Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PFfor instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

14 Other employee salaries and wages	₽D In	epartm ternal	nent of the Treasury Revenue Service					ity numbers or 1 <i>990PF</i> for instr		-	•		Open to Public Inspection
A Employer and active continue to P O beck number if mad is not delivered to street defrees)   Brown / Supplementary	_			or ta									, 20
### Check type of organization [2] Section 501 (cl.3) exempt private foundation    Formarket value of all exemptions (cl.1)   Foreign operations (cl.3)	_											Employerident	fication number
### Check type of organization [2] Section 501 (cl.3) exempt private foundation    Formarket value of all exemptions (cl.1)   Foreign operations (cl.3)		LEW	IS. LUCILLE	F.	CHARITAB	LE TE	RUST					77	-6213271
C   PHOENTX, AZ 85072   C   The examption application is positive, tests have.   D   PHOENTX, AZ 85072   C   The examption application is positive, test have.   D   Phoenty   Amended return								dress)		Room/suit	e B		
C   PHOENTX, AZ 85072   C   The examption application is positive, tests have.   D   PHOENTX, AZ 85072   C   The examption application is positive, test have.   D   Phoenty   Amended return											İ		
C   PHOENTX, AZ 85072   C   The examption application is positive, tests have.   D   PHOENTX, AZ 85072   C   The examption application is positive, test have.   D   Phoenty   Amended return		PΛ	BOX 52007							ŀ	1	4	25-258-0236
PHOENIX, AZ 85072  G Check all that apply:				country	, and ZIP or for	eign post	el code				_		23 230 0230
## Check type of organization*   Address change*   Name change*		•	, ,	·		- ,					0		
Initial return   Address change   Initial return   Address change   Add		DHU	TNTY N7 85	172								pending, check he	re
Final return   Andress change   Name change   Name change   Sowing regeneration making the Six set, cless the set of Six				7/2	Initial retur		1	Initial return	of a former r	ublic char	ity -		
Address change	•	Cite	ck an that apply.		-1		1	1	•	abile cital	ם ן עיי		
Check type of organization   X   Section 501(c/s) exampt private foundation   Section 4947(a)(1) nonexempt charable trust   Other taxable private foundation of year (from Part I), col. (c), Ine   Other (specify)   Other (specify)				-	4		<u> </u>					85% test, check	here and attach
Section 4947(a)(1) nonexempt chantable trust   Other texable private foundation   I fair market value of all assets at   Jacobunting method   X cash   Accrual   other (typecity)   Cash   Other (specity)   Cash   Other	ũ	Cha	ali tima af araani	otio Di	<u> </u>					-	$\vdash$	computation	
For market Value of all assets at JAccounting method:   Cash   Accrual   ord (year (from Part II, col. (c), line   Other (specify)   Part I, column (d), must be on cash basis.)     Fittle Stundation in in a 62-month in column (d), clip. and (d) must be on cash basis.)     Fittle Stundation in in a 62-month in column (d), clip. and (d) must be on cash basis.)     Contributes and column (d) (ceal influence of a month in column (d), clip. and (d) must be on cash basis.)     Contributes and income (d), clip. and (d) must be on cash basis.)     Contributes and column (d) (ceal influence of a month in column (d), clip. and (d) must be on cash basis.)     Contributes and column (d) (ceal influence of a month in column (d), clip. and (d) must be on cash basis.)     Contributes and column (d) (ceal influence of a month in column (d), clip. and (d) must be on cash basis.)	1									14	<b>)</b>   E	If private foundation	on status was terminated
end of year (from Part II, col. (c), line 16) ► \$ 648, 275.  Part I, column (d), must be on cash basis.)  Part I Analysis of Revenue and Expenses (The may not inecessarily equal the amount of column (d) (see instructions))  1 Contributions, gat, grints, etc. received latter herholdin (see instructions))  1 Contributions, gat, grints, etc. received latter herholdin (see instructions))  1 Contributions, gat, grints, etc. received latter herholdin (see instructions))  1 Contributions, gat, grints, etc. received latter herholdin (see instructions))  1 Contributions, gat, grints, etc. received latter herholdin (see instructions))  1 Contributions, gat, grints, etc. received latter herholdin (see instructions))  2 Check ► If the focusions (see instructions)  1 Solvidends and interest from securities  4 Dividends and interest from securities  5 Gross rents  5 Net rental income or (loss)  8 Net sentin ince de original interest from securities  1 18, 166  1 18, 166  1 18, 166  5 STMT 1  1 21, 266  5 Revenue and expenses per books  1 18, 1, 166  5 STMT 1  1 Securities (see instructions)  2 Securities (see instructions)  3 Securities (see instructions)  3 Securities (see instructions)  4 Securities (see instructions)  4 Securities (see instructions)  5 Securities (see instructions)  5 Securities (see instructions)  5 Securities (see instructions)  5 Securities (see instructions)  6 Securities (see instructi	Ţ											under section 507	(b)(1)(A), check here
16) ▶ \$ 648, 275. Part Loculum (d), must be on cash basis.)  Part 1 Analysis of Revenue and Expenses The total of amounts in columns (b), (c), and (d) may not necessarily quality a mounts in columns (b), (c), and (d) may not necessarily quality a mounts in column (e) (see instructions)  1 Controllations, gath, grants, are revewed latter the shaddel)  2 Check ▶ 1 the foundation is not required to etter the St. B.  3 Interest on savings and temporary cash investments.  4 Dividends and interest from securities.  5a Gross rents.  5a Ross rents.  5 Not rental income or (loss)  6a Not gen or (loss) forms also of assets not on line 10 cross sales, prise for all 181, 851.  7 Captal gain net income (from Part IV, line 2).  8 Not short-term captal gain.  9 Income modifications  10 Gross profit or (loss) (statch schedule).  11 Other income (attach schedule).  12 Total Add lines 1 through 11 39, 432 39, 432.  13 Compensation of filters, increation, frustees, etc.  9, 421 7, 0.66 0.  2, 355  14 Cother employee salanes and wages.  15 Pension plans, employee benefits.  16 Accounting fees (attach schedule).  17 Interest.  18 Taxes (statch schedule) (see instruCHM).  18 Taxes (statch schedule) (see instruCHM).  19 Depreciation (statch schedule).  10 Total presistional fees (attach schedule).  11 Total correspondences, and meetings.  12 Pennting and publications.  13 Taxes (statch schedule) (see instruCHM).  14 Taxes (statch schedule) (see instruCHM).  15 Tavel, conferences, and meetings.  16 Penson plans, employee benefits.  17 Total operation of statch schedule).  18 Depreciation (statch schedule).  19 Depreciation (statch schedule).  10 Total operation of statch schedule).  10 Total operation of statch schedule).  11 Total conferences, and meetings.  12 Penson plans, employee benefits.  13 Depreciation (statch schedule).  14 Total operation of statch schedule).  15 Total operation of statch schedule).  16 Total operation of statch schedule).  17 Total operation of statch schedule.  18 Depreciation of statch schedule.  19 Dep	•					1			asn Acc	ruai	F		
Part   Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and amounts in columns (b), (columns (b), (c) and (d) many not necessarily equal the amounts in column (c) (see instructions))						: —	•					under section 507	(b)(1)(B), check here .
total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))  1 Contributions, eith, grenk, c, received (tested shedule), and the columns (b), (c), and (d) purposes (cash basis only)  1 Contributions, eith, grenk, c, received (tested shedule), and the columns (c), c, received (tested shedule), c, re		_					column (d	i), must be on c	asn basis.)				(d) Dishumamanta
may not necessarily equal the amounts in column (a) (see instructions))  1 Corticulus (see, consecutions)  1 Corticulus (see, consecutions)  2 Check  If the doubtdone not required to statch Sch 8.  3 Interest on swripes and temporary such investments.  4 Dividends and interest from securities  5a Gross raits  5a Gross raits  5a Ret gain or (loss) from sale of essets not on line 10  6b Gross sales price for all 181, 951  5a Section lines  7 Capital gain not income (from Part IV, line 2).  8 Net short-term capital gain.  9 Income modifications  10a Gross sales less retures  and allowances.  10 Less Cost of goods sold  11 Corticulus (see instructions)  10 Gross sales less retures  and allowances.  10 Less Cost of goods sold  11 Corticulus (see instructions)  12 Total Add lines 1 through 11  13 Qual Compensation of officers, directors, furstees, etc.  9 421  7 7, 066.  2 7, 355  8 14 Compensation of officers, directors, furstees, etc.  9 421  7 7, 066.  10 Compensation of officers, directors, furstees, etc.  9 7, 421  7 7, 066.  10 Compensation of officers, directors, furstees, etc.  11 Total Add lines 1 through 11  12 Total Add lines 1 through 11  13 Compensation of officers, directors, furstees, etc.  14 Compensation of officers, directors, furstees, etc.  15 Person plans, employee benefits  16 NONE  17 NONE  18 Taxes (attach schedule)  19 Depreciation (attach schedule)  10 Compensation of officers, and meetings  10 Compensation of officers, directors, furstees, etc.  11 Total conferences, and meetings  12 Total conferences, and meetings  13 Add 15 Add	L	art							(b) Net inve	estment	(c)	Adjusted net	
1   Contributions   State			may not necessari	ly equa	al the amount				, , , , , , , , , , , , , , , , , , , ,		,-,		purposes
2 Check			column (a) (see in	structio	ons) )				<u> </u>				(cash basis only)
State   Stat													<u></u> !
## Dividends and interest from securities		2					<u> </u>		<u> </u>				
Sa   Stross rents		3	Interest on savings an	d temp	orary cash inves	stments.					_		
b Net rental income or (loss)  21, 266.  8 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 181, 851.  7 Capital gain net income (from Part IV, line 2).  21, 266.  8 Net short-term capital gain.  10 and sales sales price for all 181, 851.  9 Income modifications.  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. 39, 432. 39, 432.  13 Compensation of officers, directors, trustees, etc. 9, 421. 7, 066. 2, 355.  14 Other employee salaries and wages. NONE NONE  15 Pension plans, employee benefits. NONE NONE  16a Legal fees (attach schedule).  2 c Other professional fees (attach schedule).  17 Interest.  18 Taxes (attach schedule) (see instructions).  19 Depreciation (attach schedule) and depletion.  20 Occupancy.  19 Travel, conferences, and meetings. NONE  21 Travel, conferences, and meetings. NONE  22 Other expenses (attach schedule) STMT. 4. 25 NONE  23 Other expenses (attach schedule) STMT. 4. 25 NONE  26 Total expenses and administrative expenses. Add lines 13 through 23.  27 Subtract line 26 from line 12: a Excess of revenue were expenses and disbursements. b Net investment income (if negative, enter-o-)  32,041.		4	Dividends and inte	rest fro	m securities			<u> 18,166.</u>	1	<u>.8,166.</u>			STMT 1
Note		5a	Gross rents										
Series sales price for all   series on line 68   181,851		b	Net rental income or	loss)							_		
Note short-term capital gain.    Social content of the content of	ā	6a			f assets not on I	ine 10		21,266					
Note short-term capital gain.    Social content of the content of	ĭ	b	Gross sales price for a assets on line 6a	)   	181	,851						. <u></u>	
Note short-term capital gain.    Social content of the content of	Š	7	Capital gain net ind	ome (f	from Part IV, I	ine 2) .			2	1,266.			
10 Gross sales less returns en dellowences	Œ	8	Net short-term cap	tal gan	n								
Less Cost of goods sold		9	Income modification	ns			_						
C   Gross profit or (loss) (attach schedule)		10a											
11 Other income (attach schedule)   12 Total Add lines 1 through 11   39,432   39,		Ь	Less Cost of goods se	old . L									
12   Total Add lines 1 through 11   39,432   3		С	Gross profit or (loss	attac	ch schedule)								
13 Compensation of officers, directors, trustees, etc. 9,421. 7,066. 2,355  14 Other employee salaries and wages		11	Other income (atta	ch sch	edule)						_		
14 Other employee salaries and wages   NONE   NONE     15 Pension plans, employee benefits   NONE   NONE     16a Legal fees (attach schedule)     b Accounting fees (attach schedule) STMT 2   1,000   NONE   NONE     17 Interest   NONE   NONE     18 Taxes (attach schedule) (see instruction 3   3,327   325     19 Depreciation (attach schedule) and depletion     20 Occupancy   NONE   NONE     21 Travel, conferences, and meetings   NONE   NONE     22 Printing and publications   NONE   NONE     23 Other expenses (attach schedule) STMT 4   25   25     24 Total operating and administrative expenses     Add lines 13 through 23   13,773   7,391   NONE   3,380     25 Contributions, gifts, grants paid   26,053     26 Total expenses and disbursements Add lines 24 and 25   39,826   7,391   NONE   29,433     27 Subtract line 26 from line 12:   28 Excess of revenue over expenses and disbursements   -394     b Net investment income (if negative, enter -0-)   32,041	_	12	Total Add lines 1	hrough	<u>h_</u> 11	<u></u>		39,432		9,432.			
15   Pension plans, employee benefits   NONE   NONE     16a   Legal fees (attach schedule)			Compensation of office	ers, dire	ectors, trustees,	etc		9,421					2,355
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	ës	14	Other employee sa	laries a	ind wages .					NONE		NON	'E
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	SIL S	15	Pension plans, emp	loyee	benefits					NONE		NON	E
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	ğ	16a											
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	ij	ь						1,000		NONE		NON	E 1,000
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	Š	c	-										
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	rat	17											
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	ist	18						3,327		325.			
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	Ë	19										_ <del></del>	
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	퉏	20	•		•								
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	4	21	•							NONE		NON	E
23 Other expenses (attach schedule) STMT. 4. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25	ä	22			-					NONE		NON	E
26 Total expenses and disbursements Add lines 24 and 25 39,826. 7,391. NONE 29,433  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 32,041.	0	23						25					25
26 Total expenses and disbursements Add lines 24 and 25 39,826. 7,391. NONE 29,433  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 32,041.	텵	24					T						
26 Total expenses and disbursements Add lines 24 and 25 39,826. 7,391. NONE 29,433  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 32,041.	e z	Ī.,			•	*		13,773	]	7,391.		NON	E 3,380
26 Total expenses and disbursements Add lines 24 and 25 39,826. 7,391. NONE 29,433  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 32,041.	Ö	25		-					<u> </u>	, = 1			
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  32,041.	_		_	_						7,391.		NON	
a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  32,041.	-	1		_			<del>                                     </del>	22,020		. ,		2.021	
b Net investment income (if negative, enter -0-) 32,041.		1				atnemea	[	-394					1
		١.		-				<u> </u>	7	2.041	-		
		1			-			<del>_</del> ,	<u> </u>		_	-	4

JSA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2019)

P	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	of year
			description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments	29,236.	34,745	34,745
		Accounts receivable				
		Less: allowance for doub	otful accounts >			<u> </u>
	4	Pledges receivable ▶_				
		Less, allowance for doub	otful accounts ►	_		<u> </u>
	5	Grants receivable			<del>-</del>	
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
			eceivable (attach schedule) 🕨			
	:	Less: allowance for doub	otful accounts  NONE			
ţ			se			
Assets	9	Prepaid expenses and d	eferred charges			
Ä	10a	Investments - U S and state	government obligations (attach schedule)			
			stock (attach schedule) . STMT .5	458,840.	363,724	
	_ c	Investments - corporate	bonds (attach schedule) . STMT .6	124,853.	213,653	. 217,907
		Investments - land, building and equipment basis				
		Less accumulated deprecia (attach schedule)	tion ►			
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ich schedule)			
		Land, buildings, and equipment basis	<b>&gt;</b>			<u></u>
	ŀ	Less accumulated deprecia (attach schedule)	ition			
	15	Other assets (describe	·)			
	1		completed by all filers - see the			
_		instructions. Also, see p	age 1, item I)	612,929.	612,122	. 648,275
	17	Accounts payable and a	ccrued expenses		. <u> </u>	<u> </u>
	18	Grants payable				
<u>ie</u> s	19 20 21 22	Deferred revenue			<u> </u>	
Ħ	20	Loans from officers, directo	rs, trustees, and other disqualified persons.	-		1
<u>ia</u>	21	Mortgages and other no	tes payable (attach schedule)			-
	22	Other liabilities (describe	• ▶ )	1		
					17017	
_	-		es 17 through 22)		NON	<u> </u>
es			v FASB ASC 958, check here			
2		and complete lines 24,				
Balances	24		or restrictions			,
_			estrictions · · · · · · · · · · · · · · · · ·	<del></del>		
or Fund			ollow FASB ASC 958, check here			!
Ē		and complete lines 26 thr		(12 020	612 122	
		•	apal, or current funds	612,929.	612,122	
ets	27		r land, bldg , and equipment fund			- 1
SS	28	• .	lated income, endowment, or other funds	612,929.	612,122	<del> </del>
t A	29		d balances (see instructions)	012,323.	012,122	·
<b>Net Assets</b>	30		net assets/fund balances (see	612,929.	612,122	1
_			ages in Net Assets or Fund Rala		012,122	• <u> </u>
	art III		nges in Net Assets or Fund Bala balances at beginning of year - Part		must agree with	
•			d on prior year's return)			612,929.
-			line 27a			-394.
					F	- 534.
						612,535.
						413.
			alances at end of year (line 4 minus l			612,122.
_	, 10ta	i iler assers of Intia D	arances at end or year time 4 minus i	ine 3/-1 art ii, columii (L	//, mie 20   <b>0</b>	Garm 990-PF (2019)

Form 990-PF (						Page 3
Part IV		and Losses for Tax on Inve		( <b>b</b> ) How	I <del></del>	
		cribe the kind(s) of property sold (for e tick warehouse; or common stock, 200		P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a DIIRI	ICLY TRADED	<del></del>		D - Donation		
р	TCHI INADED	BECOKITIES	<del></del>	<del>                                     </del>		
			<del></del>			<del>-</del>
<u>d</u>						
e						
(e) Gro	oss sates price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
а	181,851.		160,585.			21,266.
b						
C						
<u>d</u>						
<u>e</u>			<u> </u>			
Compl	ete only for assets sh	owing gain in column (h) and owned b	<del>i</del>		Gains (Col (h) ga	
(i) FMV	as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less t Losses (from co	
a						21,266.
b		<del></del>		ļ <u>.</u>		
C						
<u>d</u>						
<u>e</u>			<u> </u>	<del> </del> _		
2 Capita	al gain net income		ain, also enter in Part I, line 7			21 266
3 Netsl	nort torm capital as	in or (loss) as defined in sections	oss), enter -0- in Part I, line 7	2		21,266.
		art I, line 8, column (c). See ins				
_		art i, illie e, column (c). See ills	•	3		
Part V			uced Tax on Net Investment I	┶┷┷		<del></del>
Was the fo	undation liable for t	leave this part blank. the section 4942 tax on the distrib t qualify under section 4940(e). D	outable amount of any year in the b	ase perio	d?	Yes X No
			ir; see the instructions before making	ng anv en	tries	
Base	(a) e period years (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
Caranosi you	2018	30,885.	630,291.		(col (b) divided by	0.049001
	2017	29,831.	629,761.	<del> </del>	<del></del>	0.047369
-	2016	31,090.	597,521.			0.052032
	2015	31,587.	630,486.			0.050099
	2014	30,439.	647,629.			0.047001
					<u> </u>	·
2 Total	of line 1, column (	d)		2		0.245502
3 Avera	ge distribution rati	o for the 5-year base period - divid	le the total on line 2 by 5.0, or by	1 1		
the nu	umber of years the	foundation has been in existence	ıf less than 5 years	3		0.049100
4 Enter	the net value of no	ncharitable-use assets for 2019 fr	om Part X, line 5	4		614,310.
				1 _ 1		
5 Multip	oly line 4 by line 3.			5		<u>30,163.</u>
6 Enter	1% of net investme	ent income (1% of Part I, line 27b)		6		320.
7 Add I	nes 5 and 6			7 -	<del> </del>	30,483.
8 Enter	auglifyina dietribut	ions from Part XII line 4	• • • • • • • • • • • • • • • • • • • •	8		29,433.
If line	e 8 is equal to or g	reater than line 7, check the box	ın Part VI, line 1b, and complete		using a 1% tax	

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Enter the states to which the foundation reports or with which it is registered. See instructions.

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

9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ر الم
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"		}	
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			17
	names and addresses	10		X

X

X

X

6

7

8P

WA

Par	VII-A Statements Regarding Activities (continued)			
		T	Yes	No
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		X
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	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address  NONE	_		
14	The books are in care of ▶ MUFG UNION BANK, N.A. Telephone no ▶ (206) 593	<u>-207</u>	<u>'1                                    </u>	
	Located at ► 1011 PACIFIC AVENUE, TACOMA, WA ZIP+4 ► 98402			
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		1.4	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authorit	$\overline{}$	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	f		!
	the foreign country			
Far	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т—	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	163	140
18	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 X No			;
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			'
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1	[	
	the benefit or use of a disqualified person)?		Ì	'
	(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)	1	· '	
Þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		-	i
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	_ <u>1b</u>		X
	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?	16		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			,
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			!
	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			L 1
	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.			,
	<b>&gt;</b>			] ;
<b>3</b> a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	
	at any time during the year?		· '	1
Ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	1		;
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			'
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			لا ا
	foundation had excess business holdings in 2019.)	3b	-	-,-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	_ <del>4</del> a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			J
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<u>  4b</u>	<u> </u>	<u> X</u>

Part	VII-B Statements Regarding Activities	for Which Form 4	1720 May Be Req	uired (d	continued)			
5a	During the year, did the foundation pay or incur any am	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. 🗀 v	res X No	, [	Τ.	,
	(2) Influence the outcome of any specific public el						`	. 1
	directly or indirectly, any voter registration drive?			. I	res X No	,		
	(3) Provide a grant to an individual for travel, study, or				res X No	,		1
	(4) Provide a grant to an organization other than a						1	1
	section 4945(d)(4)(A)? See instructions				∕es XNo	,		۱. ا
	(5) Provide for any purpose other than religious, of							1
	purposes, or for the prevention of cruelty to children		•		res X No	,	'	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				described in	n	1	1
	Regulations section 53.4945 or in a current notice rega		• •	•			`	
	Organizations relying on a current notice regarding disa	ster assistance, check	here					
c	If the answer is "Yes" to question 5a(4), does the					_		
_	because it maintained expenditure responsibility for the				es No	,		}
	If "Yes," attach the statement required by Regulations so	-		. С				
6a	Did the foundation, during the year, receive any fu		ectly, to pay premiur	ms				
-	on a personal benefit contract?	•			es X No	,	1	
ь	Did the foundation, during the year, pay premiums, dire					. 6b	·	X
	If "Yes" to 6b, file Form 8870.	<b>,</b> ,,	•				1	1
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?.	. 🗆 ነ	res X No	,	.	
b	If "Yes," did the foundation receive any proceeds or have						-	
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1.000,000 in					
_	remuneration or excess parachute payment(s) during th			. 🗆 ነ	res X No	,		
Part	VIII Information About Officers, Directo						<u> </u>	
1	and Contractors  List all officers, directors, trustees, and foundation	n managere and t	hair companeation	See incl	ructions		_	
	LISE AN UNIVERS. UNECTOIS. UUSTEES, ANU IUUNUALIE			Jee III3	ii uciioiis.			
<u> </u>	<del></del>	(b) Title, and average	(c) Compensation	(d) Cor	tributions to	(e) Eyper	SA ACCOL	ınt
	(a) Name and address			(d) Cor employe	ntributions to e benefit plans ed compansation	(e) Exper	se accoi lowance	unt, es
	<del></del>	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Cor employe	e benefit plans	(e) Exper other a	se accoi lowance	unt, es 
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Cor employe	e benefit plans	(e) Exper other a	se accoi lowance	unt, es 
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cor employe	e benefit plens ed compensation	(e) Exper other a	se accoi lowance	unt, es 
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cor employe	e benefit plens ed compensation	(e) Exper other a	se accor lowance	unt, es -0-
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cor employe	e benefit plens ed compensation	(e) Exper other a	se accor lowance	- () -
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cor employe	e benefit plens ed compensation	(e) Exper other a	se accoi lowence	- () -
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cor employe	e benefit plens ed compensation	(e) Exper other a	se accor	- () -
MUFG	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cor employe	e benefit plens ed compensation	(e) Exper	se accor	- () -
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 20	(c) Compensation (If not paid, enter -0-)  9,421.	(d) Cor employe and deferre	e benefit plens ed compensation	other a	lowence	-()-
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SBATTLB, WA 98124-5795	(b) Title, and average hours per week devoted to position TRUSTEE  20  (other than those	(c) Compensation (If not paid, enter -0-)  9,421.	(d) Cor employe and deferre	e benefit plans ad compensation -()-	other a	lowence	-()-
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.	(d) Cor employe and deferre	e benefit plens ed compensation  -()-  ee instruction  attributions to byee benefit	other a	one,	-()-
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 20  (other than those (b) Title, and average	(c) Compensation (lf not paid, enter -0-)  9,421.	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-	other a	lowence	-()-
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-)  9,421.	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to one benefit ind deferred	other a	one,	-()-
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (lf not paid, enter -0-)  9,421.	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to one benefit ind deferred	other a	one,	-()-
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter
MUFG P.O.	(a) Name and address UNION BANK, N.A. BOX 84495, SEATTLE, WA 98124-5795  Compensation of five highest-paid employees "NONE."	(b) Title, and everage hours per week devoted to position TRUSTEE 20  (other than those hours per week hours per week	(c) Compensation (If not paid, enter -0-)  9,421.  se included on line (c) Compensation	e 1 - Sd (d) Cor employe	e benefit plens ed compensation  -()-  ee instruction  attributions to byce benefit and deferred pensation	other a	one,	-0- enter

Form **990-PF** (2019)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	601,705.
	Average of monthly cash balances	1b	21,960.
	Fair market value of all other assets (see instructions).	1c	NONE
q	Total (add lines 1a, b, and c)	1d	623,665.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	NONE
3	Subtract line 2 from line 1d	3	623,665.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		_025/005.
~	instructions)	4	<u>9</u> ,355.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	614,310.
6	Minimum investment return. Enter 5% of line 5	6	30,716.
	LXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		30,710.
L SIL	and certain foreign organizations, check here ▶ and do not complete this part.)	idations	
1	Mınımum investment return from Part X, line 6	1	30,716.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 641.		30,710.
za b	Income tax for 2019. (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	641.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,075.
4	Recoveries of amounts treated as qualifying distributions	<del></del>	NONE
5	Add lines 3 and 4	5	30,075.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		NONE
,	line 1	7 .	30,075.
			30,073.
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		29,433.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	29,433.
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   N	/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	/ <b>6</b>	29,433.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	·	

Form 990-PF (2019)

Pa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
•	line 7				30,075.
2	Undistributed income, if any, as of the end of 2019				307073.
	Enter amount for 2018 only		•	26,052.	ı
	Total for prior years 20,20,20	-	NONE		
	Excess distributions carryover, if any, to 2019:				
	From 2014 NONE				•
	From 2015 NONE				,
	From 2016 NONE			′	į
	From 2017 NONE				ì
	From 2018 · · · · · NONE				
f	Total of lines 3a through e	NONE	_		
4	Qualifying distributions for 2019 from Part XII,		_		t
	line 4· ▶ \$ 29,433.				į
8	Applied to 2018, but not more than line 2a			26,052.	
b	Applied to undistributed income of prior years				ļ
	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			}
d	Applied to 2019 distributable amount				<u>3,381.</u>
	Remaining amount distributed out of corpus	NONE		· · · · · · · · · · · · · · · · · · ·	<u> </u>
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income Subtract		_		Ţ
	line 4b from line 2b		NONE		<u></u>
С	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		NONE		: : :
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020			J	26,694.
7	Amounts treated as distributions out of corpus				ļ
	to satisfy requirements imposed by section				1
	170(b)(1)(F) or 4942(g)(3) (Election may be				ļ
	required - see instructions)	NONE			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	NONB			
10	Analysis of line 9:				
а	Excess from 2015 NONE				,
b	Excess from 2016 NONE	1			. }
c	Excess from 2017 NONE				
d	Excess from 2018 NONE				ţ
е	Excess from 2019 NONE			_	, , , , , , , , , , , , , , , , , , ,

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

factors.

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year GLORIA DEI LUTHERAN CHURCH NONE EXEMPT CHARITABLE 2,605. 3315 S 19TH STREET TACOMA WA 98405 FRANCISCAN FOUNDATION ATTN: DEBBIR SNELL P.O. BOX 1502 TACOMA WA 98401 NONE EXEMPT CHARITABLE 7,816. MULTICARE HEALTH SYSTEM ATTN: ZIMMERMAN/WEIDA PO BOX 5299 - MS 737-3-FS TACOMA WA 98415-02 NONE EXEMPT CHARITABLE 7,816. MARY BRIDGE CHILDRENS FD BXEMPT P.O. BOX 5296 TACOMA WA 98415-0296 NONE CHARITABLE 7,816. 26,053. ▶ 3a b Approved for future payment

1 Program service revenue:  (a) (b) (c) Business code Amount Exclusion code		(e) Related or exemp
	(d) Amount	function income (See instructions)
a ————————————————————————————————————		
b		
	——, ——	
d ————————————————————————————————————		
·		
		_
Fees and contracts from government agencies		
Membership dues and assessments		
terest on savings and temporary cash investments	18,166.	<del></del>
Wideling and interest from securities 1.1.1	10,100.	
et rental income or (loss) from real estate:		
Debt-financed property · · · · · · · ·		
Not debt-financed property · · · · · ·		
et rental income or (loss) from personal property		
ther investment income	21 266	
ain or (loss) from sales of assets other than inventory	21,266.	
et income or (loss) from special events · · ·	·	<del></del>
ross profit or (loss) from sales of inventory · ·	<del></del>	
ther revenue: a		
ubtotal. Add columns (b), (d), and (e)	39,432.	
Relationship of Activities to the Accomplishment of Exempt Purpos  No. Explain below how each activity for which income is reported in column (e) o accomplishment of the foundation's exempt purposes (other than by providing fur	f Part XVI-A contribut	
1		). (See instruction:
		). (See instruction:
		). (See instruction:
		). (See instruction
		). (See instruction:
NOT APPLICABLE		). (See instruction
NOT APPLICABLE		). (See instruction
NOT APPLICABLE		). (See instruction:
NOT APPLICABLE		). (See instruction:
NOT APPLICABLE		). (See instruction:
NOT APPLICABLE		). (See instruction:
NOT APPLICABLE		). (See instruction
NOT APPLICABLE		). (See instruction
NOT APPLICABLE		). (See instruction
NOT APPLICABLE		). (See instruction

orm 990	-PF (20								77-621327					e 13
Part X		Organizat	ions						Relationship			table	Exe	mpt
חו	secti								iny other orgar tion 527, rela			\	/es	<u>No</u>
	-	rs from the re	porting	foundation	to a non	charitable ex	kempt organ	iization o	of.					
(1)	) Casl	1										1a(1)		X
(2)	) Othe	er assets										1a(2)		<u>X</u>
		ansactions:											-	
(1)	) Sale	s of assets to	a nonc	haritable e	xempt or	ganization .						1b(1)		<u>X</u>
														X
												1 <u>b(3)</u> 1b(4)		X
												1b(5)		X
														X
												1c		X
d If	the a	nswer to any	y of the	above is	"Yes," co	mplete the	following se	chedule.	Column (b) sl	hould alv	ways show	the fa	ır m	arket
									n If the founda					
									of the goods,					
(a) Line	no	(b) Amount invo	olved	(c) Name	of nonchar	ntable exempt or	rgenizetion	(d) De	escription of transfe	rs, transact	ions, and shari	ng arrang	gemer	nts
									<del></del>				_	
								<del>                                     </del>	=					
_	-							<del> </del>						
								<b>†</b>	<del></del>		_			
							·							
								<u> </u>						
								<u> </u>		<del></del>			_	
														<del></del>
	-		-											
	$\top$			_	<del></del> -	·								
					·	_								
2a Is	the f	oundation di	rectly c	r indirectly	affiliate	d with, or re	elated to, or	ne or mo	ore tax-exempt	organiza	ations	_		1
			• • •	•		501(c)(3)) or	in section 5	27?				Yes	<u> </u>	No
b If	"Yes,"	complete the			<u>le</u>	(1) T	·			-1 D		L		
_		(a) Name of org	ganization	) 	+	(b) Type of	forganization			c) Descripti	on of relations	пір		
				<del></del>	<del> </del>	<u> </u>		-						
	_													
	Under	penalties of perjur and complete Dec	ry, I declar	e that I have o	examined this	s return, including	accompanying a	schedules en preparer has	nd statements, and to s any knowledge	the best o	of my knowledge	and bel	lef, it	ıs true,
Sign			•	p. 5 p. 10 . 10 . 10 . 1							May the IRS	discuss	this	return
Here	7		<u> </u>			05/12/	<u>2020                                  </u>		ECTOR		with the pre			
		sture of officer or	trustee			Date		Title			See instructions	X	Y 05	N₀
	T.K.	USTEE Print/Type prep	arer's ner	ne	Гр	reparer's agnatu	ire / /		Date	Che	eck of P	TIN		
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repa	rer	Firm's name		MG LLP	ر ال	· · · ·	· · ///		<u> </u>	Firm's EIN		55652		
Jse O		Firm's address			NTRAL .	AVE, STE	700		_		<u> </u>			
				OENIX,	ΑZ			004		Phone no	800-81			
											C	ggn.	DF /	20101

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	719. 2,797.	3,734.	1,504. 9,412.	18,166.
REVENUE AND EXPENSES PER BOOKS	719.	3,734.	1,504. 9,412.	18,166.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS	NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS	US GOVEKNMENI INIEKESI KEPOKIED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	  - 

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CHARITABLE PURPOSES	1,000. 1,000. 1,000.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,000.
DESCRIPTION	

LEWIS, LUCILLE F. CHARITABLE TRUST

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- TAXES	
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NET INVESTMENT INCOME	261. 64.  325. =========
REVENUE AND EXPENSES PER BOOKS	1,002. 2,000. 261. 64. 3,327.
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL - FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS

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REVENUE AND EXPENSES PER BOOKS	25.
DESCRIPTION	STATE FILING FEE

TOTALS

25. CHARITABLE PURPOSES

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STATEMENT

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STATEMENT

- CORPORATE STOCK PART II FORM 990PF,

ENDING FMV 	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	395,623.
ENDING BOOK VALUE	2 2 2 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	363,724.
	· ·	TOTALS
DESCRIPTION	HARTFORD SCHRODER EMERG MKT EQ AQR MGD FUTURES STRATEGY MFS INTL GROWTH FD CL AQR EQTY MKT NEUTRAL FD R6 #15 AQR STYLE PREMIA ALT CL R6 #15 DODGE & COX INTL STOCK FD (CL HARBOR CP APPRE CL #2512 ISHARE TR CORE S&P 500 ETF DELAWARE SM CAP CORE FD CL R6 PIMCO RAE FUNDAMENTAL US INSTL UNDISCOVERED MGRS BEHAVL R6 #3 VANGUARD GRO & INC ADMIRAL SHR VICTORY SYCAMORE EST VAL R6 #3 BLACKSTONE AL TNV MLT STR FD ISHARES GOLD TR NATIXIS ASG MGD FUT CL #6100 SCHWAB STRAT TR US L CAP GR ET SCHWAB STRAT TR US L CAP GR ET ASSETS SOLD DURING YEAR	

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FORM 990PF, PART II - CORPORATE BONDS 

DESCRIPTION

DODGE & COX INCOME FD #147
DOUBLELINE CORE FIXED INC CL I
BLACKROCK STRAT INC OPPS CL #1
WESTERN ASSET MAC OPP IS FD #5
EATON VANCE GLBL MACRO ABS R6
PRUDENTIAL TOTAL RTRN BD CL Q

TOTALS

ENDING FMV	1 1 1	65,104.	64,307.	3,842.	6,454.	12,968.	65,232.		217,907.	
ENDING BOOK VALUE	1 1 1 1 1 1 1 1	62,274.	62,579.	3,815.	6,994.	13,352.	64,639.	* * * * * * * * * * * * * * * * * * * *	213,653.	

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990PF, PART VII-B LINE 2b - SECTION 4942a2 EXPLANATION STATEMENT

THIS QUESTION DOES NOT APPLY. THE FOUNDATION DOES NOT HAVE ANY UNDISTRIBUTED INCOME FROM PRIOR YEARS.