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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 07-01-2019 , and ending 06-30-2020

Name of foundation
ACAIR FOUNDATION

A Employer identification number
20-8060816

Number and street (or P.O. box number if mail is not delivered to street address)
4900 N SCOTTSDALE RD NO 4800

Room/suite

B Telephone number (see instructions)
(480) 922-5700

City or town, state or province, country, and ZIP or foreign postal code
SCOTTSDALE, AZ 85251

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 3,708,444

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	100,495			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	74,116	74,116		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	42,247			
	b	Gross sales price for all assets on line 6a 2,556,003				
	7	Capital gain net income (from Part IV, line 2)		42,247		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	216,858	116,363		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	3,000	3,000		0
	c	Other professional fees (attach schedule)	20,208	20,208		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	6,951	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)				
	24	**Total operating and administrative expenses.** Add lines 13 through 23	30,159	23,208		0
	25	Contributions, gifts, grants paid	192,000			192,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	222,159	23,208		192,000
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-5,301			
	b	**Net investment income** (if negative, enter -0-)		93,155		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	-8,678	195,243	195,243
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	2,559,758	2,060,651	2,060,651
	c Investments—corporate bonds (attach schedule)	1,152,317	1,255,230	1,255,230
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	123,693	197,320	197,320
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	3,827,090	3,708,444	3,708,444
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	3,827,090	3,708,444	
	29 **Total net assets or fund balances** (see instructions)	3,827,090	3,708,444	
	30 **Total liabilities and net assets/fund balances** (see instructions)	3,827,090	3,708,444	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	3,827,090
2	Enter amount from Part I, line 27a	2	-5,301
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	3,821,789
5	Decreases not included in line 2 (itemize) ▶	5	113,345
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	3,708,444

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	GOLDMAN SACHS - PUBLICLY TRADED SECURITIES			2020-06-30
b	GOLDMAN SACHS - PUBLICLY TRADED SECURITIES			2020-06-30
c	GOLDMAN SACHS - REGULATED FUTURES			2020-06-30
d	CAPITAL GAINS DIVIDENDS	P		
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	2,130,940		1,991,507	139,433
b	331,378		346,601	-15,223
c	77,576		175,648	-98,072
d	16,109			16,109
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				139,433
b				-15,223
c				-98,072
d				16,109
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	42,247
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	122,250	2,419,327	0.050531
2017	76,250	1,365,170	0.055854
2016	41,500	1,084,983	0.038249
2015	27,834	923,580	0.030137
2014	13,663	807,784	0.016914

2	**Total** of line 1, column (d)	2	0.191685
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.038337
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	3,804,936
5	Multiply line 4 by line 3	5	145,870
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	932
7	Add lines 5 and 6	7	146,802
8	Enter qualifying distributions from Part XII, line 4	8	192,000

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 Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	932
c	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	932
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	932
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 3,800		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	3,800
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	2,868
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 2,868 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
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? *If "Yes," attach the statement required by General Instruction T.*	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AZ			
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? *If "No," attach explanation* .	8b	Yes	
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 taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ COVEY MANAGEMENT INC Telephone no. ▶ (480) 922-5700

Located at ▶ 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE AZ ZIP+4 ▶ 85251

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part 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.

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?		☐ Yes ☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes ☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes ☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes ☑ No	
	(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 ☑ No	
	(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.)		☐ Yes ☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in 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 ▶ ☐			
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		No
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)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?		☐ Yes ☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	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		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes ☑ No	
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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). 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. ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

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 THE ACAIR FOUNDATION MAKES NO PROGRAM RELATED INVESTMENTS. NO DIRECT CHARITABLE ACTIVITIES ARE CARRIED ON BY THE FOUNDATION. ALL ADMINISTRATIVE EXPENSES INCURRED IN	0
2 CONNECTION WITH THE TAX EXEMPT PURPOSE WERE ALLOCATED TO GRANT MAKING ACTIVITIES. ALL OTHER EXPENSES OF THE FOUNDATION WERE PROPERLY ALLOCABLE TO THE INVESTMENT	0
3 ACTIVITIES OF THE FOUNDATION.	0
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
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	3,754,870
b	Average of monthly cash balances	1b	108,009
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	3,862,879
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,862,879
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	57,943
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,804,936
6	**Minimum investment return.** Enter 5% of line 5	6	190,247

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	190,247
2a	Tax on investment income for 2019 from Part VI, line 5	2a	932		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	932
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	189,315
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	189,315
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	189,315

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	192,000
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	192,000
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. See instructions	5	932
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	191,068

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				189,315
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017. 8,507				
e From 2018. 5,030				
f **Total** of lines 3a through e.	13,537			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 192,000				
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.				189,315
e Remaining amount distributed out of corpus	2,685			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	16,222			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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 instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
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 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	16,222			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . . 8,507				
d Excess from 2018. . . . 5,030				
e Excess from 2019. . . . 2,685				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
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: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				192,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
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			14	74,116	
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 property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	42,247	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		116,363	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	116,363

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-11-09	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
JESSICA A DUFF		2020-11-09		P00179255
Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶86-1065772
Firm's address ▶ 2901 N CENTRAL AVENUE SUITE 1200 PHOENIX, AZ 850122799				Phone no. (602) 234-5100

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JAMES QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	DIRECTOR 1.00	0	0	0
MARILYN QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	DIRECTOR 1.00	0	0	0
CORINNE BERGER 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	DIRECTOR 1.00	0	0	0
TUCKER QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	DIRECTOR 1.00	0	0	0
BENJAMIN QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	DIRECTOR 1.00	0	0	0

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000).

JAMES QUAYLE
MARILYN QUAYLE

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA SCIENCE CENTER 600 E WASHINGTON PHOENIX, AZ 85004		PC	GENERAL PURPOSE	15,000
CURE INTERNATIONAL INC 404 ST JOHNS CHURCH ROAD NO 106 CAMP HILL, PA 17011		PC	GENERAL PURPOSE	40,000
HOPE WOMEN'S CENTERPO BOX 3447 APACHE JUNCTION, AZ 85117		PC	GENERAL PURPOSE	5,000
Total . . . . . ▶ **3a**				192,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON SCHOLARS FOUNDATION PO BOX 400891 CHARLOTTESVILLE, VA 229044891		PC	GENERAL PURPOSE	10,000
PHOENIX CHILDREN'S HOSPITAL FOUNDATION 1919 E THOMAS ROAD PHOENIX, AZ 85016		PC	GENERAL PURPOSE	15,000
PHOENIX COUNTRY DAY SCHOOL 3901 EAST STANFORD DRIVE PARADISE VALLEY, AZ 85253		PC	GENERAL PURPOSE	9,000
Total . . . . . ▶ **3a**				192,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX SEMINARY 7901 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85260		PC	GENERAL PURPOSE	10,000
TRANSLATION GENOMICS RESEARCH INSTITUTE FOUNDATION 445 N 5TH ST STE 120 PHOENIX, AZ 85004		PC	GENERAL PURPOSE	25,000
VERITAS PREPARATORY ACADEMY 4801 E WASHINGTON STREET SUITE 250 PHOENIX, AZ 85034		PC	GENERAL PURPOSE	5,000
Total . . . . . ▶ **3a**				192,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 406310 2301 VANDERBILT PLACE NASHVILLE, TN 372406310		PC	GENERAL PURPOSE	5,000
VALLEY PRESBYTERIAN CHURCH 6947 E MCDONALD DRIVE PARADISE VALLEY, AZ 85253		PC	GENERAL PURPOSE	10,000
VALLEY DAY SCHOOL 6947 E MCDONALD DRIVE PARADISE VALLEY, AZ 85253		PC	GENERAL PURPOSE	1,000
Total . . . . . ▶ **3a**				192,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 2707 E VAN BUREN STREET PHOENIX, AZ 85008		PC	GENERAL PURPOSE	5,000
NAVAL POSTGRADUATE SCHOOL FOUNDATION PO BOX 8626 MONTEREY, CA 93943		PC	GENERAL PURPOSE	10,000
MONTAGE HEALTH FOUNDATION PO BOX HH MONTEREY, CA 93942		PC	GENERAL PURPOSE	10,000
Total . . . . . ▶ **3a**				192,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC FOUNDATION 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259		PC	GENERAL PURPOSE	10,000
MAYO CLINIC CANCER RESEARCH 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259		PC	GENERAL PURPOSE	5,000
FOREBATTEN FOUNDATION 7433 E JOURNEY LANE SCOTTSDALE, AZ 85255		PC	GENERAL PURPOSE	1,000
Total . . . . . ▶ **3a**				192,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD HEALTH FOUNDATION NORTH PO BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039		PC	GENERAL PURPOSE	1,000
Total . . . . . ▶ **3a**				192,000

TY 2019 Accounting Fees Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,000	3,000		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315019790

TY 2019 Investments Corporate Bonds Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
GOLDMAN SACHS	1,255,230	1,255,230

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315019790

TY 2019 Investments Corporate Stock Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
GOLDMAN SACHS	2,060,651	2,060,651

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315019790

TY 2019 Investments - Other Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
GOLDMAN SACHS	AT COST	197,320	197,320

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315019790

TY 2019 Other Decreases Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Description	Amount
UNREALIZED LOSS ADJUSTMENT	113,345

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491315019790

TY 2019 Other Professional Fees Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	20,208	20,208		0

TY 2019 Taxes Schedule

Name: ACAIR FOUNDATION

EIN: 20-8060816

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2019 Q1 ES PAYMENT	3,800	0		0
2018 TAX PAYMENT	3,151	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491315019790

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization
ACAIR FOUNDATION

Employer identification number
20-8060816

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	☑ 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 other 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 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 990PF, 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
ACAIR FOUNDATION	20-8060816

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

Name of organization
ACAIR FOUNDATION

Employer identification number
20-8060816

Part II **Noncash Property** (see Instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	See Additional Data Table	$	

(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
		$	

Name of organization	Employer identification number
ACAIR FOUNDATION	20-8060816

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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

Additional Data

Software ID:
Software Version:
EIN: 20-8060816
Name: ACAIR FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 2,621	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
2	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 618	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
3	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 705	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
4	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 52	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
5	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,822	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
6	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 599	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 15,649	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
8	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,113	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
9	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 264	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
10	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 31	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
11	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 2,233	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
12	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 133	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 140	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
14	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 123	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
15	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 172	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
16	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 430	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
17	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,681	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
18	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 114	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 627	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
20	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 115	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
21	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 376	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
22	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 946	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
23	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 240	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
24	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 7,427	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 74	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
26	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 833	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
27	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 581	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
28	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 321	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
29	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,588	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
30	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 367	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 244	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
32	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 377	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
33	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 270	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
34	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 534	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
35	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 83	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
36	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 309	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 41	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
38	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 892	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
39	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,909	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
40	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,676	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
41	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 151	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
42	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 335	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 5,076	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
44	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 17,315	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
45	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 714	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
46	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 519	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
47	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 2,199	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
48	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 718	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 44	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
50	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 160	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
51	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 2,066	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
52	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 5,516	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
53	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 277	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
54	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 444	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 807	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
56	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,358	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
57	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 482	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
58	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 298	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
59	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 66	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
60	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 757	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 581	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
62	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 166	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
63	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 177	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
64	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 478	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
65	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,149	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
66	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 2,287	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 591	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
68	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 169	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
69	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 454	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
70	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 167	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
71	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 883	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)
72	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 4,700	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	JAMES D AND MARILYN T QUAYLE 4900 N SCOTTSDALE RD STE 4800 SCOTTSDALE, AZ 85251	$ 1,061	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	8 SHARES OF ADOBE INC CMN, TICKER SYMBOL ADBE	$ 2,621	2019-12-20
2	14 SHARES OF ADVANCED MICRO DEVICES, INC. CMN, TICKER SYMBOL AMD	$ 618	2019-12-20
3	3 SHARES OF AIR PRODUCTS & CHEMICALS INC CMN, TICKER SYMBOL APD	$ 705	2019-12-20
4	1 SHARES OF AMERICAN INTL GROUP, INC. CMN, TICKER SYMBOL AIG	$ 52	2019-12-20
5	8 SHARES OF AMERICAN TOWER CORPORATION CMN, TICKER SYMBOL AMT	$ 1,822	2019-12-20
6	6 SHARES OF AMETEK INC (NEW) CMN, TICKER SYMBOL AME	$ 599	2019-12-20
7	56 SHARES OF APPLE INC. CMN, TICKER SYMBOL AAPL	$ 15,649	2019-12-20
8	18 SHARES OF APPLIED MATERIALS INC CMN, TICKER SYMBOL AMAT	$ 1,113	2019-12-20
9	2 SHARES OF AVERY DENNISON CORPORATION CMN, TICKER SYMBOL AVY	$ 264	2019-12-20
10	1 SHARES OF BANK OZK CMN, TICKER SYMBOL OZK	$ 31	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	7 SHARES OF BROADCOM INC. CMN, TICKER SYMBOL AVGO	$ 2,233	2019-12-20
12	2 SHARES OF BROWN FORMAN CORP CL B CMN CLASS B, TICKER SYMBOL BFB	$ 133	2019-12-20
13	2 SHARES OF CADENCE DESIGN SYSTEMS INC CMN, TICKER SYMBOL CDNS	$ 140	2019-12-20
14	1 SHARES OF CELANESE CORPORATION COMMON STOCK, TICKER SYMBOL CE	$ 123	2019-12-20
15	2 SHARES OF CLEAN HARBORS INC CMN, TICKER SYMBOL CLH	$ 172	2019-12-20
16	8 SHARES OF D.R. HORTON, INC. CMN, TICKER SYMBOL DHI	$ 430	2019-12-20
17	11 SHARES OF DANAHER CORPORATION CMN, TICKER SYMBOL DHR	$ 1,681	2019-12-20
18	2 SHARES OF DENTSPLY SIRONA INC CMN, TICKER SYMBOL XRAY	$ 114	2019-12-20
19	4 SHARES OF DOLLAR GENERAL CORPORATION CMN, TICKER SYMBOL DG	$ 627	2019-12-20
20	1 SHARES OF DOVER CORPORATION CMN, TICKER SYMBOL DOV	$ 115	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
21	5 SHARES OF EDISON INTERNATIONAL CMN, TICKER SYMBOL EIX	$ 376	2019-12-20
22	4 SHARES OF EDWARDS LIFESCIENCES CORPORATI CMN, TICKER SYMBOL EW	$ 946	2019-12-20
23	2 SHARES OF ENTERGY CORPORATION CMN, TICKER SYMBOL ETR	$ 240	2019-12-20
24	36 SHARES OF FACEBOOK, INC. CMN CLASS A, TICKER SYMBOL FB	$ 7,427	2019-12-20
25	2 SHARES OF FASTENAL COMPANY CMN, TICKER SYMBOL FAST	$ 74	2019-12-20
26	6 SHARES OF FIDELITY NATL INFO SVCS INC CMN, TICKER SYMBOL FIS	$ 833	2019-12-20
27	2 SHARES OF FLEETCOR TECHNOLOGIES, INC. CMN, TICKER SYMBOL FLT	$ 581	2019-12-20
28	3 SHARES OF FORTINET, INC. CMN, TICKER SYMBOL FTNT	$ 321	2019-12-20
29	144 SHARES OF GENERAL ELECTRIC CO CMN, TICKER SYMBOL GE	$ 1,588	2019-12-20
30	2 SHARES OF GLOBAL PAYMENTS INC. CMN, TICKER SYMBOL GPN	$ 367	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
31	4 SHARES OF HARTFORD FINANCIAL SRVCS GROUP CMN, TICKER SYMBOL HIG	$ 244	2019-12-20
32	5 SHARES OF IHS MARKIT LTD CMN, TICKER SYMBOL INFO	$ 377	2019-12-20
33	3 SHARES OF INCYTE CORPORATION CMN, TICKER SYMBOL INCY	$ 270	2019-12-20
34	2 SHARES OF INTUIT INC CMN, TICKER SYMBOL INTU	$ 534	2019-12-20
35	2 SHARES OF JABIL INC CMN, TICKER SYMBOL JBL	$ 83	2019-12-20
36	3 SHARES OF KEYSIGHT TECHNOLOGIES, INC. CMN, TICKER SYMBOL KEYS	$ 309	2019-12-20
37	1 SHARES OF KONTOOR BRANDS, INC. CMN, TICKER SYMBOL KTB	$ 41	2019-12-20
38	3 SHARES OF LAM RESEARCH CORPORATION CMN, TICKER SYMBOL LRCX	$ 892	2019-12-20
39	9 SHARES OF LINDE PLC CMN, TICKER SYMBOL LIN	$ 1,909	2019-12-20
40	14 SHARES OF LOWES COMPANIES INC CMN, TICKER SYMBOL LOW	$ 1,676	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
41	1 SHARES OF MARRIOTT INTERNATIONAL, INC CMN CLASS A, TICKER SYMBOL MAR	$ 151	2019-12-20
42	7 SHARES OF MASCO CORPORATION CMN, TICKER SYMBOL MAS	$ 335	2019-12-20
43	17 SHARES OF MASTERCARD INCORPORATED CMN CLASS A, TICKER SYMBOL MA	$ 5,076	2019-12-20
44	110 SHARES OF MICROSOFT CORPORATION CMN, TICKER SYMBOL MSFT	$ 17,315	2019-12-20
45	3 SHARES OF MOODY'S CORPORATION CMN, TICKER SYMBOL MCO	$ 714	2019-12-20
46	2 SHARES OF MSCI INC. CMN, TICKER SYMBOL MSCI	$ 519	2019-12-20
47	22 SHARES OF NIKE CLASS-B CMN CLASS B, TICKER SYMBOL NKE	$ 2,199	2019-12-20
48	3 SHARES OF NVIDIA CORPORATION CMN, TICKER SYMBOL NVDA	$ 718	2019-12-20
49	1 SHARES OF ONEMAIN HOLDINGS, INC. CMN, TICKER SYMBOL OMF	$ 44	2019-12-20
50	2 SHARES OF PACCAR INC CMN, TICKER SYMBOL PCAR	$ 160	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
51	19 SHARES OF PAYPAL HOLDINGS, INC. CMN, TICKER SYMBOL PYPL	$ 2,066	2019-12-20
52	44 SHARES OF PROCTER & GAMBLE COMPANY (THE) CMN, TICKER SYMBOL PG	$ 5,516	2019-12-20
53	7 SHARES OF PULTEGROUP INC. CMN, TICKER SYMBOL PHM	$ 277	2019-12-20
54	5 SHARES OF QUALCOMM INC CMN, TICKER SYMBOL QCOM	$ 444	2019-12-20
55	7 SHARES OF ROSS STORES,INC CMN, TICKER SYMBOL ROST	$ 807	2019-12-20
56	5 SHARES OF S&P GLOBAL INC. CMN, TICKER SYMBOL SPGI	$ 1,358	2019-12-20
57	2 SHARES OF SBA COMMUNICATIONS CORPORATION CMN, TICKER SYMBOL SBAC	$ 482	2019-12-20
58	5 SHARES OF SEAGATE TECHNOLOGY PLC CMN, TICKER SYMBOL STX	$ 298	2019-12-20
59	1 SHARES OF SEI INVESTMENTS COMPANY CMN, TICKER SYMBOL SEIC	$ 66	2019-12-20
60	5 SHARES OF SEMPRA ENERGY CMN, TICKER SYMBOL SRE	$ 757	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
61	1 SHARES OF SHERWIN-WILLIAMS CO CMN, TICKER SYMBOL SHW	$ 581	2019-12-20
62	1 SHARES OF STANLEY BLACK & DECKER, INC. CMN, TICKER SYMBOL SWK	$ 166	2019-12-20
63	2 SHARES OF STARBUCKS CORP. CMN, TICKER SYMBOL SBUX	$ 177	2019-12-20
64	13 SHARES OF SYNCHRONY FINANCIAL CMN, TICKER SYMBOL SYF	$ 478	2019-12-20
65	18 SHARES OF THE SOUTHERN CO. CMN, TICKER SYMBOL SO	$ 1,149	2019-12-20
66	7 SHARES OF THERMO FISHER SCIENTIFIC INC CMN, TICKER SYMBOL TMO	$ 2,287	2019-12-20
67	1 SHARES OF TRANSDIGM GROUP INCORPORATED CMN, TICKER SYMBOL TDG	$ 591	2019-12-20
68	3 SHARES OF TRUIST FINANCIAL CORPORATION CMN, TICKER SYMBOL TFC	$ 169	2019-12-20
69	5 SHARES OF TYSON FOODS INC CL-A CMN CLASS A, TICKER SYMBOL TSN	$ 454	2019-12-20
70	1 SHARES OF UNITED RENTALS, INC. CMN, TICKER SYMBOL URI	$ 167	2019-12-20

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
71	4 SHARES OF VERTEX PHARMACEUTICALS INCORPO CMN, TICKER SYMBOL VRTX	$ 883	2019-12-20
72	25 SHARES OF VISA INC. CMN CLASS A, TICKER SYMBOL V	$ 4,700	2019-12-20
73	8 SHARES OF ZOETIS INC. CMN CLASS A, TICKER SYMBOL ZTS	$ 1,061	2019-12-20