Exempt Organization Bus			rn	OMB No 1545-0047	
(and proxy tax und				2019	
For calendar year 2019 or other tax year beginning	, and end	·	Θ	2019	
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it ma			(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
A X Check box if Name of organization (Check box if name address changed					
B Exempt under section Print DORRANCE FAMILY FOUNDA	TION		8	6-0691863	
Number, street, and room or suite no. If a P.O. bo	•			lated business activity code instructions)	
408(e) 2224(e) 6263 NORTH SCOTTSDALE		330			
408A530(a)	r foreign postal code		900	099	
C Book value of all assets at end of year F Group exemption number (See instructions.)	<u> </u>			····	
55, 262, 930. G Check organization type ► X 501(c) cor	4		11(a) trust	Other trust	
H Enter the number of the organization's unrelated trades or businesses.		Describe the only (or first	•	-	
trade or business here PASSTHROUGH ACTIVITIES		only one, complete Parts			
describe the first in the blank space at the end of the previous sentence, complete P	arts I and II, complete a	Schedule M for each addi	itional trade	e or	
business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a pare	nt-subsidiary controlled	group?	► \ \ \ \ \	es X No	
If "Yes," enter the name and identifying number of the parent corporation.	in Subsidiary Controlled	group.	'' '	00 <u>[==</u>] IVU	
J The books are in care of BENNETT DORRANCE	<u></u>	Telephone number	480-	367-7000	
Rart Unrelated Trade or Business Income	(A) Incor			(C) Net	
1 a Gross receipts or sales .		7#4°	ast es		
b Less returns and allowances c Balance	1c -		A. Walk		
2 . Cost of goods sold (Schedule A, line 7)	2	<i>01199 #18</i> is		15 1/2 1/2	
3 Gross profit. Subtract line 2 from line 1c	3			/	
4 a Capital gain net income (attach Schedule D)	_4a	43.			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>		
c Capital loss deduction for trusts	4c	030. STMT	O THE PERSON NAME OF		
 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 	5 2,	0 3 0 • 1 1 2 1 M 1	N. T. T. S.	·	
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E)	7				
Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	 			,	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				_	
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)	11				
Other income (See instructions; attach schedule)	12		268		
Total. Combine lines 3 through 12	13 / 2,	073.		2,073.	
Deductions Not Taken Elsewhere (See instructions for (Deductions must be directly connected with the unrelated busing		ctions.)			
Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance	/		14		
15) Salaries and wages			15		
16 Repairs and maintenance	IVED		16		
Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) RECE RECE			17		
Interest (attach schedule) (see instructions)	0 2020		18	'.	
Taxes and licenses Depreciation (attach Form 4562)	8 2020 100	. 1	19		
250 Loss description playmed on Cabadula A and Capubara on Latin		10			
210 Less depreciation claimed on Schedule A and elsewhere on eturn OGDE 22 Depletion	N, U7 12	1a	21b 22	 	
23 Contributions to deferred compensation plans		•	23		
24 Employee benefit programs		•	24		
25 Excess exempt expenses (Schedule I)			25		
26 Excess readership costs (Schedule J)		•	26	·	
27 Other deductions (attach schedule)			27		
28 Total deductions. Add lines 14 through 27		ŧ	28	0.	
29 Unrelated business taxable income before net operating loss deduction. Subtract	29	2,073.			
30 Deduction for net operating loss arising in tax years beginning on or after Janua	ry 1, 2018				
(see instructions)	•		30	2,073.	
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.			31	Form 990-T (2019)	

Ł	Form 990	э-т (25/19)	DORRANCE FAMILY FOUNDATION	86-0691863 Page 2
	.Part	ANV T	Total Unrelated Business Taxable Income	
,,1 ₍	32	otal of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 2,073.
	33/	Amount	is paid for disallowed fringes	33
	34	Charital	ole contributions (see instructions for limitation rules)	34 0.
	35	Total un	irelated business taxable income before pre-2018 NOLs and specific deduction Suprracyline 44 from the sum of lines 32 and 33	$5^{2}35$ 2,073.
	36	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
	37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 2,073.
	38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	
	39	Unrelat	éd business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
ix	_	enter th	e smaller of zero or line 37	1,073.
: 1V	Part	#	Tax Computation	
	40	Organiz	rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 225.
	41	Trusts 1	Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	
,		Ta	ax rate schedule or Schedule D (Form 1041)	- 41
	42	Proxy ta	ax. See instructions	- 42
z.	43	Alternat	tive minimum tax (trusts only)	43
	44	Ta x on	Noncompliant Facility Income. See instructions	44
MX			Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 225.
. 141.	Part	V	Tax and Payments	
' 1 X	/46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	<u>_</u> ^ _{
・レブ	/ b	Other c	redits (see instructions)	」 〉、〕
	¢	General	business credit. Attach Form 3800	_ ı
	d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	
5	e	Total ci	redits. Add lines 46a through 46d	46e
	47		tt line 46e from line 45	225.
	48		exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	
	49		x. Add lines 47 and 48 (see instructions)	49 225.
: 	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
.}			nts: A 2018 overpayment credited to 2019	⊣ ' '
			stimated tax payments sosited with Form 8868 5itc	- `
		•		- ` ·
		-		–
•			withholding (see instructions) or small employer health insurance premiums (attach Form 8941) 5it	⊣
			redits, adjustments, and payments: Form 2439	┦ !
	y	_	orm 4136 Other Total 51g	
•	50		ayments. Add lines 51a through 51g	
	52 53	•	ed tax penalty (see instructions). Check if Form 2220 is attached	53
	54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 225.
11	55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
	56~	•	ne amount of line 55 you want: Credited to 2020 estimated tax	56
_	Part		Statements Regarding Certain Activities and Other Information (see instructions)	1
	57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
		-	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
		here	► CANADA	
ļ.	58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
		If "Yes,"	see instructions for other forms the organization may have to file.	
	59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year 🕒 💲	
	0.	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ledge and belief, it is true,
	Sign			May the IRS discuss this return with
	Here		Dennot Langue 1/17/70 PRESIDENT	the preparer shown below (see
			Signature of officer Date Title	instructions)? X Yes No
]			Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
	Paid	ı	KELLY M WHITE KILLY MULTE ((16/2020 self-employe)	
1		arer	REDDI M. WILLE	P00622256
ĺ	•	Only	Firm's name ► SCHMIDT WESTERGARD & COMPANY, PLLC Firm's EIN	▶ 86-0271207
		•	77 WEST UNIVERSITY DRIVE	
*			Firm's address ► MESA, AZ 85201-5830 Phone no.	480.834.6030
	923711	01-27-20		Form 990-T (2019)

(2)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 11	
DESCRIPTION	NET INCOME OR (LOSS)	
DFE ALTERNATIVE INVESTMENTS LLC - ORDINARY BUSINESS INCOME (LOSS) THE LYME FOREST FUND III TE, LP - ORDINARY BUSINESS INCOME (LOSS)	2,041.	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	2,030.	

SCHEDULE D (Form 1120)

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Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

DORRANCE FAMILY FO	UNDATION		-	86~	0691863
Did the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949 and see its instru	ictions for additional require	ements for reporting you	ur gain or loss		
Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) + Cost	(g) Adjustments to gai or loss from Form(s) 894	n o	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	·	•			· · · · · · · · · · · · · · ·
1b Totals for all transactions reported on	-	•			
Form(s) 8949 with Box A checked					<u> </u>
2 Totals for all transactions reported on	,	u.			
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on	İ				43.
Form(s) 8949 with Box C checked	/ 5 0050 / 00 0				43.
4 Short-term capital gain from installment sales		7 .	-	4	
5 Short-term capital gain or (loss) from like-kir	•			5	, ,
6 Unused capital loss carryover (attach comput	•			6	43.
7 Net short-term capital gain or (loss). Combin				7	43.
See instructions for how to figure the amounts	ns and Losses (See	nstructions.)		_	<u> </u>
to enter on the lines below.	(d) Proceeds	(e) Cost	(0) Adjustments to gai or loss from Form(s) 894	n	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	or loss from Form(s) 8949, Part II, line 2, column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					·
8b Totals for all transactions reported on			•		
Form(s) 8949 with Box D checked		·			
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	· · · · · · · · · · · · · · · · · · ·		_		
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	<u> </u>		l		
11 Enter gain from Form 4797, line 7 or 9	/ · · · · · · · · · · · · · · · · · · ·	_		_11_	
12 Long-term capital gain from installment sales		/		12	· · · · · · · · · · · · · · · · · · ·
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin		<u>n n</u>		15	
16 Enter excess of net short-term capital gain (li		I loss (line 15)		16	43.
			ino 7\	17	=3.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns					43.
		סאים וווופ טוז טנוופו דפנטרווא		18	·
Note: If losses exceed gains, see Capital Los	5585 III tric matructions.				

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

DORRANCE FAMIL	Y FOUNDA'	rion				86-0	691863
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	ation as Form 10	you received any 99-B Either will s	y Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	n your broker A su s reported to the IF	bstitute 3S by your
Part I Short-Term. Transact		al assets you held	1 year or less are ge	nerally short-term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate al codes are required. Enter the	Il short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	d to the IRS	S and for which no ac	ijustments or
You must check Box A, B, or C below. If you have more short-term transactions than we	Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separa	te Form 8949, page 1, for	
(A) Short-term transactions re							
(B) Short-term transactions re		-	•	•	11010 40	0.07	
X (C) Short-term transactions no			_				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		où enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the). See instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
DFE ALTERNATIVE							
INVESTMENTS LLC							43.
							İ
	<u> </u>				ļ		
	<u> </u>						
							
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					·		
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract	-				
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		•					!
above is checked), or line 3 (if B							43.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)