      |   | stock (attach schedule)  |                              |                  |                       |
|                   | С                    | Investments - corporate                           | e bonds (attach schedule)  |                              |                  |                       |
|                   | 11                   | Investments - land, buildings and equipment basis | s, <b>&gt;</b>   |                              |                  |                       |
|                   |                      | Less accumulated deprecia                         | ation >  |                              |                  |                       |
|                   | 12                   | (attach schedule)                                 | loans  |                              |                  |                       |
|                   |                      |   | ach schedule)  |                              |                  |                       |
|                   | 14                   | Land, buildings, and                              | •  |                              |                  |                       |
|                   |                      | Less accumulated deprecia<br>(attach schedule)    | ation  |                              |                  |                       |
|                   | 15                   | Other assets (describe                            | >)   |                              |                  |                       |
|                   |                      |   | completed by all filers - see the  |                              |                  |                       |
|                   |                      | instructions Also, see p                          | age 1, item I)   | 56,954.00                    | <u>65,880.00</u> | 65,880.00             |
|                   | 17                   | Accounts payable and a                            | accrued expenses   | ·                            |                  |                       |
|                   |                      |   |  | 40,000.00                    | 35,200.00        |                       |
| es                | 19                   | Deferred revenue                                  |  |                              |                  | 1                     |
| ij                | 20                   | Loans from officers, directo                      | ors, trustees, and other disqualified persons                                |                              |                  | 1                     |
| abi               | 19<br>20<br>21<br>22 | Mortgages and other no                            | otes payable (attach schedule)   |                              |                  | l                     |
| Ξ                 | 22                   | Other liabilities (describe                       | e <b>&gt;</b> )  |                              |                  | }                     |
|                   |                      |   |  |                              |                  |                       |
|                   | 23                   | Total liabilities (add line                       | es 17 through 22)  | 40,000.00                    | 35,200.00        |                       |
| S                 |                      |   | w FASB ASC 958, check here  ▶  |                              |                  |                       |
| nces              |                      | and complete lines 24,                            | 25, 29, and 30.  |                              |                  |                       |
| ala               | 24                   | Net assets without done                           | or restrictions  |                              |                  |                       |
| ä                 | 25                   |   | estrictions  |                              |                  |                       |
| ш                 | 24<br>25<br>26       |   | ollow FASB ASC 958, check here   |                              |                  |                       |
| Ŀ                 |                      | and complete lines 26 thre                        | ough 30.   |                              |                  | ,                     |
| ō                 | 26                   | Capital stock, trust prin                         | cipal, or current funds  |                              |                  | 1                     |
| š                 | 27                   | • • • • •   | r land, bldg , and equipment fund  | 16.054.00                    | 20 600 00        | 1                     |
| <b>Net Assets</b> | 28                   | -   | ulated income, endowment, or other funds                                     | 16,954.00                    | 30,680.00        |                       |
| Ä                 | 29                   |   | d balances (see instructions)  | 16,954.00                    | 30,680.00        |                       |
| Net               | 30                   |   | net assets/fund balances (see  | 56 054 00                    | CF 000 00        |                       |
|                   |                      |   |  | 56,954.00                    | 65,880.00        | <u> </u>              |
|                   |                      |   | nges in Net Assets or Fund Bala  |                              |                  | <u> </u>              |
| 1                 |                      |   | palances at beginning of year - Part   |                              |                  | 16 054 00             |
| _                 |                      | •   | ed on prior year's return)   |                              |                  | 16,954.00             |
|                   |                      |   | line 27a   |                              |                  | 13,726.00             |
|                   |                      |   |  | <del></del>                  |                  | 20 600 00             |
|                   |                      |   |  |                              |                  | 30,680.00             |
|                   |                      | reases not included in                            |  | line E) Deat II action - 6   | 5<br>b) line 20  | 30 600 00             |
| <u>6</u>          | lota                 | i net assets or fund b                            | palances at end of year (line 4 minus  | iirie 5) - Part II, column ( | b), line 29   6  | 30,680.00             |

| Part IV             | (a) List and de  | and Losses for Tax on Investigation and Losses for Tax on Investigation and Investigation (for expression and the state of | example, real estate,   | (b) How<br>acquired<br>P - Purchase<br>D - Donation |   | (d) Date sold<br>(mo , day, yr ) |
|---------------------|--|--|---|---|---|----------------------------------|
| 1 a                 |  |  |   | <u> </u>  |   |                                  |
| b                   |  |  |   | <del> </del>  |   |                                  |
| С                   |  |  |   | -   |   |                                  |
| <u>d</u>            |  |  |   | +   |   |                                  |
| е                   | <del>-</del>   |  | (a) Coat or other hase  | <del>                                     </del>    | <u> </u>                                  |                                  |
| (e) Gross           | s sales price  | (f) Depreciation allowed (or allowable)  | (g) Cost or other basis<br>plus expense of sale                     |   | (h) Gain or (los<br>((e) plus (f) minu    |                                  |
| <u>a</u> ,          |  | · · · · · · · · · · · · · · · · · · ·  |   | <u> </u>  | -   |                                  |
| b                   |  |  |   | <del> </del>  |   |                                  |
|                     |  |  |   | +   | <u> </u>                                  |                                  |
| <u>d</u>            |  |  |   | +   | <del>-</del>                              |                                  |
| <b>e</b><br>Complet | e only for assets s  | howing gain in column (h) and owned  | by the foundation on 12/31/69                                       |   | 0   |                                  |
| Compict             | C City for assets s  | (j) Adjusted basis   | (k) Excess of col (i)   |   | Gains (Col (h) ga<br>(k), but not less th |                                  |
| (i) FMV a           | s of 12/31/69  | as of 12/31/69   | over col (j), if any  | _   | Losses (from col                          |                                  |
| <u>a</u>            |  |  |   | -   |   |                                  |
| <u> </u>            |  |  |   | _   | _   | -                                |
| <u> </u>            |  | <del></del>  |   |   |   | -                                |
| <u>d</u>            |  |  |   | <b> </b>  |   |                                  |
| e                   |  | , If a   | our placenter in Bort Line 7  | <del>                                     </del>    |   |                                  |
| 2 Capital           | gain net income  | Or I DAT CONITOL IOSE!   | ain, also enter in Part I, line 7 pss), enter -0- in Part I, line 7 | 2   |   |                                  |
| 3 Net sho           | ort-term canital d   | ain or (loss) as defined in sections   |   | -   |   |                                  |
|                     |  | art I, line 8, column (c) See ins  |   |   |   |                                  |
|                     |  |  |   | 3   |   |                                  |
|                     |  | Jnder Section 4940(e) for Red  |   | ncome   |   |                                  |
|                     |  | the section 4942 tax on the distrib  |   | ase perio   | d?  | Yes X No                         |
|                     |  | mount in each column for each yea  |   | ing any er  | ntries                                    |                                  |
|                     | (a)  | (b)  | (c)   | T   | (d)                                       |                                  |
|                     | period years<br>r tax year beginning in)                           | Adjusted qualifying distributions  | Net value of nonchantable-use assets                                |   | Distribution ra<br>(col (b) divided by    |                                  |
|                     | 018  | 202,196.00   |   |   |   |                                  |
| 2                   | 017  | 167,099.00   |   |   |   |                                  |
| 2                   | 016  | 40,948.00  |   |   |   |                                  |
| 2                   | 015  |  |   |   |   |                                  |
| 2                   | 014  | <u></u>  |   | .   |   |                                  |
|                     |  |  |   |   |   |                                  |
|                     |  | d)   |   | 2   |   | <del>-</del>                     |
| •                   |  | o for the 5-year base period - divid   |   | 1 . 1   |   |                                  |
| the nun             | nber of years the  | foundation has been in existence   | If less than 5 years  | 3   |   |                                  |
|                     |  |  |   |   |   |                                  |
| 4 Enter th          | ne net value of n  | oncharitable-use assets for 2019 f   | rom Part X, line 5  | 4   |   |                                  |
|                     |  |  |   | _   |   |                                  |
| 5 Multiply          | Ine 4 by line 3,   |  |   | 5   | •   |                                  |
| 6 Enter 1           | % of net investm   | ent income (1% of Part I, line 27b)  |   | 6   |   |                                  |
| J LINGI I           | ,5 515   | 210)   |   |   |   |                                  |
| 7 Add line          | es 5 and 6   |  |   | 7   | <u> </u>                                  |                                  |
| :                   | 1.£  | have form Dark VIII I a  |   |   | 1 5                                       | 4,162.00                         |
| If line 8           | ualifying distribut<br>I is equal to or g<br>inst <u>ruction</u> s | tions from Part XII, line 4  | ın Part VI, line 1b, and complete                                   | that part   |   |                                  |

|    | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see                                     | instru                                      | ction | s)       |
|----|--|---|-------|----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1                               |   |       | 1        |
|    | Date of ruling or determination letter (attach copy of letter if necessary - see instructions)                                   |   |       |          |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check   |   |       |          |
|    | here X and enter 1% of Part I, line 27b  |   |       | Ì        |
| С  | All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)           | <del></del>                                 |       |          |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)                       |   |       |          |
| 3  | Add lines 1 and 2  |   |       |          |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)                     | _   |       |          |
| 5  | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0  |   |       |          |
| 6  | Credits/Payments   |   |       | - 1      |
| а  | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a   |   |       |          |
| b  | Exempt foreign organizations - tax withheld at source  |   |       |          |
| c  | Tax paid with application for extension of time to file (Form 8868)  |   |       | ŀ        |
| d  | Backup withholding erroneously withheld  |   |       |          |
| 7  | Total credits and payments Add lines 6a through 6d   |   |       |          |
| 8  | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached   |   |       |          |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |   |       |          |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |   |       |          |
| 11 | Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11   |   |       |          |
|    | t VII-A Statements Regarding Activities  | Γ   | Vaa   | No.      |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it                 | 1a  | Yes   | No<br>X  |
|    | participate or intervene in any political campaign?  | l d   |       | <u> </u> |
| b  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the                     | 1b  |       | x        |
|    | Instructions for the definition  | ""  |       |          |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials                  |   |       |          |
| _  | published or distributed by the foundation in connection with the activities   | 1c  |       | X        |
|    | Did the foundation file Form 1120-POL for this year?   | <u>.                                   </u> |       |          |
| u  | (1) On the foundation \$ (2) On foundation managers \$   |   |       |          |
|    | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed                    |   |       |          |
| •  | on foundation managers  \$   |   |       |          |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                  | 2   |       | X        |
| -  | If "Yes," attach a detailed description of the activities  |   |       |          |
| 3  | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles                   | l   |       |          |
| •  | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                      | 3   |       | X        |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                      | 4a  |       | X        |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year?   | 4b  |       |          |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?                                   | 5   |       | X        |
|    | If "Yes," attach the statement required by General Instruction T   | 1   |       |          |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                 |   |       |          |
|    | By language in the governing instrument, or  | İ   |       |          |
|    | • 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     | <u> </u> |
| 7  | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7   | X     |          |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions TX                             |   |       |          |
| 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) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation                       | 8b  | X     | <u></u>  |
| 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 year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"                 |   |       | 1        |
|    | complete Part XIV  | 9   |       | X        |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their                   |   |       | 1        |
|    | names and addresses  | 10  | X     | <u> </u> |

| Par | t VII-A Statements Regarding Activities (continued)   |       |                        |                         |
|-----|---|-------|------------------------|-------------------------|
|     |   |       | Yes                    | No                      |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   |       |                        | v                       |
|     | meaning of section 512(b)(13)? If "Yes," attach schedule See instructions   | 11    |                        | <u>X</u>                |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified  |       |                        | v                       |
|     | person had advisory privileges? If "Yes," attach statement See instructions   | 12    | v                      | <u>X</u>                |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13_   | Х                      |                         |
|     | Website address  WWW.AMBITCARES.ORG  COMPUTED OF AMBIT CARES  (977) 282   | 621   | Ω                      |                         |
| 14  | The books are in care of ► COMPTROLLER OF AMBIT CARES  Telephone no ► (877) 282-  | -024  | 0                      |                         |
|     | Located at ▶ 6555 SIERRA DRIVE IRVING, TX ZIP+4 ▶ 75039   |       |                        |                         |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here   | • • • | –                      |                         |
| 46  | and enter the amount of tax-exempt interest received or accrued during the year   |       | Yes                    | No                      |
| 16  | over a bank, 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 foreign country   |       |                        |                         |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |       |                        |                         |
|     | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |       | Yes                    | No                      |
| 1a  | During the year, did the foundation (either directly or indirectly)   |       |                        | 1                       |
|     | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No   |       |                        |                         |
|     | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a   |       |                        |                         |
|     | disqualified person?  |       |                        |                         |
|     | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No   |       |                        | ]                       |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  |       |                        |                         |
|     | (5) Transfer any income or assets to a disqualified person (or make any of either available for   |       |                        |                         |
|     | the benefit or use of a disqualified person)?   |       |                        |                         |
|     | (6) Agree to pay money or property to a government official? (Exception. Check "No" 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)   |       |                        |                         |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in  | 4 6   |                        | l                       |
|     | Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions   | 1b    |                        |                         |
|     | Organizations relying on a current notice regarding disaster assistance, check here   |       |                        |                         |
| С   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? | 1c    |                        | $\overline{\mathbf{x}}$ |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private   |       |                        | 1                       |
| 2   | operating foundation defined in section 4942(j)(3) or 4942(j)(5))   |       |                        | 1                       |
| а   | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines   |       |                        |                         |
| _   | 6d and 6e) for tax year(s) beginning before 2019?   |       |                        | 1                       |
|     | If "Yes," list the years  |       |                        |                         |
| ь   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)  |       |                        |                         |
|     | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to  |       |                        |                         |
|     | all years listed, answer "No" and attach statement - see instructions )   | 2b    | N                      | _A_                     |
| C   | 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>   |       |                        |                         |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise   |       |                        |                         |
|     | at any time during the year?  |       | l i                    |                         |
| b   | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or   |       |                        |                         |
|     | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the   |       |                        |                         |
|     | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of  |       |                        |                         |
|     | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the  |       |                        |                         |
|     | foundation had excess business holdings in 2019)  | 3b    | N                      | _ <u>A</u>              |
|     | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a    | $\vdash \vdash \vdash$ |                         |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its  | 4b    |                        |                         |
|     | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?  | 40    | <del></del>            |                         |

| Par | t VII-B Statements Regarding Activities                            | tor which form  | 4/20 May be Reg                                 | uirea (contir   | nued)                     |                    |         |          |
|-----|--|---|---|---|---------------------------|--------------------|---------|----------|
| 5a  | During the year, did the foundation pay or incur any amount        | ount to   |   |   |                           |                    | Yes     | No       |
|     | (1) Carry on propaganda, or otherwise attempt to influe            | ence legislation (sectio  | n 4945(e))?                                     | Yes   | X No                      |                    |         | }        |
|     | (2) Influence the outcome of any specific public ele               | ection (see section 4   | 1955), or to carry or                           | ı,  |                           |                    |         | l        |
|     | directly or indirectly, any voter registration drive?              |   |   | . Yes   | X No                      |                    |         | 1        |
|     | (3) Provide a grant to an individual for travel, study, or o       |   |   | 1 1 1   | X_ No                     |                    |         |          |
|     | (4) Provide a grant to an organization other than a                |   |   |   |                           |                    |         | 1        |
|     | section 4945(d)(4)(A)? See instructions                            |   |   | . Yes   | X No                      |                    |         |          |
|     | (5) Provide for any purpose other than religious, cl               |   |   |   |                           |                    |         |          |
|     | purposes, or for the prevention of cruelty to children             |   |   |   | X No                      |                    |         | 1        |
| b   | If any answer is "Yes" to 5a(1)-(5), did any of the                | transactions fail to  | qualify under the e                             | xceptions desc  | ribed in                  |                    |         |          |
|     | Regulations section 53 4945 or in a current notice regar           |   |   |   |                           | 5b                 | N       | Α        |
|     | Organizations relying on a current notice regarding disa           | ster assistance, check  | here  |   | ▶□                        |                    |         | Ĩ        |
| С   | If the answer is "Yes" to question 5a(4), does the                 | foundation claim e  | xemption from the t                             | ax  |                           |                    |         | į        |
|     | because it maintained expenditure responsibility for the           | grant?  |   | . Yes   | No                        |                    |         | 1        |
|     | If "Yes," attach the statement required by Regulations s           | ection 53 4945-5(d)   |   |   |                           |                    |         | ļ        |
| 6a  | Did the foundation, during the year, receive any fur               | nds, directly or indir  | ectly, to pay premiur                           | ns  |                           |                    | 1       | †        |
|     | on a personal benefit contract?                                    |   |   | Yes   | X No                      |                    |         | أست      |
| b   | Did the foundation, during the year, pay premiums, dire            |   |   | ıct?  |                           | 6b                 |         | _X       |
|     | If "Yes" to 6b, file Form 8870                                     |   |   |   |                           |                    |         | 1        |
| 7a  | At any time during the tax year, was the foundation a p            | arty to a prohibited ta   | shelter transaction?.                           | Yes   | X No                      |                    |         | }        |
| b   | If "Yes," did the foundation receive any proceeds or ha            | ve any net income attr  | butable to the transact                         | on?   |                           | 7b                 | N       | <u>A</u> |
| 8   | Is the foundation subject to the section 4960 tax on pa            |   |   |   | _                         |                    |         | }        |
|     | remuneration or excess parachute payment(s) during the             | year?   | <u> </u>  |   | X No                      |                    |         |          |
| Par | t VIII Information About Officers, Directo and Contractors         | rs, Trustees, Foເ   | Indation Manager                                | s, Highly Pai   | d Employe                 | es,                |         |          |
| 1   | List all officers, directors, trustees, and foundat                | ion managers and  | their compensation                              | See instruction   | ons.                      |                    |         |          |
|     | (a) Name and address   | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contribution<br>employee benefit<br>and deferred comp | plans (e)                 | Expens<br>ther all |         |          |
| See | Attached Statement   |   |   |   |                           |                    |         |          |
|     |  |   |   |   |                           |                    |         |          |
|     |  | +   |   |   |                           |                    |         |          |
|     |  |   | ·   |   |                           |                    |         |          |
|     |  |   |   |   |                           |                    |         |          |
|     |  |   |   |   |                           |                    |         |          |
|     |  |   |   |   |                           |                    |         |          |
|     |  |   |   |   |                           |                    |         |          |
|     |  |   |   |   |                           |                    |         |          |
| 2   | Compensation of five highest-paid employees                        | (other than thos  | se included on lin                              | e 1 - see in  | structions).              | If no              | one, (  | enter    |
| 2   | Compensation of five highest-paid employees<br>"NONE."             | 1   | se included on lin                              | (d) Contributio   | ons to                    |                    |         |          |
|     |  | (b) Title, and average hours per week                           | e included on lin                               | (d) Contributio   | ons to (e)                | If no              | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average  |   | (d) Contributio   | ons to nefit (e)          | Expens             | e accou | ınt,     |
|     | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           |   | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e)          | Expens             | e accou | ınt,     |
| (a) | "NONE."  Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week                           | (c) Compensation                                | (d) Contributio<br>employee be<br>plans and defe          | ons to nefit (e) erred on | Expens             | e accou | ınt,     |

1

| _   | 990-PF (2019)  | Page             |
|-----|--|------------------|
| Pa  | t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)  | Noyees,<br>      |
| 3   | Five highest-paid independent contractors for professional services. See instructions. If none, enter "NC  | ONE."            |
|     | (a) Name and address of each person paid more than \$50,000 (b) Type of service  | (c) Compensation |
| NC  | NE .   |                  |
|     |  |                  |
|     |  |                  |
|     |  |                  |
|     |  |                  |
| _   |  |                  |
| _   |  |                  |
|     | 4  |                  |
|     |  |                  |
| ota | I number of others receiving over \$50,000 for professional services   | <u> </u>         |
| ₽a  | t IX-A Summary of Direct Charitable Activities   |                  |
|     | at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc. | of Expenses      |
| _   |  |                  |
| 1   | J/A  | -                |
|     |  | -                |
| 2   |  |                  |
|     |  | _                |
|     |  |                  |
| 3   |  | _                |
|     |  | _                |
|     |  |                  |
| 4   |  | -                |
|     |  | -                |
| Pa  | t IX-B Summary of Program-Related Investments (see instructions)   |                  |
|     | escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  | Amount           |
| 1   | N/A  | _                |
|     |  | _                |
|     |  |                  |
| 2   |  | -                |
|     |  | -                |
| Α   | I other program-related investments. See instructions  | <del></del>      |
|     |  |                  |
| -   |  | _                |
|     |  |                  |
| ot  | I. Add lines 1 through 3   | <u> </u>         |

| Pai | wit X Minimum Investments see instructions ) | ent Return (All domestic foundations must complete this part Fore  | ign found | dations,               |
|-----|--|--|-----------|------------------------|
| 1   | Fair market value of asset purposes          | s not used (or held for use) directly in carrying out charitable, etc.,  |           |                        |
| а   | Average monthly fair marke                   | t value of securities  | 1a        |                        |
|     | •  | lances   | 1b        | 51,021.00              |
|     |  | er assets (see instructions)   | 1c        |                        |
| d   |  |  | 1d        | 51,021.00              |
| e   | Reduction claimed for blocks                 | ige or other factors reported on lines 1a and  |           | ·                      |
|     |  | ion)   |           |                        |
| 2   |  | plicable to line 1 assets  | 2         |                        |
| 3   | •  |  | 3         | 51,021.00              |
| 4   |  | aritable activities Enter 1 1/2% of line 3 (for greater amount, see  |           | <del></del>            |
|     |  |  | 4         | 51,021.00              |
| 5   |  | use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.   | 5         |                        |
| 6   | Minimum investment retur                     | n. Enter 5% of line 5  | 6         |                        |
| Pa  |  | unt (see instructions) (Section 4942(j)(3) and (j)(5) private operating four ganizations, check here ► and do not complete this part ) | ndations  |                        |
| 1   | Minimum investment return                    | from Part X, line 6  | 1         |                        |
| 2 a |  | or 2019 from Part VI, line 5 <mark>2a </mark>  |           |                        |
| b   | Income tax for 2019 (This                    | does not include the tax from Part VI ) 2b   |           |                        |
| C   |  |  | 2c        |                        |
| 3   |  | adjustments Subtract line 2c from line 1   | 3         |                        |
| 4   |  | ted as qualifying distributions  |           |                        |
| 5   |  |  | 5         |                        |
| 6   |  | e amount (see instructions)  | 6         |                        |
| 7   |  | adjusted Subtract line 6 from line 5 Enter here and on Part XIII,  |           |                        |
|     |  |  | 7         |                        |
| Pa  | rt XII Qualifying Distribu                   | tions (see instructions)   |           |                        |
| 1   | Amounts paid (including ad                   | ministrative expenses) to accomplish charitable, etc., purposes  |           |                        |
| а   | Expenses, contributions, gif                 | ts, etc - total from Part I, column (d), line 26   | 1a        | 154,162.00             |
| b   |  | s - total from Part IX-B   | 1b        |                        |
| 2   | Amounts paid to acquire                      | assets used (or held for use) directly in carrying out charitable, etc.,   |           |                        |
|     | purposes                                     |  | 2         | <u>.</u>               |
| 3   | Amounts set aside for spec                   | ific charitable projects that satisfy the  |           |                        |
| а   | Suitability test (prior IRS ap               | proval required)   | 3a        | <u> </u>               |
| b   | Cash distribution test (attac                | h the required schedule)   | 3b        |                        |
| 4   |  | lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4         | 154,162.00             |
| 5   |  | der section 4940(e) for the reduced rate of tax on net investment income   |           |                        |
|     | Enter 1% of Part I, line 27b                 | See instructions   | 5         |                        |
| 6   | , , , ,                                      | tions. Subtract line 5 from line 4   | 6         | 154,162.00             |
|     | Note: The amount on line                     | 6 will be used in Part V, column (b), in subsequent years when ca  | lculating | whether the foundation |
|     | qualifies for the section                    | on 4940(e) reduction of tax in those years   |           |                        |

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| Part XIII Undistributed Income (see Instr   | uctions)     |                     |                                       |            |
|---|--------------|---------------------|---------------------------------------|------------|
|   | (a)          | (b)                 | (c)                                   | (d)        |
| 1 Distributable amount for 2019 from Part XI,   | Corpus       | Years prior to 2018 | 2018                                  | 2019       |
| line 7  |              |                     |                                       |            |
| 2 Undistributed income, if any, as of the end of 2019   | •            |                     |                                       | <u>-</u> ` |
| a Enter amount for 2018 only  |              |                     |                                       |            |
| <b>b</b> Total for prior years 20,20,20   |              |                     |                                       |            |
| 3 Excess distributions carryover, if any, to 2019   |              |                     |                                       |            |
| a From 2014   |              |                     |                                       |            |
| b From 2015   |              |                     |                                       |            |
| c From 2016   |              |                     |                                       |            |
| d From 2017 167, 099.00   |              |                     |                                       |            |
| e From 2018 202,196.00  | - 110 010 00 |                     |                                       |            |
| f Total of lines 3a through e   | 410,243.00   |                     |                                       |            |
| 4 Qualifying distributions for 2019 from Part XII,  |              |                     |                                       |            |
| line 4 ▶ \$154,162.00   | }            |                     |                                       |            |
| a Applied to 2018, but not more than line 2a  |              |                     |                                       |            |
| <b>b</b> Applied to undistributed income of prior years   |              |                     |                                       | ,          |
| (Election required - see instructions)  |              |                     |                                       | <u>l</u>   |
| c Treated as distributions out of corpus (Election  |              |                     |                                       |            |
| required - see instructions)  |              |                     | <del></del>                           | <u> </u>   |
| d Applied to 2019 distributable amount  | 154 162 00   |                     |                                       |            |
| <ul><li>e Remaining amount distributed out of corpus</li><li>5 Excess distributions carryover applied to 2019</li></ul> | 154,162.00   |                     |                                       | <u> </u>   |
| (If an amount appears in column (d), the same   |              |                     |                                       |            |
| amount must be shown in column (a) )  | ·            |                     |                                       | 1          |
| 6 Enter the net total of each column as   |              |                     |                                       |            |
| indicated below:  | 564,405.00   |                     |                                       |            |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 304,403.00   |                     |                                       |            |
| <b>b</b> Prior years' undistributed income Subtract   |              |                     |                                       |            |
| line 4b from line 2b  |              |                     |                                       | <u> </u>   |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has                            |              |                     |                                       |            |
| been issued, or on which the section 4942(a)  |              |                     |                                       |            |
| tax has been previously assessed  |              |                     |                                       |            |
| d Subtract line 6c from line 6b Taxable   |              |                     |                                       |            |
| amount - see instructions e Undistributed income for 2018 Subtract line   | -            |                     |                                       |            |
| 4a from line 2a Taxable amount - see  |              |                     |                                       |            |
| instructions  |              |                     |                                       |            |
| f Undistributed income for 2019 Subtract lines  |              |                     |                                       |            |
| 4d and 5 from line 1 This amount must be distributed in 2020  |              |                     |                                       |            |
|   |              |                     |                                       |            |
| 7 Amounts treated as distributions out of corpus  |              |                     |                                       |            |
| to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be                                  |              |                     |                                       |            |
| required - see instructions)  |              |                     |                                       |            |
| 8 Excess distributions carryover from 2014 not  |              |                     |                                       |            |
| applied on line 5 or line 7 (see instructions)  |              |                     |                                       | ,          |
| 9 Excess distributions carryover to 2020.   |              |                     | · · · · · · · · · · · · · · · · · · · | 1          |
| Subtract lines 7 and 8 from line 6a   | 564,405.00   |                     |                                       |            |
| 10 Analysis of line 9   |              |                     |                                       | ]          |
| a Excess from 2015  |              |                     |                                       |            |
| <b>b</b> Excess from 2016 40, 948.00  |              |                     |                                       |            |
| c Excess from 2017 167,099.00   |              |                     |                                       |            |
| d Excess from 2018 202, 196.00  |              |                     |                                       |            |
| e Excess from 2019 154,162.00   |              |                     |                                       |            |

| Pa       | rt XIV Private Op  | erating Foundations        | s (see instructions a       | <u>ind Part VII-A, ques</u> | tion 9)                   |                        |
|----------|--|----------------------------|-----------------------------|-----------------------------|---------------------------|------------------------|
| 1 a      | If the foundation has  | received a ruling or o     | letermination letter tha    | at it is a private ope      | rating                    |                        |
|          | foundation, and the ruling   | g is effective for 2019, e | nter the date of the ruling | ]                           | ▶∟                        |                        |
| b        | Check box to indicate v  | whether the foundation     | is a private operating      | foundation described i      | in section 4942(j         | )(3) or 4942(j)(5)     |
| 2 a      | Enter the lesser of the ad-  | Tax year                   |                             | Prior 3 years               |                           | (a) Total              |
|          | justed net income from Part  | (a) 2019                   | (b) 2018                    | (c) 2017                    | (d) 2016                  | (e) Total              |
|          | I or the minimum investment  |                            |                             |                             |                           |                        |
|          | return from Part X for each year listed                              |                            |                             |                             |                           |                        |
| <b>.</b> | 85% of line 2a   |                            |                             |                             |                           |                        |
|          |  |                            |                             |                             |                           | -                      |
| С        | Qualifying distributions from Part XII, line 4, for each year listed |                            |                             |                             |                           |                        |
| d        | Amounts included in line 2c not                                      |                            |                             |                             |                           |                        |
|          | used directly for active conduct                                     |                            |                             |                             |                           |                        |
| _        | of exempt activities   |                            |                             |                             |                           |                        |
| е        | Qualifying distributions made<br>directly for active conduct of      |                            |                             |                             |                           |                        |
|          | exempt activities Subtract line                                      |                            |                             |                             |                           |                        |
| 3        | 2d from line 2c  | <u> </u>                   |                             |                             |                           | <del></del>            |
| _        | alternative test relied upon   |                            |                             |                             |                           |                        |
| а        | "Assets" alternative test - enter                                    |                            |                             |                             |                           |                        |
|          | (1) Value of all assets  |                            |                             |                             |                           |                        |
|          | (2) Value of assets qualifying<br>under section                      |                            |                             |                             |                           |                        |
|          | 4942(j)(3)(B)(i)   |                            | <u></u>                     |                             |                           | <del> </del>           |
| D        | "Endowment" afternative test-<br>enter 2/3 of minimum invest-        |                            |                             |                             |                           |                        |
|          | ment return shown in Part X,   |                            |                             |                             |                           |                        |
|          | line 6 for each year listed  | -                          |                             |                             |                           | <u> </u>               |
| С        | "Support" alternative test - enter                                   |                            |                             |                             |                           |                        |
|          | (1) Total support other than gross investment income                 |                            |                             |                             |                           |                        |
|          | (interest, dividends, rents,   |                            |                             |                             |                           |                        |
|          | payments on securities<br>loans (section 512(a)(5)),                 |                            |                             |                             |                           |                        |
|          | or royalties)  |                            |                             |                             | <u> </u>                  | <u> </u>               |
|          | (2) Support from general public and 5 or more                        |                            |                             |                             |                           |                        |
|          | exempt organizations as  |                            |                             | 1                           |                           |                        |
|          | provided in section 4942<br>(j)(3)(B)(iii)                           |                            |                             |                             |                           |                        |
|          | (3) Largest amount of sup-   |                            |                             |                             |                           |                        |
|          | port from an exempt<br>organization                                  |                            |                             |                             |                           |                        |
|          | (4) Gross investment income.   |                            |                             |                             |                           | <u> </u>               |
| Pa       | rt XV Supplemer  | ntary Information (        | Complete this par           | t only if the found         | lation had \$5,000 o      | r more in assets at    |
|          | any time d   | luring the year - see      | instructions.)              |                             |                           | ·                      |
| 1        | Information Regardin   | •                          |                             |                             |                           |                        |
| а        | List any managers of   |                            |                             |                             |                           |                        |
|          | before the close of any  | y tax year (but only if t  | ney have contributed        | more than \$5,000) (        | See section 507(d)(2))    |                        |
| NO       | NE   |                            |                             |                             |                           |                        |
| b        | List any managers of   |                            |                             |                             |                           | y large portion of the |
|          | ownership of a partner   | rship or other entity) o   | f which the foundatio       | n has a 10% or greate       | er interest               |                        |
|          |  |                            |                             |                             |                           |                        |
| NOI      |  |                            |                             |                             |                           |                        |
| 2        | Information Regardin   | g Contribution, Gran       | t, Gift, Loan, Scholars     | hip, etc., Programs:        |                           |                        |
|          | Check here ▶ X If t  | the foundation only        | makes contributions         | to preselected cha          | ritable organizations     | and does not accept    |
|          |  |                            |                             |                             | ials or organizations ui  |                        |
|          | complete items 2a, b,  | c, and d See instruction   | ons                         |                             |                           |                        |
| a        | The name, address, a   | nd telephone number        | or email address of t       | he person to whom ap        | oplications should be add | dressed                |
|          |  |                            |                             |                             |                           |                        |
| b        | The form in which app  | lications should be su     | bmitted and informati       | on and materials the        | y should include          |                        |
|          |  |                            |                             |                             |                           |                        |
|          |  |                            |                             |                             |                           |                        |
|          | Any submission deadle  | ines                       |                             |                             |                           |                        |
|          |  |                            |                             |                             |                           |                        |
|          |  |                            |                             |                             | ···-                      |                        |
| d        | Any restrictions or li   | mitations on awards        | , such as by geogr          | raphical areas, chari       | table fields, kinds of    | institutions, or other |
|          | factors  |                            |                             |                             |                           |                        |

Form 990-PF (2019) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of recipient Amount Name and address (home or business) a Paid during the year PC 127,920.00 FEEDING AMERICA N/A FEEDING THE HUNGRY 35 EAST WACKER DR, STE 2000 CHICAGO, IL 60601 PC 20,480.00 MOBILE LOAVES & FISHES N/A FEEDING THE HUNGRY 5524 BEE CAVE RD AUSTIN, TX 78746 148,400.00 ▶ 3a **b** Approved for future payment 30,080.00 N/A PC FEEDING AMERICA FEEDING THE HUNGRY 35 EAST WACKER DR, STE 2000 CHICAGO, IL 60601 MOBILE LOAVES & FISHES N/A PC 5,120.00 FEEDING THE HUNGRY 5524 BEE CAVE RD AUSTIN, TX 78746

**▶** 3b

Total

| Part XVI-   | A Analysis of Income-Prod  | ucing Act     | ivities                  |                |                            |                                       |
|-------------|--|---------------|--------------------------|----------------|----------------------------|---------------------------------------|
| Enter gross | amounts unless otherwise indicated   | Unrela        | ated business income     | Excluded by    | y section 512, 513, or 514 | (e)                                   |
| <b>g</b>    |  | (a)           | (b)                      | (c)            | (d)                        | Related or exempt<br>function income  |
| 1 Program   | service revenue  | Business code | Amount                   | Exclusion code | Amount                     | (See instructions)                    |
| •           |  |               |                          |                |                            |                                       |
|             |  |               |                          |                |                            |                                       |
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|             |  |               |                          |                |                            |                                       |
|             | <del>-</del>   |               |                          |                |                            | · · · · · · · · · · · · · · · · · · · |
|             | <del></del>  |               |                          |                |                            |                                       |
| f           |  |               |                          |                |                            |                                       |
| •           | and contracts from government agencies   |               |                          |                |                            |                                       |
|             | ship dues and assessments  |               |                          |                |                            |                                       |
|             | n savings and temporary cash investments -   |               |                          |                |                            |                                       |
|             | s and interest from securities   |               |                          |                |                            | 1                                     |
|             | al income or (loss) from real estate   |               |                          |                |                            |                                       |
|             | financed property  |               |                          | 1              |                            | <del></del>                           |
|             | ebt-financed property  |               |                          |                |                            |                                       |
|             | I income or (loss) from personal property  |               |                          |                |                            |                                       |
|             | vestment income  |               |                          | <u> </u>       |                            |                                       |
| ="          | oss) from sales of assets other than inventory                                     |               |                          |                |                            |                                       |
|             | me or (loss) from special events · · ·   |               |                          |                |                            |                                       |
|             | ofit or (loss) from sales of inventory   |               |                          |                |                            | <u> </u>                              |
|             | venue a  |               |                          | 1              |                            | <u> </u>                              |
|             |  |               |                          |                |                            | <del></del>                           |
|             |  |               |                          |                |                            |                                       |
|             |  |               |                          | <u> </u>       |                            | <del></del> _                         |
| e           | Add as losses (b) (d) and (s)  |               |                          | <del> </del> - |                            |                                       |
|             | Add columns (b), (d), and (e)  |               |                          |                | 40                         |                                       |
|             | dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci |               |                          |                | 13                         | <del></del>                           |
|             |  |               | complishment of E        | vemnt Bur      | nocec                      |                                       |
| Part XVI-   |  |               |                          |                |                            | <del> </del>                          |
| Line No.    | Explain below how each activit   |               |                          |                |                            |                                       |
| ▼           | accomplishment of the foundation   | on's exemp    | t purposes (other than I | by providing   | funds for such purpose     | s) (See instructions)                 |
|             |  |               |                          |                | <del> </del>               |                                       |
|             |  |               |                          |                |                            | <del></del>                           |
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|             |  |               |                          |                |                            |                                       |
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|             |  |               |                          | <del> </del>   | <del></del>                |                                       |
|             |  |               |                          |                |                            |                                       |

Part XVII

|          |             | Organizations  |   |                             |                     |  |                   |                                       |                        |          |          |
|----------|-------------|--|---|-----------------------------|---------------------|--|-------------------|---------------------------------------|------------------------|----------|----------|
| 1        | Did the     | e organization directl   | y or indirectly                               | engage in any of            | f the following     | g with any                                       | other orga        | nization described                    |                        | Yes      | No       |
|          |             | ction 501(c) (other  | •   |                             |                     |  |                   |                                       | -,                     |          | -        |
|          |             | zations?   | than obotion                                  | 20,(0)(0)                   | ,                   |  |                   |                                       |                        |          |          |
|          | _           |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             | fers from the reporting  | _   |                             |                     |  |                   |                                       |                        | ~~ ~~    | ادي      |
|          |             | sh   |   |                             |                     |  |                   |                                       | 1a(1)                  |          | X        |
|          | (2) Ot      | her assets   |   |                             |                     |  |                   |                                       | 1a(2)                  |          | <u>X</u> |
| b        | Other       | transactions   |   |                             |                     |  |                   |                                       |                        | ,        |          |
|          | (1) Sa      | les of assets to a nor   | ncharitable exer                              | npt organization.           |                     |  |                   |                                       | 1b(1)                  |          | X        |
|          |             | rchases of assets fro  |   |                             |                     |  |                   |                                       |                        |          | X        |
|          |             | ental of facilities, equip   |   |                             |                     |  |                   |                                       |                        |          | Х        |
|          |             | eimbursement arrange   |   |                             |                     |  |                   |                                       |                        |          | Х        |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          | X        |
|          |             | ans or loan guarantee  |   |                             |                     |  |                   |                                       |                        |          | X        |
|          |             | erformance of service  |   |                             |                     |  |                   |                                       | 1                      |          |          |
|          |             | ng of facilities, equipm   |   |                             |                     |  |                   |                                       |                        |          | X        |
| d        |             | answer to any of the   |   |                             |                     |  |                   |                                       |                        |          |          |
|          | value       | of the goods, other a  | assets, or servi                              | ces given by the            | e reporting for     | undation I                                       | f the found       | ation received less                   | than                   | fair m   | narket   |
|          | value       | in any transaction or  | sharing arrang                                | gement, show in             | column (d) ti       | he value o                                       | f the goods       | s, other assets, or s                 | ervice                 | s rec    | eived    |
| (a) Li   | ne no       | (b) Amount involved  | (c) Name of n                                 | oncharitable exempt         | organization        | (d) Desci  | ription of transf | fers, transactions, and sha           | inng arra              | ngeme    | nts      |
| (,       |             | <b>(-</b> /  |   | <u> </u>                    |                     | <del>-                                    </del> | ·                 | · · · · · · · · · · · · · · · · · · · |                        |          |          |
|          | <del></del> | · · · · · · · · · · · · · · · · · · ·                                | <del></del>                                   |                             | _                   |  |                   |                                       |                        |          |          |
|          |             |  |   |                             | -                   |  |                   |                                       |                        |          |          |
|          |             |  |   |                             | _                   | ļ <u>-</u>                                       |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   | <del></del>                           |                        |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             | - <u>-</u>          |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             | -                   |  |                   |                                       |                        |          |          |
|          |             |  |   |                             | -                   |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   | ·····                                 |                        |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             |  |   | -                           |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     | 1  |                   |                                       |                        |          |          |
| 22       | ls the      | foundation directly of   | or indirectly aff                             | filiated with or i          | related to on       | e or more  | tax-exemp         | t organizations                       |                        |          |          |
|          |             | bed in section 501(c)  |   |                             |                     |  |                   |                                       | $\square_{\mathbf{Y}}$ | es X     | No       |
| <b>L</b> |             | s," complete the follow  |   | 3(1011 00 1 (0)(0)) 0       | , 000tion 0.        | _,   |                   | , ,                                   |                        |          |          |
|          | 11 103      | (a) Name of organization   |   | (b) Type                    | of organization     |  |                   | (c) Description of relation           | ship                   |          |          |
|          | <del></del> | (a) Name of organization   | <u>' .                                   </u> | (2) 1) po                   | - Gamzanen          |  |                   | (0) 00000                             |                        |          |          |
|          | -           |  |   |                             |                     | <del></del>                                      |                   |                                       | _                      |          |          |
|          | -           |  |   |                             | <del></del>         |  |                   |                                       | _                      |          |          |
|          | -           |  |   |                             |                     |  |                   |                                       | -                      |          |          |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
|          | 1 Janear    | er penalties of penury, I decla                                      | ore that I have ava-                          | ned this return include     | nn accompanying s   | chedules and o                                   | tatements and t   | to the best of my knowled             | ge and b               | ellef it | is this  |
|          | corre       | er penaities of perjury, i decia<br>ect, and complete Declaration of | preparer (other than to                       | axpayer) is based on all in | nformation of which | preparer has an                                  | y knowledge       | to the best of the knowled            | 95 and 1               | I        | .5 .106, |
| Sigr     | 1           | 0-0  | <u> </u>                                      | _                           | 1                   |  |                   | May the IR                            | S discus               | s this   | retum    |
| Her      |             | Cauch Con  | 1310mer                                       | 10/13/20                    |                     | SVP &  | General Ta        | x Counselwith the pi                  | eparer :               | hown _   | below?   |
| ICI      | Sig         | nature of officer or trustee   |   | Date                        |                     | Title  |                   | See instruction                       | ns                     | Yes      | No       |
|          |             |  |   |                             |                     |  |                   |                                       |                        |          |          |
| Paic     |             | Print/Type preparer's nai  | me  | Preparer's signa            | iture               |  | Date              | Check if                              | PTIN                   |          |          |
|          |             |  |   |                             |                     |  |                   | self-employed                         | _                      |          |          |
|          | parer       | Firm's name  |   |                             |                     |  |                   | Firm's EIN                            |                        |          |          |
| Jse      | Only        | Firm's address   |   | ·                           |                     |  |                   |                                       |                        |          |          |
|          |             |  |   |                             |                     |  |                   | Phone no                              |                        |          |          |
|          |             |  |   |                             |                     |  |                   | Fo                                    | m 990                  | )-PF     | (2019)   |

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

## 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

Employer identification number

Name of the organization 81-2832542 AMBIT CARES, INC. Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
AMBIT CARES, INC

Employer identification number

| AMBIT      | CARES, INC.                                       |   | 81-2832542  |
|------------|---|---|---|
| Part I     | Contributors (see instructions) Use duplicate cop | ies of Part I if additional space is ne | eeded   |
| (a)<br>No. | (b) Name, address, and ZIP + 4                    | (c) Total contributions                 | (d)<br>Type of contribution   |
| 1          | Ambit Energy Holdings, LLC                        | \$\$ 95,118.00                          | Person X Payroll X Noncash (Complete Part II for noncash contributions) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 2          | Brian McClure                                     | \$\$                                    | Person X Payroll Noncash (Complete Part II for noncash contributions)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions              | (d)<br>Type of contribution   |
| 3          | Laurie Rodriguez                                  | \$\$                                    | Person X Payroll Noncash (Complete Part II for noncash contributions)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions              | (d)<br>Type of contribution   |
|            |   | \$                                      | Person Payroll Noncash (Complete Part II for noncash contributions)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions              | (d)<br>Type of contribution   |
|            |   | \$                                      | Person Payroll Noncash (Complete Part II for noncash contributions)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                 | (c)<br>Total contributions              | (d)<br>Type of contribution   |
|            |   |   | Person Payroll Noncash (Complete Part II for noncash contributions)     |

Name of organization

AMBIT CARES, INC.

Employer identification number

81-2832542

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 1                         | OVERHEAD SUPPLIES AND MARKETING MATERIALS AS DETAILED IN A RESOURCE SHARING AGREEMENT DATED APRIL 26, 2016 | \$3,543.00                               | 12/31/19             |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 **Employer identification number** Name of organization 81-2832542 AMBIT CARES, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No.

(c) Use of gift

(e) Transfer of gift

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

Relationship of transferor to transferee

(d) Description of how gift is held

from

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

## Part I, Line 23 (990-PF) - Other Expenses

| Description           | Revenue and<br>Expenses per<br>Books | Net Investment Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------------|--------------------------------------|-----------------------|------------------------|---|
| 1 T-SHIRTS            | 1,371                                |                       |                        | 1,371                                       |
| 2 MEALS               | 1,163                                |                       |                        | 1,163                                       |
| 3 MARKETING MATERIALS | 1,009                                |                       |                        | 1,009                                       |
| 4 FEES                | 2,219                                |                       |                        | 2,219                                       |
| TOTAL                 | 5,762                                |                       | -                      | 5,762                                       |

## Part VII-A, Line 10 (990-PF) - Substantial Contributors

|                    | Check "X"   |                   |        |         |          |
|--------------------|-------------|-------------------|--------|---------|----------|
| Name               | ıf Business | Street            | City   | State _ | Zıp Code |
| 1 Laurie Rodriguez |             | 6555 Sierra Drive | Irving | TX      | 75039    |

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

|  |                   |        |       |          |                                     | Avg Hrs  |              |          | Expense |
|--|-------------------|--------|-------|----------|-------------------------------------|----------|--------------|----------|---------|
| Name                                       | Street            | Š      | State | Zip Code | Title                               | Per Week | Compensation | Benefits | Account |
| Hudson, Scott A                            | 6555 Sierra Drive | Irving | ¥     | 75039    | 75039 Director                      |          | 0            |          |         |
| 2 Burke, James A                           | 6555 Sierra Drive | Irving | ΧŢ    | 15039    | 75039 Director                      |          | 0            |          |         |
| 3 Kirby, Carrie L                          | 6555 Sierra Drive | Irving | ¥     | 15039    | 75039 Director                      |          | 0            |          |         |
| A  | 6555 Sierra Drive | Irving | ¥     | 75039    | 75039 President                     |          | 0            |          |         |
| 5 Moldovan, Kristopher E 6555 Sierra Drive | 6555 Sierra Drive | Irving | ¥     | 15039    | 75039 Treasurer                     |          | 0            |          |         |
| 6 Vazquez, Gabe                            | 6555 Sierra Drive | Irving | ×     | 75039    | 75039 Secretary                     |          | 0            |          |         |
|  | 6555 Sierra Drive | Irving | ¥     | 15039    | 75039 Controller                    |          | 0            |          |         |
| 8 Howard, Carla A                          | 6555 Sierra Drive | Irving | ΧŢ    | 75039    | 75039 General Tax Counsel           |          | 0            |          |         |
| 9 Chen, Max                                | 6555 Sierra Drive | Irving | ΤX    | 12039    | 75039 Assistant Treasurer           |          | 0            |          |         |
| 10 Rasmussen, Seth                         | 6555 Sierra Drive | Irving | ΥT    | 66057    | 75039 Assistant Corporate Secretary |          | 0            |          |         |
| 11 Watson, Brad                            | 6555 Sierra Drive | Irving | ΧT    | 15039    | 75039 Director of Community Affairs |          | 0            |          |         |
| 12 Batman, Anna                            | 6555 Sierra Drive | Irving | TX    | 75039    | 75039 Director of Programming       |          | 0            |          |         |
| 13 Johnstone, Eric                         | 6555 Sierra Drive | Irving | ΧT    | 15039    | 75039 Director of Marketing         |          | 0            |          |         |

| Part X, Line 4 (990-PF) - Explanation for Entering Amount Lar      | ger than 1 1/2% FMV of Assets             |
|--|---|
| Cash deemed held for charitable activities 51,021                  | <u>L</u>                                  |
| Please provide an explanation for entering a cash amount larger t  | than 1 1/2% of the FMV of all assets      |
| All cash balances are considered necessary to cover the current of | charitable activities of the organization |
| and to cover grant payables held at the end of 2019                |   |
|  |   |
|  |   |

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