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**2020** 

OMB No. 1545-0052

# 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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year beginning 01-01-20	)20 , ar	nd ending 12-31	-2020	
		ındation MILY FOUNDATION		A Employer id	dentification numbe	er
				33-0910843		
		d street (or P.O. box number if mail is not delivered to street address) TORDO PO BOX 2329	Room/suite	<b>B</b> Telephone no	umber (see instructio	ns)
				(858) 720-630	0	
		n, state or province, country, and ZIP or foreign postal code NTA FE, CA 92067		<b>C</b> If exemption	application is pendin	g, check here
G Ch	neck al	l that apply: $\Box$ Initial return $\Box$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	rganizations, check he	ere
		$\square$ Final return $\square$ Amended return			rganizations meeting	
		$\square$ Address change $\square$ Name change			ck here and attach co	
		pe of organization: $\square$ Section 501(c)(3) exempt private			oundation status was ton 507(b)(1)(A), chec	
			e private foundation			
of '	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 16,435,116  J Accounting method:  □ Other (specify) (Part I, column (d) must	<b>☑</b> Cash ☐ Accru		lation is in a 60-mont on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	I		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		Contributions, gifts, grants, etc., received (attach	J SOOKS			(cash basis only)
	1	schedule)				
	2	Check $\blacktriangleright$ $\checkmark$ if the foundation is <b>not</b> required to attach				
	_	Sch. B				
	3	Dividends and interest from securities	364,474	364,474	1	
	5a	Gross rents	304,474	304,47-		
	ь	Net rental income or (loss)				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	276,110			
Revenue	b	Gross sales price for all assets on line 6a				
Rev	7	5,883,587 Capital gain net income (from Part IV, line 2)		276,110	1	
	8	Net short-term capital gain		279,220		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less: Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	640,584	640,584	ļ .	
	13	Compensation of officers, directors, trustees, etc.	90,000	45,000	)	45,000
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits	<b>66.1</b> 04.605	40.046		42.245
Ē	16a	Legal fees (attach schedule)	84,685	<u> </u>		42,343
EXE	b	Accounting fees (attach schedule)	2,854			1,427
- Ve	c 1	,	53,304	53,304	<del>,</del>	
Operating and Administrative Expenses	17 18	Interest	-47,189	-47,189	<u> </u>	
<u> </u>	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	-47,109	-47,103	1	
<u>=</u>	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
en d	22	Printing and publications				
<u>5</u>	23	Other expenses (attach schedule)	<b>9</b> 207	128	3	79
at.	24	Total operating and administrative expenses.			1	
pe D		Add lines 13 through 23	183,861	95,012	2	88,849
)	25	Contributions, gifts, grants paid	644,000			644,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	027.064	05.013		722.040
	27	Subtract line 26 from line 12:	827,861	95,012	•	732,849
	a	Excess of revenue over expenses and				
	ь	disbursements Net investment income (if negative, enter -0-)	-187,277			
	C	Adjusted net income (if negative, enter -0-)		545,572		
	لـــــــــــــــــــــــــــــــــــــ		L	J.		L

Pa	rt II	<b>Balance Sheets</b>	Attached schedules and amounts in the description column	Beginning of year		of year
			should be for end-of-year amounts only. (See instructions.)		(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest	<u>-</u>	36,122	80,261	80,261
	2	- '	orary cash investments			
	3	Accounts receivable				
			doubtful accounts			
	4	Pledges receivable	<b>-</b>			
		Less: allowance for	doubtful accounts 🕨			
	5	Grants receivable .				
	6	Receivables due fro	om officers, directors, trustees, and other			
		disqualified persons	s (attach schedule) (see instructions)			
	7	Other notes and loa	ans receivable (attach schedule) ▶			
		Less: allowance for	doubtful accounts -			
S	8	Inventories for sale	e or use			
Assets	9	Prepaid expenses a	and deferred charges			
As	10a	Investments—U.S.	and state government obligations (attach schedule)			
	b	Investments—corp	orate stock (attach schedule)			
	С	Investments—corp	orate bonds (attach schedule)			
	11	Investments—land,	, buildings, and equipment: basis 🕨			
			depreciation (attach schedule) ▶			
	12		gage loans			
	13		r (attach schedule)	15,436,958	16,354,855	16,354,855
	14		d equipment: basis ▶	· · ·   25	. ,	, , , , , , , , , , , , , , , , , , ,
			depreciation (attach schedule) ▶			
	15		ribe >)			
	16		e completed by all filers—see the			
	10	•	see page 1, item I)	15,473,080	16,435,116	16,435,116
		·		13,473,000	10,433,110	10,433,110
	17	• •	and accrued expenses			-
5	18					-
itie	19					-
Liabilities	20		, directors, trustees, and other disqualified persons			_
Lia	21	5 5	er notes payable (attach schedule)			_
	22		escribe <b>&gt;</b> )			
	23	Total liabilities(ad	dd lines 17 through 22)		0	
es		Foundations that	follow FASB ASC 958, check here 🕨 🗌			
nce		and complete line	es 24, 25, 29 and 30.			
ala	24	Net assets without	donor restrictions			
B	25	Net assets with dor	nor restrictions			1
nu		Foundations that	do not follow FASB ASC 958, check here 🕨 🗹			1
F			es 26 through 30.			
Assets or Fund Balance	26		principal, or current funds			
ets	27		urplus, or land, bldg., and equipment fund			-
155	28	·	accumulated income, endowment, or other funds	15,473,080	16,435,116	-
it A	29		or fund balances (see instructions)	15,473,080	16,435,116	4
Net	30		nd net assets/fund balances (see instructions) .	15,473,080	16,435,116	4
Do.			. , , , , , , , , , , , , , , , , , , ,	13,473,000	10,433,110	
1	rt IIII	· · ·	nanges in Net Assets or Fund Balances balances at beginning of year—Part II, column (a), line	29 (must agree with one	4-1	
-			on prior year's return)	· · · · · · · · ·	' 1 1	15,473,080
2	Ente	r amount from Part	I, line 27a		2	-187,277
3	Othe	r increases not inclu	uded in line 2 (itemize) ▶		3	1,149,313
4	Add	lines 1, 2, and 3 .			4	16,435,116
5			n line 2 (itemize)		5	
6	Tota	l net assets or fund	balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 29 .	6	16,435,116

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Page **3** 

		cind(s) of property sold (e.g., se; or common stock, 200 shs		(b How ac P—Pur D—Dor	quired chase		(c) e acquired , day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Tabl	le							
b								
c								
d								
e								
<b>(e)</b> Gross sales price		<b>(f)</b> Depreciation allowed (or allowable)		(g) other basis pense of sal			Gain o	n) r (loss) ) minus (g)
a See Additional Data Tabl	le							
b								
c								
d								
e								
Complete only for assets	s showi	ng gain in column (h) and ow	ned by the foundation	on 12/31/6	59		(	I)
(i) F.M.V. as of 12/31/69	)	<b>(j)</b> Adjusted basis as of 12/31/69		<b>(k)</b> s of col. (i) ol. (j), if any			Gains (Col. (Ì	n) gain minus less than -0-) <b>or</b>
a See Additional Data Tabl	le							
b								
c								
d								
e								
If gain, also enter in Pa in Part I, line 8	gain or art I, lin	(loss) as defined in sections e 8, column (c) (see instructi	ons). If (loss), enter -	Part I, line	· }	3		276,110
		Section 4940(e) for Re			ent In	come		
ECTION 4940(e) REPEA	LED C	ON DECEMBER 20, 2019	- DO NOT COMPI	ETE				
1 Reserved								
(a) Reserved		<b>(b)</b> Reserved	(c) Reserved				<b>(d)</b> Reserved	
<b>2</b> Reserved					2			
<b>3</b> Reserved					3	T		
						┧		
					<u>                                    </u>	╁──		
					-	<u> </u>		
						<u></u>		
<b>7</b> Reserved					7	<u>Ļ</u>		
8 Reserved ,					8	<u></u>		

Pai	rt VII-B	Statements Regard	ding	<b>Activities for Which</b>	Form 4720 May Be	Required (c	ontinue	ed)				
5a	During th	e year did the foundation	рау о	r incur any amount to:							Yes	No
	(1) Carry	on propaganda, or otherv	vise a	ttempt to influence legisla	ation (section 4945(e))?	Γ	Yes		No			
	<b>(2)</b> Influe	ence the outcome of any s	pecifi	c public election (see sect	ion 4955); or to carry	<u>-</u>	163	ت	110			
	on, d	irectly or indirectly, any vo	ter re	egistration drive?		[	Yes	<b>✓</b>	No			
		de a grant to an individual		• • • • • • • • • • • • • • • • • • • •		[	Yes	<b>✓</b>	No			
		de a grant to an organizat		•	· -							
		tion 4945(d)(4)(A)? See i				• • [	Yes	✓	No			
		de for any purpose other t		•		<u>-</u>						
<b>L</b>		ational purposes, or for the swer is "Yes" to 5a(1)–(5),	•	•			Yes	✓	No			
D	•	ns section 53.4945 or in a		•		•	bea m			5b		
	-	ions relying on a current r								<del>- 55</del>		
C	-	wer is "Yes" to question 5						Ш				
-		se it maintained expendit			•		٦					
		attach the statement requi		·		L	_ Yes	Ш	No			
6a	Did the fo	oundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premiu	ıms on						
	a persona	al benefit contract?				. [	٦ <b>٧</b>	<b>✓</b>	NI-			
b	Did the fo	oundation, during the year	, pay	premiums, directly or ind	irectly, on a personal be	nefit contract?	res		NO	6b		No
	If "Yes" to	o 6b, file Form 8870.										
7a	At any tir	ne during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trar	nsaction?	Yes	<b>✓</b>	No			
b	•	did the foundation receive		•						7b		
8		indation subject to the sec					n or					
	excess pa	arachute payment during t	he ye	ar?		[	Yes	✓	No			
Par	t VIII	Information About	Offic	ers, Directors, Trust	ees, Foundation Ma	inagers, Hig	hly Pa	id Er	nplo	yees,		
		and Contractors										
1	List all of	fficers, directors, truste										
	(a) N	ame and address	(	<b>b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contri employee ben					se acc	
	(=)			devoted to position	-0-)	deferred cor			0	ther al	lowand	ces
	E EVANS		Presi 0.00	dent	0							
		D PO BOX 2329 E, CA 92067	0.00									
	E EVANS JR	2, 41. 32.00,	Treas	surer	45,000							
		D PO BOX 2329	1.00									
		E, CA 92067	-						_			
	D EVANS	D DO DOV 2220	Secre 1.00	etary	45,000							
		D PO BOX 2329 E, CA 92067										
ENN	BRATT			SECRETARY	0							
		D PO BOX 2329	1.00									
2		E, CA 92067 sation of five highest-pa	id en	nployees (other than th	ose included on line 1	  —see instruc	ions).	If no	ne. e	nter "	NONE.	"
						(d) Contri			,			
(a)		address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employe					se acco	
	m	ore than \$50,000		devoted to position	(-,	plans and comper		d	ot	her all	owance	es
NON						33						
								T				
Tota	l number o	of other employees paid ov	er \$5	0,000			<u> </u>					
									Г	004	DE /	(2020

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		
Part IX-A Summary of Direct Charitable Activities	result at a tradicational information and a set the number of	
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1		
2		
3		
4		
Deleted Towns of Delete		
Part IX-B Summary of Program-Related Investments (see in Describe the two largest program-related investments made by the foundation during the		Amount
1	ie tax year on illes I and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
-		
Total. Add lines 1 through 3		
		- 000 5= (0000)

1a

1b

2

За 3h

4

5

732,849

732,849

732.849

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Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Amounts set aside for specific charitable projects that satisfy the:

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

b

2

3

4

5

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

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

(b)

Years prior to 2019

179.562

45,307

134,255

134,255

(c)

2019

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778,156

732,849

45,307

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Form	990-PF	(20	020
Pa	rt XII		U

90-PF	(2	020
		-

a From 2015. . . . . **b** From 2016. . . .

e From 2019. . . . .

c From 2017. . . d From 2018. . . . .

90-PF (20	20)	
t XIII	Undistributed Income (see instruc	tions)
		(a) Corpus

74 965

56.211 48,386

29,658 56.211

48.386

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. . . . . . **b** Total for prior years: 20\_\_\_\_\_\_, 20\_\_\_\_\_\_ Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020.

same amount must be shown in column (a).)

(If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2021.

Subtract lines 7 and 8 from line 6a . .

10 Analysis of line 9: a Excess from 2016. . . **b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . . e Excess from 2020. .

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

P	art XIV Private Operating Found	ations (see instr	uctions and Part V	'II-A, question 9)		1490 20
	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	20, enter the date of	of the ruling	▶∟_		
b	Check box to indicate whether the organizati	on is a private opera	ating foundation des	cribed in section L	」 4942(j)(3) or ∟	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	
_	year listed					
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(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					
С	"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  Supplementary Information	(Complete this	nart only if the	foundation had	#E 000 or more	
Pa	assets at any time during th			iouiiuation nau	\$5,000 or more	···
L	Information Regarding Foundation Mana					
а	List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more they have contribut	than 2% of the total ed more than \$5,000	l contributions recei 0). (See section 507	ved by the foundation '(d)(2).)	n
	JANE E EVANS	,	4 - / - 0	, , ===================================	. , . , ,	
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
			_			
<u>.</u>	Information Regarding Contribution, Gr		• • • • •	_		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu	e organizations and als or organizations	does not accept under	
_	The name, address, and telephone number of			annlications should	he addressed:	_
a	JENNY BRATT	or e-mail address of	the person to whom	applications should	be addressed.	
	6050 EL TORDO RD PO BOX 2329 RANCHO SANTA FE, CA 92067 (858) 756-4410 Jenny.Bratt@withersworldwide.com					
b	The form in which applications should be sub	omitted and informa	tion and materials th	ney should include:		
С	Any submission deadlines: NONE					
d	Any restrictions or limitations on awards, surfactors: NONE	ch as by geographic	al areas, charitable f	fields, kinds of instit	utions, or other	
	INOINE					

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Part XV Supplementary Informa	tion (continued)	-		
3 Grants and Contributions Paid	During the Year or Appro	oved for Future	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	I Purnose of grant or I	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year			(	
See Additional Data Table		<u>                                      </u>	<u>(                                    </u>	
Total		<del></del>	<b>&gt;</b> 3a	644,000
<b>b</b> Approved for future payment		1		
<b> </b>	<del></del>	<del></del>		
1	'	1		
1	,	1		
1	,	1		
1	,	1		
1	,	1		
1	1	1		
Total				

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ter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp
. Program	service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
	and contracts from government agencies					
_	rship dues and assessments					
Interes investm	t on savings and temporary cash ents					
	ds and interest from securities			14	364,474	
	tal income or (loss) from real estate:					
	financed property ebt-financed property					
Net ren	tal income or (loss) from personal property					
	nvestment income					
invento				1	276,110	
	ome or (loss) from special events:					
Gross p	orofit or (loss) from sales of inventory evenue: <b>a</b> _					
Other r						
Other r						
c						
b c d						
b c d e s Subtota	al. Add columns (b), (d), and (e).				640,584	
c d Subtota Total. (See wo		lations.)			640,584 <b>3</b>	
b c d Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
c d Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
c d Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
b c d Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58
c d e Subtota Total. (See wo	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to the  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  ne Accomplish  income is report	nment of Exem	pt Purposes of Part XVI-A contribu	3	640,58

orm	990-PF	` '									Pa	ge <b>13</b>
Pa	rt XVI	Information R Exempt Organ		ransi	fers To a	nd Transaction	ons and	Relatio	nships With Nonc	haritable		
		rganization directly or i r than section 501(c)(3								501	Yes	No
аΤ	ransfers	from the reporting fou	ındation to a n	oncha	ritable exe	empt organization	n of:					
(	<b>1)</b> Cash	n								1a(1)		No
(	<b>2)</b> Othe	er assets								. 1a(2)		No
		nsactions:										
-	-	es of assets to a noncha	•	-						. 1b(1)		No
	-	chases of assets from a								. 1b(2)		No
•	-	tal of facilities, equipme	•							. 1b(3)		No
•	-	nbursement arrangeme ns or loan guarantees.								1b(4) 1b(5)		No No
•	•	ormance of services or i								1b(6)		No
-	-	of facilities, equipment,			_					— <u>` ` `</u>		No
d If	the ans	swer to any of the abov	e is "Yes," cor	nplete	the follow	ing schedule. Co	lumn (b)	should al	ways show the fair ma	arket value	·	
		ods, other assets, or seansaction or sharing arm										
(a) L	ine No.	(b) Amount involved	(c) Name of	noncha	aritable exen	npt organization	<b>(d)</b> Des	cription of	transfers, transactions, a	nd sharing arra	ngemer	nts
<b>2</b> a Is	the fou	undation directly or indi	rectly affiliate	d with	, or related	d to, one or more	tax-exem	npt organ	izations			
		in section 501(c) (oth	•		•	•			_	<b>✓</b> No		
b If	"Yes,"	complete the following										
		(a) Name of organizat	tion		(ь	) Type of organizat	ion		(c) Description of	f relationship		
		der penalties of perjury my knowledge and belic										
Sig		ich preparer has any kr	nowledge.		1	1			I	Marries IDC II		
Her		*****				2021-09-30	,	*****		May the IRS di return		
							— <b>)</b> -			with the prepa below	rer sho	wn
		Signature of officer or	trustee			Date	, -	Γitle		(see instr.)	Yes	□No
		Print/Type preparer	's name	Prepa	arer's Sign	ature	Date		PT Check if self-	IN		
									employed ▶ □	P00588	3111	
Pai	d	RICHARD KARP C	CPA						employed P			
Pre	pare		NATHAN & ASS	OCIA.	TES				Fir	rm's EIN ▶33	-04076	 592
USE	Only		73301 FRED W	ARING	DR STE 2	200						
			ALM DESERT,						Ph	none no. (760	) 341-	6656
			•						l			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold (mo., day, yr.) (mo., day, yr.) P-Purchase D-Donation 2020-12-31 FIDELITY #483516 Ρ 2020-01-01 FIDELITY #483516 Р 2000-01-01 2020-12-31 FIDELITY #483516 WASH SALE Р 2000-01-01 2020-12-31 CASH LIQUIDATION DISTRIBUTIONS Р 2020-07-27 2020-07-27 Ρ NON-DIVIDEND DISTRIBUTION 2020-01-01 2020-12-31 Capital Gain Dividends Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 282,929 291,169 -8,240 5,135,965 -180,343 5,316,308 101,389 101,389 17 17 301 301 362,986 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any -8,240 -180,343 101,389 17 301

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

recipient

a Paid during the year

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

BIOCOM INSTITUTE 10996 TORREYANA RD STE 200 SAN DIEGO, CA 92121	NONE	N/A	AID ORGANIZATION WITH ITS MISSION TO SUPPORT LIFE SCIENCE INNOVATIONS.	15,000
BOYS GIRLS CLUBS OF CENTRAL IOWA IN 1421 WALKER ST DES MOINES, IA 50316	NONE	N/A	AID ORGANIZATION IN HELPING YOUNG PEOPLE TO REACH THEIR FULL POTENETIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.	50,000

IN 1421 WALKER ST DES MOINES, IA 50316			YOUNG PEOPLE TO REACH THEIR FULL POTENETIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.	
CLUBFOOT SOLUTIONS 2509 RIVER RUN CT NE CEDAR RAPIDS, IA 52411	NONE	N/A	HELP THE ORGANIZATION TO PROVIDE MEDICAL ASSISTANCE TO THOSE WITH FOOT DISABILITIES.	50,000
Total			▶ 3a	644,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COLLEGE POSSIBLE NONE N/A HELP ORGANIZATION PROVIDE 10,000 540 N FAIRVIEW AVE STE 304 **EDUCATION SKILLS NECESSARY** FOR STUDENTS TO ACHIEVE A SAINT PAUL, MN 55104 COLLEGE DEGREE

			COLLEGE DEGREE!	
CROSSNORE SCHOOL CHILDREN'S HOME PO BOX 249/100 DAR DRIVE CROSSNORE, NC 28616	NONE	N/A	HELP ORGANIZATION CONTINUE ITS MEDICAL EMOTIONAL AND FINANCIAL SUPPORT OF CHILDREN IN NEED	2,000
DRAKE UNIVERSITY 2507 UNIVERSITY AVE	NONE	N/A	HELP UNIVERSITY TO CONTINUE IT'S MISSION OF EDUCATING	50,000

THE COMMUNITY.

3a

644.000

DES MOINES, IA 50311

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

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

1 '		1		
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	N/A	HELP ORGANIZATION FEED LOW INCOME AND HOMELESS IN THE COMMUNITY.	15,000
GLEN ELLYN CHILDREN'S RESOURCE	NONE	N/A	HELP ORGANIZATION CONTINUE	50,000

GLEN ELLYN CHILDREN'S RESOURCE CENT 346 TAFT AVENUE STE 205 GLEN ELLYN, IL 60137	NONE	N/A	HELP ORGANIZATION CONTINUE ITS MISSION OF PROVIDING LOW INCOME FAMILIES AN EDUCATION.	50,000
HOPE MINISTRIESPO BOX 862	NONE	N/A	HELP THE ORGANIZATION	10.000

346 TAFT AVENUE STE 205 GLEN ELLYN, IL 60137			LOW INCOME FAMILIES AN EDUCATION.	
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	N/A	HELP THE ORGANIZATION CONTINUE ITS MISSION OF HELPING THOSE IN NEED.	10,000

644,000

GLEN ELLYN, IL 60137		EDUCATION.	
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	HELP THE ORGANIZATION CONTINUE ITS MISSION OF HELPING THOSE IN NEED.	10,0

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MIZELL SENIOR CENTER OF PALM NONE l n/a HELP ORGANIZATION TO 25,000

SPRING 480 SOUTH SUNRISE WAY PALM SPRINGS, CA 92262		.,	CONTINUE ITS MISSION OF HELPING THE ELDERLY IN THE COMMUNITY	
PARTNERSHIP FOR EDUCATIONAL PROGRES 596 CRESCENT BLVD	NONE	N/A	HELP ORGANIZATION TO CONTINUE ITS MISSION OF EDUCATING THE COMMUNITY.	10,000

PARTNERSHIP FOR EDUCATIONAL PROGRES 596 CRESCENT BLVD GLEN ELLYN, IL 60137	NONE		HELP ORGANIZATION TO CONTINUE ITS MISSION OF EDUCATING THE COMMUNITY.	10,000
ST VINCENT DE PAUL VILLAGE 3350 E STREET SAN DIEGO, CA 92102	NONE	,	HELP ORGANZATION TO SUPPORT THOSE IN NEED.	35,000

Total			▶ 3a	644,000
ST VINCENT DE PAUL VILLAGE 3350 E STREET SAN DIEGO, CA 92102	NONE	N/A	HELP ORGANZATION TO SUPPORT THOSE IN NEED.	35,000
GLEN ELLYN, IL 60137				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNITED SERVICE ORGANIZATION NONE N/A HELP ORGANIZATION CONTINUE 10,000 PO BOX 96860 ITS MISSION OF SUPPORTING WASHINGTON DC 20077 MILITARY AND THEIR FAMILIES

WASHINGTON, DC 20077			MILITARY AND THEIR PARILLES.	
VARIETY-THE CHILDREN'S CHARITY OF I 505 5TH AVE STE 310 DES MOINES, IA 50309	NONE	N/A	HELP ORGANIZATION CONTINUE ITS MISSION OF HELPING THE COMMUNITY.	50,000
POLK COUNTY MEDICAL SOCIETY FOUNDAT 1520 HIGH STREET DES MOINES, IA 50309	NONE	N/A	HELP ORGANIZATION CONTINUE ITS MISSION OF PROVIDING LOW COST MEDICAL CARE TO THE COMMUNITY.	35,000

Total .

3a

644,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS AND GIRLS CLUB COACHELLA NONE N/A AID ORGANIZATION IN HELPING 50,000 VALLE YOUNG PEOPLE TO REACH

42600 COOK STREET 120 PALM DESERT, CA 92211			THEIR FULL POTENETIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.	
CARMEL PRESBYTERIAN CHURCH JUNIPERO AND MOUNTAIN VIEW CARMEL BYTHESEA CA 93921	NONE	N/A	HELP ORGANIZATION CONTINUE ITS MISSION OF HELPING THE	

CARMEL PRESBYTERIAN CHURCH JUNIPERO AND MOUNTAIN VIEW CARMELBYTHESEA, CA 93921	NONE	N/A	HELP ORGANIZATION CONTINUE ITS MISSION OF HELPING THE COMMUNITY.	
MARTHA'S VILLAGE KITCHEN INC	NONE	N/A	PROVIDE FOOD, HOUSING,	

Total .

CARMELBYTHESEA, CA 93921			COMMUNITY.	
MARTHA'S VILLAGE KITCHEN INC 83791 DATE AVE INDIO, CA 92201	NONE	N/A	PROVIDE FOOD, HOUSING, CHILD SERVICE AND CAREER ASSISTANCE TO THOSE IN NEED.	10

CARMELBYTHESEA, CA 93921			COMMUNITY.	
MARTHA'S VILLAGE KITCHEN INC 83791 DATE AVE INDIO, CA 92201	NONE	,	PROVIDE FOOD, HOUSING, CHILD SERVICE AND CAREER ASSISTANCE TO THOSE IN NEED.	10,000

5,000

644,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ORCHARD PLACE2116 GRAND AVE NONE N/A PROVIDE MENTAL HEALTH 40,000 DES MOINES, IA 50312 TREATMENT AND EXPERTISE

			FOR IOWA'S KIDS.	
READ WITH ME VOLUNTEER PROGRAMS PO BOX 1016 RANCHO MIRAGE, CA 92270	NONE	N/A	BRING VOLUNTEERS TO SCHOOLS THAT SERVE DISADVANTAGED STUDENTS TO HELP THEM DEVELOP TO THEIR MAXIMUM POTENTIAL.	15,000
YOUNG WOMEN'S RESOURCE CENTER	NONE	N/A	HELP YOUTH	12,000

3a

644,000

818 5TH AVE

Total .

DES MOINES, IA 50309

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

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

or substantial contributor

a Paid during the year				
DAV CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE	NONE	N/A	EMPOWER VETERANS TO LEAD HIGH QUALITY LIVES WITH	10,000

COLD SPRING, KY 41076			RESPECT AND DIGNITY.	
UNIVERSITY OF IOWA 2700 UNIVERSITY CAPITOL CENTRE	NONE	N/A	PROVIDE EDUCATION	

			TREST EST 7 THE BIGHTITT	
UNIVERSITY OF IOWA 2700 UNIVERSITY CAPITOL CENTRE IOWA CITY, IA 52242	NONE	N/A	PROVIDE EDUCATION	50,000
GLEN ELLYN FOOD PANTRY	NONE	N/A	HELP ORGANIZATION FEED LOW	20,000

2700 UNIVERSITY CAPITOL CENTRE IOWA CITY, IA 52242				
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	NONE	N/A	HELP ORGANIZATION FEED LOW INCOME AND HOMELESS IN THE COMMUNITY.	20,000

10WA C111,1A 32242				
GLEN ELLYN FOOD PANTRY 493 FOREST AVENUE GLEN ELLYN, IL 60137	NONE	N/A	HELP ORGANIZATION FEED LOW INCOME AND HOMELESS IN THE COMMUNITY.	20,000
Total			▶ 3a	644,000

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Name and address (home or business)

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year				
MILE HIGH 3601265 MARIPOSA STREET DENVER, CO 80204	NONE	N/A	PROVIDE EDUCATION	15,000

644,000

Total.

efile GRAPHIC print - DO NO	T PROCESS	As Filed Data - DLN: 93491292016171				
TY 2020 Accounting	Fees Scho	edule				
	Name:	EVANS FA	AMILY FOUNDATIO	N		
<b>EIN:</b> 33-0910843						
<b>Software ID:</b> 20011551						
Softwar	e Version:	2020v4.0	)			
Category	Ame	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING FEES		2,854	1,427	0	1,427	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491292016171

### **TY 2020 General Explanation Attachment**

Name: EVANS FAMILY FOUNDATION

**EIN:** 33-0910843

**Software ID:** 20011551 **Software Version:** 2020v4.0

### General Explanation Attachment

	•		
Identifier	Return Reference	Explanation	
1		General Explanation Supplemental Information for Form 990-PF	PART VII-B, ITEM 1(A)(4)JENNY BRATT, IS AN OFFICER OF THE FOUNDATION, AND IS A PARTNER IN THE LAW FIRM OF WITHERS BERGMAN LLP, COUNSEL FOR THE FOUNDATION. WITHERS BERGMAN LLP RECEIVES COMPENSATION FOR LEGAL SERVICES RENDERED TO THE FOUNDATION. AS A PARTNER IN WITHERS BERGMAN LLP (HOLDING LESS THAT A 5% PARTNERSHIP SHARE), MS. BRATT IS INDIRECTLY COMPENSATED ON THIS INCOME. THE LEGAL SERVICES PERFORMED ARE REASONABLE AND NECESSARY FOR THE CARRYING OUT OF THE FOUNDATION'S EXEMPT PURPOSES AND THE AMOUNT PAID BY THE FOUNDATION FOR SUCH SERVICES IS NOT EXCESSIVE. ACCORDINGLY, SUCH COMPENSATION IS AN EXPECTION TO SELF-DEALING UNDER TRES. REG. SECTION 53.4941(D)-3(C)(1). SEE ALSO TREAS. REG. SECTION 53.4941(D)-3(C)(2), EXAMPLE (1).

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491292016171				
TY 2020 Investments - Other Schedule							
Name:	EVANS FAMILY FOUNDATI	ON					
EIN:	33-0910843						
Software ID:	20011551						
Software Version:	2020v4.0						
nvestments Other Schedule 2			4				
Category/ Item	Listed at Cos	or Book Value	End of Year Fair				

FMV

MARKETABLE SECURITIES

**FMV** 

Market Value

16,354,855

16,354,855

efile GRAPHIC print - DO NOT PROCESS	As Filed Data		DLN	N: 93491292016171
TY 2020 Legal Fees Schedule				
Name	EVANS FAM	ILY FOUNDATION		
EIN	<b>:</b> 33-0910843	ı		
Software ID	20011551			
Software Version	<b>:</b> 2020v4.0			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	84,685	42,342	0	42,343

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491292016171
TY 2020 Other Expenses Schedule				
Name:	EVANS FAMILY	FOUNDATION		
EIN:	33-0910843			
Software ID:	20011551			
Software Version:	2020v4.0			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	50	50		
OFFICE EXPENSE	157	78		79

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data	-	DLN	N: 93491292016171
TY 2020 Other Professional Fees Schedule				
Na	me: EVANS FAMI	ILY FOUNDATION		
	<b>EIN:</b> 33-0910843			
<b>Software ID: </b> 20011551				
Software Version: 2020v4.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	53,304	53,304	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491292016171
TY 2020 Taxes Schedule				
Name:	EVANS FAMILY FOUNDATION			
EIN:	: 33-0910843			
Software ID:	<b>Software ID:</b> 20011551			
Software Version: 2020v4.0				
Taxes Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ATTORNEY GENERAL FILING FEE	75	75		
FEDERAL INCOME TAX	51,996	-51,996		
FOREIGN TAXES WITHHELD	4,697	4,697		
STATE TAX	35	35		