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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	cale	ndar year 2019 or tax year beginning OC	Т 25, 2019	, and ending	DEC 31, 2019	
N:	ame o	f foundation		· · · · · · · · · · · · · · · · · · ·	A Employer identification	number
	7 N C	HARY WOODARD FOUNDATIO	NT.		84-3775200	<b>.</b>
		and street (or P O box number if mail is not delivered to stree		Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
		EATHER LEDGE			949-322-65	03
_		town, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here
_(	COT	O DE CAZA, CA 92679				
G	Check	k all that apply: X Initial return		ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
	Chael	Address change  k type of organization:  X Section 501(c)(3)	Name change exempt private foundation	150		
	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	ation \V )	E If private foundation sta under section 507(b)(1	
<u></u>   }			nting method: X Cash	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	
	<b>▶</b> \$		umn (d), must be on cash bas	sis.)		
<u> </u>	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
$\int$	1	Contributions, gifts, grants, etc., received	52,370.		N/A	
	2	Check It is the foundation is not required to attach Sch B				
	3	cash investments				
	52	Dividends and interest from securities  a Gross rents				
	"	Net rental income or (loss)				
	_ 6a	Net gain or (loss) from sale of assets not on line 10				
	enueva 7	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain			<u> </u>	
	100	Income modifications Gross sales less returns				
	Ι.	and allowances Less Cost of goods sold			1	
	1	Gross profit or (loss)				
7707	11	Other income				
<sup>7</sup> —	12	Total Add lines 1 through 11	52,370.	0.		
> _	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
, <sub>P</sub>	14	Other employee salaries and wages Pension plans, employee benefits	,			-
	اء	Local food	2,320.	0.		0.
1						
SCANING	16a b c	Other professional fees Interest		 		
Ž	<u>9</u> 17					<del></del>
3	18	Taxes  Depreciation and depletion				<del>                                     </del>
<b>က</b>	19	Occupancy OGDEN, UT			-	
4	20 21	Travel, conferences, and meetings				
3	22	Printing and publications				
,	23	Other expenses STMT 2	594.	0.		0.
	E 24		2,914.	0.		0
Č	23 24 25 25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	2,914.	0.		0.
	123	Total expenses and disbursements.				1
		Add lines 24 and 25	2,914.	0.		0.
	27	Subtract line 26 from line 12:		•		
		Excess of revenue over expenses and disbursements	49,456.	,		
		Net investment income (if negative, enter -0-)		0.	N/A	
	, C	Adjusted net income (if negative, enter -0-)	1	Ī	1 41/4	i I

П	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		49,456.	49,456.
	3	Accounts receivable >			•
	Ì	Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
	1	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	**···		
	'	Less: allowance for doubtful accounts		- 1	
"	l a	Inventories for sale or use			-
ssets	9	Prepaid expenses and deferred charges	<del></del>		
As	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	1	Investments - corporate bonds			
	i	Investments - land, buildings, and equipment basis			
	١	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment: basis		•	•
	` `	Less accumulated depreciation			
	15	Other assets (describe )			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	49,456.	49,456.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
=	22	Other liabilities (describe )		<u>.</u>	
				_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
S		and complete lines 24, 25, 29, and 30.			
ဦ	24	Net assets without donor restrictions			
or Fund Balances	25	Net assets with donor restrictions			
<u> </u>		Foundations that do not follow FASB ASC 958, check here			
풀		and complete lines 26 through 30		40 456	
ŏ		Capital stock, trust principal, or current funds	0.	49,456.	
ets	1	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass		Retained earnings, accumulated income, endowment, or other funds	0.		
Net Assets	29	Total net assets or fund balances	0.	49,456.	
~	l		0.	49,456.	
_	30	Total liabilities and net assets/fund balances		49,400.	<u>-</u>
P	art	Analysis of Changes in Net Assets or Fund Ba	ilances 		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	49,456.
3	Othe	increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	49,456.
		eases not included in line 2 (itemize)	<del></del> .	5	0.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	49,456.

	990-PF (2019) ZACHARY WOODARD FOUNDATION	A7 \	84	-377	<u> 200</u>	F	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 494	l0(a), 4940(b), 4940(e)	), or 4948	- see ı	nstruc	tions	<u>;)                                    </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and	enter "N/A" on line 1.	)				
	Date of ruling or determination letter: (attach copy of letter if n						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		<b>→</b>	1			0.
	of Part I, line 27b					-	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	% of Part I, line 12, col. (b)	J				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;			2			0.
	Add lines 1 and 2	,		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)		4			0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	• · · · · · · · · · · · · · · · · · · ·		5			0.
	Credits/Payments:						
	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.				
	Exempt foreign organizations - tax withheld at source	6b	0.				
	Tax paid with application for extension of time to file (Form 8868)	6c	0.				
	Backup withholding erroneously withheld	6d	0.				
	Total credits and payments. Add lines 6a through 6d	00		,			0.
	· · ·	toohod		<del></del>			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	iaciieu	<b>—</b>	9			0.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		· -				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.4	· -	0			<del></del>
	Enter the amount of line 10 to be: Credited to 2020 estimated tax  To VII-A Statements Regarding Activities	Refun	aea 🖊 I	<u> </u>			
					<del>1 1</del>	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local leg	islation or did it participate or i	intervene in		$\vdash$		X
	any political campaign?	.0.0	15- d-6-6-		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purp		the definition	1	1b		^
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any materials published or			1 1	'	
	distributed by the foundation in connection with the activities.				+		<u> </u>
	Did the foundation file Form 1120-POL for this year?				1c		<u>^</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0				
	(1) On the foundation. ▶ \$ 0. (2) On foundation manage		0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expen	diture tax imposed on foundati	on			1	
	managers. ► \$O.				<b>-</b>		
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.					ł	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorpo	oration, or		$\vdash$		
	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 ye	ar?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	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.					l	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:				Į	
	By language in the governing instrument, or					l	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandato</li> </ul>	ry directions that conflict with	the state law				
	remain in the governing instrument?				6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	plete 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 instruct	ons. <b>&gt;</b>					
	CA						
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 G2 If "No," attach explanation				8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of s	ection 4942(j)(3) or 4942(j)(5)	) for calendar				' <i>\</i>
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," co				9		$\overline{\mathbf{x}}$ $\mathcal{O}$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schei		s STI	MT 3	10_	Х	
				Fo	orm <b>990</b>	-PF (	2019)

	Continued)			
	About the second of the second		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	44		х
12	section 512(b)(13)? If "Yes," attach schedule. See instructions  Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		
12	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address   WWW.LIGHTZOFHOPE.ORG			
14	The books are in care of ► BRENT WOODARD  Telephone no. ► 949 – 32	2-6	503	
	Located at ▶1 WEATHER LEDGE, COTO DE CAZA, CA ZIP+4 ▶92			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	• •	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<del></del> ,		
	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) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		· [	ĺ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			j
	(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)?  Yes X No			
		ĺ	ľ	1
	(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.)		İ	
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ļ	j
Ī	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	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	$\Box$	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):		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?			
	If "Yes," list the years -,,	ł	1	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.)  N/A	_		
	,	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	ł		ł
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Эđ	during the year?  Yes X No			
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
J	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	l	ł	
	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.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
			-	

			_	
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
			i	
	-	***		
· · · · · · · · · · · · · · · · · · ·				
	<del></del>	<del> </del>		
	<del>- </del>			
		<del></del>		
		<u></u>	<u>L</u> _	
Total number of other employees hald over \$50,000				0

Form 990-PF (2019) ZACHARY WOODARD FOUNDATION	<u> </u>	200 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued)	lighly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	<del></del>	<del></del>
	e of service	(c) Compensation
NONE		
		·········
	}	
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A   Summary of Direct Charitable Activities		<u>.</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as	the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 GIVING HOPE & EXCITEMENT THROUGH LIGHTING TO KIDS IN		
HOSPITALS FOR EXTENDED STAYS.		
		0.
2	<del></del>	
3	<del></del>	
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments		A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>	<del></del>	
	<del></del>	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
rotan / ou mice i dirotagnio		

Form **990-PF** (2019)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	9,891.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,891.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
Ů	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,891.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	148.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,743.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	91.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
<u> </u>	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	91.
2a			
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	91.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	91.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	91.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<u>.</u>
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
-	income. Enter 1% of Part I, line 27b	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies for the	section

Form **990-PF** (2019)

Form 990-PF (2019) •

Part XIII Undistributed Income (see instructions)

:	(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019
1 Distributable amount for 2019 from Part XI,	<u> </u>			91.
line 7	····	<del></del>	<u> </u>	
2 Undistributed income, if any, as of the end of 2019			0.	
a Enter amount for 2018 only b Total for prior years:	<del>,</del>	··· · · · · · · · · · · · · · · · · ·	0.0	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				,
b From 2015	:			
c From 2016	i			
d From 2017		_	- •	
e From 2018	•	·		
f Total of lines 3a through e	0.		<del></del>	
4 Qualifying distributions for 2019 from	<u> </u>			
Part XII, line 4: $\triangleright$ \$ 0.				
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		-		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				0.
e Remaining amount distributed out of corpus	0.		<del></del>	
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	0			
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b			······································	<del></del>
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		0.		
d Subtract line 6c from line 6b. Taxable		,		
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must			• •	
be distributed in 2020				91.
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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

Part XIV   Private Operating Fo	WOODARD FOU	INDATION	A guartian (I)		7 5 240 0 Page 10
			A, question 9)	N/A	
1 a If the foundation has received a ruling of		•			
foundation, and the ruling is effective for	•		▶ ∟	4040(3)(2) 25	040(4)(5)
b Check box to indicate whether the found		toundation described in	Prior 3 years	4942(J)(8) or4	942(j)(5) T
2 a Enter the lesser of the adjusted net	Tax year (a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(a) 2013	(0) 2010	(6) 2017	(0)2010	(c) rotal
investment return from Part X for					
each year listed	<del></del>	<del></del>		<del></del>	
b 85% of line 2a			/	<del> </del>	<del></del>
c Qualifying distributions from Part XII,					
line 4, for each year listed		<del></del>	/	<del> </del>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					<del> </del>
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	<del></del>			<del> </del>	
alternative test relied upon:	,				
a "Assets" alternative test - enter: (1) Value of all assets					Ì
` ' ' ` ` ` ` ` ` ` <b>`</b> ` ` ` ` ` ` ` ` ` ` `					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					<del></del>
2/3 of minimum investment return					
shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross	/				
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor			the foundation I	nad \$5,000 or mo	re in assets
at any time during th	e year-see instru	ctions.)			
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who			butions received by the f	foundation before the clos	e of any tax
year (but only if they have contributed m	ore than \$5,000). (See sec	ction 507(d)(2).)			
BRENT WOODARD					
<b>b</b> List any managers of the foundation who	own 10% or more of the	stock of a corporation (o	er an equally large portion	n of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater interest.				
NONE					
2 Information Regarding Contribution					
Check here X if the foundation or					ests for funds. If
the foundation makes gifts, grants, etc., t				<del></del>	
a The name, address, and telephone numb	er or email address of the	person to whom applica	tions should be addresse	ea:	
b The form in which applications should be	culmitted and information	on and materials they she	only include.	<del></del>	
The form in which applications should be					
c Any submission deadlines:					
d Any restrictions or limitations on awards	such as by geographical	areas, charitable fields. k	ands of institutions, or o	ther factors:	
,	,				

Supplementary Information (continued) Part XV 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 Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) a Paid during the year NONE ٥. **▶** 3a Total b Approved for future payment NONE

▶ 3b\_

0.

Total

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies				_	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property				***	
6 Net rental income or (loss) from personal		<del></del>			
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:		· · · · · ·			
a					
b					
C					
d		0.		0.	
e 2 Subtotal. Add columns (b), (d), and (e)		0.			0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e)		0.			
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)	the Accou		empt	13	
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to		mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incom	ne is reported in	mplishment of Exe		Purposes	0.

9) ZACHARY WOODARD FOUNDATION 84-3775200
Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	the organization directly or indi					on 501(c)		Yes	NO
(oth	er than section 501(c)(3) organ	nizations) or in section	on 527, relating	to political organizations?					
a Tran	sfers from the reporting founda	ation to a noncharita	ible exempt org	ganization of:					
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
<b>b</b> Othe	r transactions:								
(1)	Sales of assets to a noncharita	ible exempt organiza	tion				1b(1)		X
	Purchases of assets from a no						1b(2)		X
	Rental of facilities, equipment,		. •				1b(3)		X
	Reimbursement arrangements						1b(4)	•	X
٠,	Loans or loan guarantees						1b(5)		X
	Performance of services or me	mhershin or fundrai	sing solicitatio	ns			1b(6)		X
· · ·	ing of facilities, equipment, ma	•	•				1c		X
	e answer to any of the above is	<del>-</del>			wave chow the fair m	narket value of the goods int		ets	
	ervices given by the reporting for							010,	
	mn (d) the value of the goods,			ou 1633 than fall that Ket vale	ic in any transaction	or snaring arrangomont, site			
a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and sha	arıng arrı	noemen	ıts
a)Line no	(U) Amount involved	(c) Name o		exempt organization	(u) Description	of Baristers, Barisactions, and Sin	a mg are		
			N/A	<del> </del>		···			
		ļ			-	<del></del>			
		<del></del>		<del></del>	<del></del>	<u> </u>			
				<del></del>					
	· · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
				<del>-,</del>					—
On loth	o foundation directly or indirect	the offiliated with or	rolated to one	or more tax-exempt organi	zatione described				
	e foundation directly or indirect	•	· ·	of more tax-exempt organi	zations described	_	Yes	X	No
	ction 501(c) (other than section		Clion 52/?			<u> </u>	J 162	_41	טאו נ
<b>b</b> If "Ye	es," complete the following scho		<del></del>	(h) Tune of presentation		c) Description of relationshi			
	(a) Name of org	janization		(b) Type of organization	<u> </u>	c) Description of relationshi	<u> </u>		
	N/A	<del> </del>							
		<u>-</u>							
	*****								
	Under penalties of perjury, I declare t and belief, the true, correct, and com					time-unlander	he IRS d		
Sign	and belief, it is true, correct, and com	iplete Declaration of pre	eparer (other than	taxpayer) is based on all informa	Mion of which preparer ha		n with the n below?		
Here	hos to	Norday	<b>-</b> l	47/14/20	DIRECT	OR <u> </u>	Yes		No
ŀ	Signature of officer or trustee	;		Date	Title				
1	Print/Type preparer's na		Preparer's s		Date	Check If PTIN			
	7,12,512,513					self- employed			
Paid	DAVID C. J	ORGENSEN	DAVID	C. JORGENSE	07/12/20	P00	147	911	
Prepar			<u> </u>	C. COMODINDE	01/20/20	Firm's EIN ► 81-42			<del></del>
Use O	1 1 11 11 3 11 41 11 5	. LUE				I IIIII S LIN > O T 4Z	J = J ·		
<del>-</del>		10 N mrr	מדאד אזיי	<u> </u>		-			—
	Firm's address ► 20		TIN AV			Phone no. (714)	E E	2 _ 2 1	226
	SA	NTA ANA,	CA 92/	05-1641					
						For	m <b>99</b> 0	,-rr (	(2019)

## Schedule B

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

Internal Revenue Service

Name of the organization

## **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

2019

84-3775200 ZACHARY WOODARD FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)( ) (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 contributors **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, chantable, 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 totaling \$5,000 or more during the year

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

Employer identification number

ZACHARY	WOODARD	FOUNDA	TION

84-3775200

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	ll space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRENT AND SUSAN WOODARD  1 WEATHER LEDGE  COTO DE CAZA, CA 92679	\$52,320.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person ' Payroll   Noncash   (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

## ZACHARY WOODARD FOUNDATION

84-3775200

Part II	Noncash Property (see instructions) Use duplicate copies of Part	Il if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		*	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	· (d) • Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	000 000 F7 or 000 PF (1940)

Schedule B (Form 990, 990 EZ, or 990 PF) (2019) Name of organization **Employer identification number** ZACHARY WOODARD FOUNDATION 84-3775200 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 into once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

(e) Transfer of gift

(c) Use of gift

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

(d) Description of how gift is held

(a) No. from

(b) Purpose of gift

FORM 990-PF	LEGAL FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL	2,320.	0.		0.	
TO FM 990-PF, PG 1, LN 16A	2,320.	- 0.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE	594.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	594.	0.		0.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 3

NAME OF CONTRIBUTOR

BRENT & SUSAN WOODARD

ADDRESS

1 WEATHER LEDGE COTO DE CAZA, CA 92679

	- LIST OF OFFICERS, DESCRIPTION MANAGEMENT		STAT	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRENT WOODARD  1 WEATHER LEDGE COTO DE CAZA, CA 92679	PRESIDENT 5.00	0.	0.	0.
SUSAN WOODARD 1 WEATHER LEDGE COTO DE CAZA, CA 92679	VICE PRESIDENT 5.00	0.	0.	0.
GARY FITZPATRICK 34122 CHULA VISTA DRIVE DANA POINT, CA 92629	DIRECTOR 1.00	0.	0.	0.
DIONNE PETZOLD 2 SONGVIEW MISSION VIEJO, CA 92692	DIRECTOR 1.00	0.	0.	0.
JIM ERVIN 3428 MARYHURST LANE CHARLOTTE, NC 28226	TREASURER 1.00	0.	0.	0.
JOHN CALDERA 23098 VIA PIMEINTO MISSION VIEJO, CA 92691	SECRETARY 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P	AGE 6, PART VIII	0.	0.	0.