SCANNED JUL 0 1 2020

Form_ 990-PF

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

not onter cocial security numbers on this form as it may be made public

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

For	calen	dar year 2019 or tax year beginning	, 2019, ar	nd ending		, 20
Nan	ne of fo	undakamez Family Foundation Inc		A Employe	r identification number	
		Gualberto Gamez, Director		84-1505	990	
Nun	nber an	d street (or PO box number if mail is not delivered to street address)	Roo		e number (see instruction	ns)
25	Che	rry Hills Park Dr		(877) 82	9-5500	
City	or towr	n, state or province, country, and ZIP or foreign postal code			ition application is pendii	an abook horo
Ch	arru	Hills Village, CO 80113		C il exemp	mon application is pendi	ig, dieck liefe
			of a former public ch	parity D 1. Foreig	gn organizations, check l	here · · ·
•	O.10011	Final return Amended re	•	•	_	P —
		Address change Name change			gn organizations meeting chere and attach compu	
н	Check	type of organization X Section 501(c)(3) exempt private f		$\overline{\wedge}$	·	•
		_	ole private foundation		foundation status was to 507(b)(1)(A), check here	
		arket value of all assets at J Accounting method		corual		_
		year (from Part II, col. (c), Other (specify)	E 929	r if the fol	indation is in a 60-month ection 507(b)(1)(B), chec	
	ine 16)	· · · · · · · · · · · · · · · · · · ·	on cash hasis)		, on on the fact (b) (1) (b) , on on	▶ □
_	art I	Analysis of Revenue and Expenses(The total of			T	(d) Disbursements
<u></u>		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions))	books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	150 000	 	•	(500.1500.50.0)
•	2	Check I if the foundation is not required to attach Sch B	150,000	 	<u> </u>	-
١.	3	Interest on savings and temporary cash investments	1 645	1 645	1 645	
4	4	Dividends and interest from securities	1,645	1,645		
- /	5a	Gross rents	21,468	21,468	21,468	
-	Ъ			<u> </u>		<u>'</u>
		Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 · · · ·	10 001		<u> </u>	
ne	6a		12,001			
ē	b	Gross sales price for all assets on line 6a Constal gars not specific (from Rot IV) (see 2)		10 001		
Revenue	7	Capital gain net income (from Part IV, line 2)		12,001	12 022	
-	8	Net short-term capital gain			13,033	
	1	1				
	10a	Gross sales less returns and allowances Less Cost of goods seld · · RECEIVED				
	b	Gross profit or (loss) (attach schedule)				,
	11	1(0)				
	12	Other income (attach stredule) FEB 11.2020 · O · · · Total. Add lines 1 through 11 · · · · · · · · · · · · · · · · · ·	105 114	35,114	36,146	
	13	Compensation of officers, directors, trustees, etc.	185,114	35,114	30,140	!
S	14	Other employee salaries and wage DEN, .UT	 .			
penses	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
ŭ	ь	Accounting fees (attach schedule) · · · STM108 · · · ·	1,624			1,624
Ş	C	Other professional fees (attach schedule) STM109 · · · ·	1,624	14		1,024
and Administrative Ex	17	Interest	14			
istr	18	Taxes (attach schedule) (see instructions) STM110 · · · ·	596			596
Ë	19	Depreciation (attach schedule) and depletion · · · · · ·	290			1
뒫	20	Occupancy				<u> </u>
Ϋ́	21	Travel, conferences, and meetings			-	-
anc	22	Printing and publications				
<u> </u>	23	Other expenses (attach schedule) STM103	81			,81
Operating	24	Total operating and administrative expenses.	81			,01
era		Add lines 13 through 23	2,315	14		2,301
Ö	25	Contributions, gifts, grants paid	84,767			84,767
_	26	Total expenses and disbursements. Add lines 24 and 25	87,082	14		87,068
_	27	Subtract line 26 from line 12	67,082		 	07,008
		Excess of revenue over expenses and disbursements	98,032		'	[
	a b	Net investment income (if negative, enter -0-)	98,032	35,100		
		Adjusted net income (if negative, enter -0-)		33,100	36,146	. , ;
	С	Autoried list income (ii negative, citter -o-) · · · · · ·		1 3-4 - ***	30,140	

17,166

1,281,117

5 Decreases not included in line 2 (itemize) <u>STM116</u>

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

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

87,068

Part VI instructions

Enter qualifying distributions from Part XII, line 4

3

	990-PF (2019) Gamez Family Foundation Inc 84-150				age 4
Part		struc	tions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		_	3.	- 3
	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	1			351
	here X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b) · · · · · · · · · · · · · · · · · · ·				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) · · · · · ·	2			0
3	Add lines 1 and 2	3			351
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) · · · · ·	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			351
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) 6c				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·	7			
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			351
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>		331
	Enter the amount of line 10 to be Credited to 2020 estimated tax	11			
11 Dart	VII-A Statements Regarding Activities	11			
	·		1	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		40	163	
	F		1a	 	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		46		
	instructions for the definition	• • •	1b	-	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				اـــــا
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \$ (2) On foundation managers \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				ı ı
	on foundation managers \$				لـــــا
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				
	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				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	(V .	7	х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		:		
	co				İ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		1		ľ
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	<u>x</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 instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		х
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		 		
10	names and addresses		10		x
	names and addresses	· · · _	10		

∣∙Part	VII-B Statements Regarding Activities to	or wni	cn Form 4/	20 Ma	y se ked	uirea (contint	iea)				
5a	During the year, did the foundation pay or incur any amo	unt to								"	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legis	slation (section	4945(e))?		Yes	s X	No			
	(2) Influence the outcome of any specific public election	ı (see se	ection 4955), or	to carry	on,							
	directly or indirectly, any voter registration drive?						Yes	X	No			
	(3) Provide a grant to an individual for travel, study, or o	ther sim	ıılar purposes?				Yes	X	No	Ì		
	(4) Provide a grant to an organization other than a char											
							Yes	s X	No		÷	5
	(5) Provide for any purpose other than religious, charita	ıble, scie	entific, literary, o	r educat	ional					, '		
	purposes, or for the prevention of cruelty to children						Yes	x	No			-
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transac						_	_				
-	in Regulations section 53 4945 or in a current notice reg									5b		
	Organizations relying on a current notice regarding disas	•							П			
С	If the answer is "Yes" to question 5a(4), does the foundation							•	_			
	because it maintained expenditure responsibility for the						☐ Yes	. \square	No			
-	If "Yes," attach the statement required by Regulations se	-					v.				٠,	٠.,
6a	Did the foundation, during the year, receive any funds, d			v nremi	ııms							
vu	on a personal benefit contract?	-		•			☐ Yes	x	No			
b	Did the foundation, during the year, pay premiums, direct							, (<u>25</u>)		6b		
-	If "Yes" to 6b. file Form 8870	aly of file	inectly, on a per	SUIIAI DI	criciii corili al	. (·		• • •	•	7		X
7.	•		and was basided and	altar tra	ma a atua m O		☐ Ye	s X	Ma			
7a ∟	At any time during the tax year, was the foundation a par							s M	NO	7b		
ь	If "Yes," did the foundation receive any proceeds or have	•				on / ·		• • •	•	76		
8	Is the foundation subject to the section 4960 tax on payr						□ v ₂	_ 🖨	NI.	٠ ،	ĺ	ŧ
Part	remuneration or excess parachute payment(s) during the VIII Information About Officers, Director						Ye		No	lovo		
rait	and Contractors	וו, פונ	usiees, roi	muau	UII Wanaç	jers, n	igniy r	alu L	.mp	loyet	<i>7</i> 5,	
					tion Con in							
1	List all officers, directors, trustees, and foundation		e, and average		ompensation		Contribution	ns to		->		
	(a) Name and address	hou	ed to position	` (If r	iot paid, iter -0-)	emplo	yee bene erred com	fit plans	- 1 '	e) Expe other a	nse aco	
Guall	perto Gamez	Direc	tor									
25 Cl	nerry Hills Park Dr, CO 80113		1.00		0				0			0
Silv	La Gamez	Direc	tor									
25 Cl	nerry Hills Park Dr, CO 80113		1.00		0_				0			0
2	Compensation of five highest-paid employees (othe	r than th	nose included	on line	1 - see instr	uctions)	. If none	enter		-		
	"NONE."											
			(h) Title and s				(d) Contri					
(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w	eek	(c) Comper	sation	employe plans and			e) Exper other a		
			devoted to po	sition				nsation	-			
NONE					•							
	· · · · · · · · · · · · · · · · · · ·		1									-
						-						
-									\dashv			
									_			
					· · · · · ·	+			+			
]						
					L				+		-	0
LOTALD	umber of other employees paid over \$50,000 · · · · ·					- • • •			. 1			U

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84-1505990

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Form 990-PF (2019)

Gamez Family Foundation Inc

Form 990-PF (2019) Gamez Family Foundation Inc	84-150599	
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid En	nployees,
3 Five highest-paid independent contractors for professional services. See instruction	ns. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	•	
•		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	nformation such as the number of	Evenena
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1None this year		
2		0
4		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1None this year		
2		0
•		
All other program-related investments See instructions		
3		
Total Add lines 1 through 3		

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Form 990-PF (2019)

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

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

87,068

86,717

351

4

5

6

5

6

Form 990-PF (2019) Gamez Family Foundation Inc 84-1505990 Part XIII Undistributed Income (see instructions) (c) 2018 (d) 2019 (b) Years prior to 2018 Corpus Distributable amount for 2019 from Part XI. 57,006 2 Undistributed income, if any, as of the end of 2019 13,678 Enter amount for 2018 only b Total for prior years Excess distributions carryover, if any, to 2019 3 From 2014 From 2015 From 2016 d From 2017 From 2018 Total of lines 3a through e Qualifying distributions for 2019 from Part XII, 87,068 <u>13,6</u>78 Applied to 2018, but not more than line 2a · · · · · Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 57,006 Applied to 2019 distributable amount Remaining amount distributed out of corpus 16,384 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5 · · 16,384 Pnor years' undistributed income Subtract 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 Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be

16,384

16,384

8

9

10

required - see instructions)

Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)

Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a

Excess from 2015 b Excess from 2016 · · · · · Excess from 2017 d Excess from 2018 Excess from 2019 · · · · ·

Analysis of line 9

	990-PF(2019) Gamez Family Fo	undation Inc			84-1505990	Page 1
Par	XIV Private Operating Foundat					/
1a	If the foundation has received a ruling or dete			ıng		
	foundation, and the ruling is effective for 2019	, enter the date of th	ne ruling • • • •			
b	Check box to indicate whether the foundation	is a private operatin	g foundation descrit	ped in section	4942(j)(3) or 49	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		=
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					
b	85% of line 2a			<u> </u>		
-	1					
С	Qualifying distributions from Part XII, line 4 for each year listed					
А	Amounts included in line 2c not used directly			· ·	1	
•	for active conduct of exempt activities • • •					
e	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					
		_ .				
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а '	"Assets" alternative test - enter					
	(1) Value of all assets			A		
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/			
b	"Endowment" alternative test - enter 2/3					
U	·					
	of minimum investment return shown in					
	Part X, line 6 for each year listed • • • • •					
С	"Support" alternative test - enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section		1			
	512(a)(5)), or royalties)					
	(2) Support from general public				l''	
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	•					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	(Complete thi	s part only if the	he foundation ha	d \$5,000 or more	e in assets at
	any time during the year - s					
1	Information Regarding Foundation Management	•	/			
a	List any managers of the foundation who have		than 2% of the total	contributions received	by the foundation	_
-	before the close of any tax year (but only if the	ey have contributed	more than \$5,000)	(See section 507(d)(2))	
<u>NA</u>		400/		/		
b	List any managers of the foundation who own ownership of a partnership or other entity) of				e portion of the	
	ownership of a partitership of other entity) of	William the loandation	in has a 1070 or give	ner interest		
<u>NA</u>						
2	Information Regarding Contribution, Grain	nt, Gift, Loan, Scho	larship, etc., Prog	rams:		
	Check here X if the foundation only ma	kes contributions to	preselected charitat	ole organizations and d	oes not accept	
	unsolicited requests for funds. If the foundati	on makes gifts, gran	its, etc , to individual	ls or organizations und	er other conditions,	
	complete items 2a, b, c, and d See instruction					
а	The name, address, and telephone number	or email address of t	he person to whom	applications should be	addressed	
			-			
b	The form in which applications should be sub	mitted and informati	on and materials the	ev should include		
	The form in which applications should be sut		.s., and materials th	_, =:.==:=		
	Any submission doublines					
С	Any submission deadlines					
d	Any restrictions or limitations on awards, suc	h as by geographica	il areas, charitable fi	ields, kinds of institution	ns, or other	
-	factors					

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of show any relationship to Purpose of grant or contribution Amount any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Archbishop's Catholic Appeal 1300 South Steele St Catholic Foundation Denver, CO 80210 PC 48,901 Unaffiliated Appeal Eternal World Television Network 5817 Old Leeds Road Support of charity Birmingham, AL 35210 Unaffiliated PC programming network 30,000 Little Sisters of the Poor 3629 W 29th Ave Denver, CO 80211 Unaffiliated ÞC Programs to assist poor 5,866 84,767 Approved for future payment Total

EEA

	r gross amounts unless otherwise indicated		usiness income	Excluded by section	on 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue					<u> </u>
	a					
	b			ļ. <u> </u>		
	<u> </u>					
	d					
	e					
	f	- :				_
2	g Fees and contracts from government agencies Membership dues and assessments					
2 3	· • • • • • • • • • • • • • • • • • • •				1 645	
4	Interest on savings and temporary cash investments Dividends and interest from securities			14	1,645	
5	Net rental income or (loss) from real estate		3	14	21,468	
•	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property		-			
7	Other investment income			-		
8	Gain or (loss) from sales of assets other than inventory •			18	12,001	
9	Net income or (loss) from special events			10	12,001_	
10	Gross profit or (loss) from sales of inventory		·			
11	Other revenue a					
	b					
	С					-
	d					
	e					
12	Subtotal Add columns (b), (d), and (e)				35,114	
13	Total. Add line 12, columns (b), (d), and (e)				13	35,114
	worksheet in line 13 instructions to verify calculations)					
-	rt XVI-B Relationship of Activities to the Acc	complis <u>hme</u>	nt of Exempt	Purposes		
	ne No. Explain below how each activity for which income is	s reported in colu	ımn (e) of Part X\	/I-A contributed im	portantly to the	
	accomplishment of the foundation's exempt purpos	ses (other than by	y providing tunds	for such purposes)	(See instructions)
					-	
					 .	
			-			
		-			-	
•						
		·				·····
						
_						
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						 -,
				•		
						
				· · ·		·
_						
ΕA					Fo	rm 990-PF (2019)

Aurora CO 80014

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Form 990-PF (2019)

Form 99			mez Family F	oundation	Inc					505990		Р	age
Part	XVII	_	Regarding Tran	sfers to and	d Transaction	ns and F	Relation	ships Wit	h Nonchar	itable Exe	empt		
	D. J. 11	Organization			the fellowane w	th any oth	or organ	uzation dansi	ahod.			Yes	N
1		he organization direction 501(c)							ibeu			162	140
		nizations?	nan section 50 I(c)	(3) Organizatio	nis) or in section	11 327, 1016	ating to p	Ollicai					
а	•	sfers from the report	ting foundation to a	a nonchantable	e exempt organ	zation of							
_		Cash · · · · · ·	_								1a(1)		x
		Other assets · · ·									1a(2)		х
b	Other	r transactions											
	(1) S	Sales of assets to a r	nonchantable exem	npt organizatio	n						1b(1)		х
	(2) P	urchases of assets	from a noncharitat	ble exempt org	anization .					• • • •	1b(2)		x
	(3) F	Rental of facilities, ed	quipment, or other	assets						• • • • •	1b(3)		X
	` '	Reimbursement arrai	•								1b(4)		Х
		oans or loan guarar									1b(5)		X
	` '	Performance of servi	•	•	-						1b(6)		X
c d		ing of facilities, equip answer to any of the									1c	L	X
u		of the goods, other											
		in any transaction of		-									
(a) Line	$ \tau$	(b) Amount involved	T		cempt organization			scription of tran			rıng arra	ngemer	nts
(0) 4		(5)	(0)				(2)			,			
		•											
												,	
									-		-		
						-		 					
	-						· · · · · · · · · · · · · · · · · · ·						
													
		· · · · · · · · · · · · · · · · · · ·											
2a	Is the	foundation directly	or indirectly affiliat	ed with or rela	ated to one or n	nore tax-e	xempt or	rganizations					
		ribed in section 501(•								☐ Ye	s X	No
b		s," complete the foll		,,,,,							_	_	
		(a) Name of organia	zation	(b)	Type of organiza	tion			(c) Description	of relationsh	np		
	_												
				L									
٥:	Under	r penalties of perjury, I de ct, and complete Declara	clare that I have examin tion of preparer (other the	ned this retum, incl han taxpayer) is ba	luding accompanyin ased on all informati	g schedules on of which p	and statem preparer ha	ents, and to the i s any knowledge	pest of my knowl	edge and belie	t, it is true	,	
Sign Here		hallet 1	2 Am		2/5/20		ector			May the IR with the pro	eparer <u>sh</u> e	own belg	
	S	ignature of officer or trust			Date	Title		I av					=
Do:4		Print/Type preparer's n		Prepare	r's signature	2		Date	Che	C. E	PTIN		
Paid		Sheldon Har			-07			02-01-		employed E	20036	3097	
Prepa		Firm's name	Sheldon Ha					 -	Firm's EIN				
Use C)nly	Firm's address	10651 E Be	-	Ste 101				Phone no	0-0040			
		1	Aurora CO	80014					720-870	,-U343			

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

Department of the Treasury Internal Revenue Service

Name of the organization

Gamez Family Foundation Inc

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

84-1505990

2019

Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** 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

Employer identification number

Gamez Family Foundation Inc

84-1505990

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	La Favorita Inc 9330 Brighton Rd Henderson, CO 80640	\$100,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	Gualberto and Silvia Gamez 25 Cherry Hills Park Dr Cherry Hills Village, CO 80113	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) .No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Federal Supporting Statements

Name(s) as shown on return

Game z Family Foundation Inc

Form 990PF - Part III - Line 5

Other Decreases Schedule

Item in prior year gain loss report

Rounding adjustments

Tax ID Number

84-1505990

17,164

Rounding adjustments

17,164

Rounding adjustments

PG01

Form 990PF - Part II - Line 10(b)
Investments: Corporate Stock Schedule

 Category
 BOY
 Book Value
 EOY FMV

 Charles Schwab equities other
 556,552
 636,716
 613,452

 Totals
 556,552
 636,716
 613,452

Statement #137

		Federal Su	Federal Supporting Statements	nents	2019 PG01
Name(s) as shown on return Gamez Famıly Foundation Inc					ு க்
	Form 990PF - Part I		- Line 23 - Other Expenses Schedule	chedule	Statement #103~
Description	Revenue and expenses	Net investment	Adjusted net income	Charıtable purpose	
Check supples	81	0		81	
	Form 990PF -	. Part I - Line 16(b	Form 990PF - Part I - Line 16(b) - Accounting Fees Schedule	Schedule	PG01 Statement #108~
Description Accounting fees Totals	Revenue and expenses 1, 624 1,624	Investment 0 0	Adjusted net income 0	Charitable purpose 1,624	
STM-LD					
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		Federal St	Federal Supporting Statements	ments	2019 PG01	,
Name(s) as shown on return Gamez Family Foundation Inc					اذہ دہا	,
	Form 990PF - Pa	- Part I - Line 16(c) -	- Line 16(c) - Other Professional Fees Schedule	Fees Schedule	Statement #109~	
Description Bank Service charges	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
Totals	14	14	0	0		
	Form (990PF - Part I - L11	Form 990PF - Part I - Line 18 - Taxes Schedule	.1e	PG01 Statement #110~	
Description Form 990-PF excise tax	Revenue and expenses 596	Net investment	Adjusted net income	Charıtable purpose 596		
Totals	596	0	0	2965		· · · · · -
				ı		