IRS e-file Signature Authorization for an Exempt Organization

, and ending For calendar year 2019, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information 2019

OMB No. 1545-1878

internal Revenue Service Solving Transfer and Service	
Name of exempt organization	Employer identification number
Evan Fischer Foundation Memorial Fund	45-3931355
Name and title of officer	
Matthew J Fischer, Pres/Executive Director	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any,	from the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this for	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the re	
the applicable line below. Do not complete more than one line in Part I.	turn, then enter -o- on
1a Form 990 check here ▶ ☐ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) · · · · · · · · ·	2b
3a Form 1120-POL check here ► D b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ 🗵 b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a co	any of the
organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowle	• •
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the cop	•
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic retu	•
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or rea	ason for rejection of
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. I	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct d	, ,
financial institution account indicated in the tax preparation software for payment of the organization's federal tax	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize th	•
involved in the processing of the electronic payment of taxes to receive confidential information necessary to an	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for	•
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	. the enganization of
Officer's PIN: check one box only	
X lauthorize Coffey and Singletary, LLC to enter my PIN 31355	as my signature
ERO firm name Enter five numbers, bu	ıt
on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a	conv of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth	• •
ERO to enter my PIN on the return's disclosure consent screen.	
•	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019	electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regula	
the IRS Fed/State program, I will enter my PIN on the return's disclosur	
SIGN HERE	0F 1F 2020
Officer's signature Part III Certification and Authentication	05-15-2020
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 754	4436 04710
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for t	
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Moc	dernized e-File (MeF)
Information for Authorized IRS e-file Providers for Business Returns	
ERO's signature ▶ Kristine D Coffey	05-22-2020
The same of the sa	UU LL LULU
ERO Must Retain This Form - See Instructions	
=. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0047

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

2019Open to Public Inspection

For	calen	dar year 2019 or tax year beginning	, 201	9, and endin	g		, 20	
Nam	ne of fou	undation			A Employer	identification number		
Eva	an Fi	scher Foundation Memorial Fund			45-39313			
Num	ber and	d street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instruction	ns)	
128	308 0	Queesbury Lane		E414	(602) 885			
		, state or province, country, and ZIP or foreign postal code			C If exemption application is pending, check h			
Но	ıstor	n, TX 77024			C if exempt	ion application is pendir	ig, check here	
			n of a former pub	lic charity	D 1. Foreig	n organizations, check l	nere ▶ [
		Final return Amended r					_	
		Address change Name char				n organizations meeting here and attach computed		
Н (heck	type of organization: X Section 501(c)(3) exempt private	•		CHECK	nere and attach compu	ation	
			able private foun	dation		foundation status was to		
_		arket value of all assets at J Accounting method:	X Cash	Accrual	section 5	07(b)(1)(A), check here		
			A Casii	_ Accidai	1	ndation is in a 60-month		
		year (from Part II, col. (c), Under (specify)	hi- '		under sed	ction 507(b)(1)(B), checl	k here · · · ►	
	ine 16) a rt I		e on cash basis.)				
Г	1111	Analysis of Revenue and Expenses(The total of	(a) Revenue a		t investment	(a) Adirosta dos at	(d) Disbursements for charitable	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses pe		ncome	(c) Adjusted net income	purposes	
_		the amounts in column (a) (see instructions).)					(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)	153,	947				
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	5a	Gross rents						
Revenue	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10 · · · ·						
	b	Gross sales price for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2) · · · · · ·						
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold • • • • • •						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
_	12	Total. Add lines 1 through 11	153,9	947	0			
	13	Compensation of officers, directors, trustees, etc · · · · ·						
benses	14	Other employee salaries and wages						
ë	15	Pension plans, employee benefits						
	16a	Legal fees (attach schedule)						
e Ex	b	Accounting fees (attach schedule) · · · STM108 · · · ·	1,:	100				
and Administrative	С	Other professional fees (attach schedule)						
tra	17	Interest						
nis	18	Taxes (attach schedule) (see instructions)						
Ē	19	Depreciation (attach schedule) and depletion						
Ad	20	Occupancy						
Ď	21	Travel, conferences, and meetings						
a	22	Printing and publications						
ing	23	Other expenses (attach schedule) · · · STM103 · · · ·		690				
rat	24	Total operating and administrative expenses.						
Operating		Add lines 13 through 23 · · · · · · · · · · · · · · · · · ·		790	0		0	
0	25	Contributions, gifts, grants paid	152,				152,656	
_	26	Total expenses and disbursements. Add lines 24 and 25	154,4	446	0		152,656	
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements	(4	499)				
	b	Net investment income (if negative, enter -0-)			0			
_	С	Adjusted net income (if negative, enter -0-)				0		

Form 990-PF (2019) Page 2 Evan Fischer Foundation Memorial Fund 45-3931355 Part II Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year should be for end-of-year amounts only. (See instructions.) (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 103,978 111,378 103,978 Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) Less: allowance for doubtful accounts Assets 10a Investments - U.S. and state government obligations (attach schedule) c Investments - corporate bonds (attach schedule) 11 Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) 14 Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 111,378 103,978 103,978 17 18 Liabilities 19 20 Loans from officers, directors, trustees, and other disqualified persons . . 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe 0 0 Foundations that follow FASB ASC 958, check here · · · · · ▶ ☐ **Fund Balances** and complete lines 24, 25, 29, and 30. 24 25 Foundations that do not follow FASB ASC 958, check here · · ▶ X and complete lines 26 through 30. 26 Net Assets or 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 111,378 103,978 29 Total net assets or fund balances (see instructions) 111,378 103,978 30 Total liabilities and net assets/fund balances (see 111,378 103,978 Part III Analysis of Changes in Net Assets or Fund Balances

. ~	7 maryore or originate or restrictive or raina Barances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with		
	end-of-year figure reported on prior year's return)	1	111,378
2	Enter amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·	2	(499)
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	110,879
5	Decreases not included in line 2 (itemize) STM116	5	6,901
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	103,978

Part	IV Capital Gains an	d Losses for Tax on Investr	nent Income			
		ne kind(s) of property sold (for example, rea shouse; or common stock, 200 shs. MLC C		(b) How acquired P-Purchase D-Donation	(c) Date acquir (mo., day, yr.	
1a						
b						
С.						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		n) Gain or (loss)) plus (f) minus (g))
а						<u> </u>
b						
С						
d						
е	Complete only for assets sho	lI wing gain in column (h) and owned by	the foundation or	12/31/69		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j	of col. (i)	col. (k), b	s (Col. (h) gain minus out not less than -0-) or ses (from col. (h))
а						
b						
С						
d						
е						
2 C	apital gain net income or (net	canital loss)	ain, also enter in P oss), enter -0- in P	7 1	2	
	, -	oss) as defined in sections 1222(5) ar 8, column (c). See instructions. If (los		3		
				,	3	_
Part		er Section 4940(e) for Redu foundations subject to the section 494			Income	
Was the		is part blank. ion 4942 tax on the distributable amou under section 4940(e). Do not compl		he base period?		☐ Yes ☒ No
1 E	nter the appropriate amount ir	n each column for each year; see the	instructions before	making any entries	S	
Cal	(a) Base period years endar year (or tax year beginning i	n) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use as	ssets (c	(d) Distribution ratio ol. (b) divided by col. (c))
	2018	129,	816	67,	760	1.915821
	2017	138,		35,		3.903812
	2016	192,		47,	626	4.033406
	2015	136,				
	2014	93,	764		- - 	
	, , ,				2	9.853039
		tion has been in existence if less than			3	1.970608
4 E	nter the net value of nonchari	table-use assets for 2019 from Part X	, line 5 • • • • •		4	64,881
5 N	lultiply line 4 by line 3 · · ·				5	127,855
6 E	nter 1% of net investment inco	ome (1% of Part I, line 27b) · · · ·			6	
7 A	dd lines 5 and 6 · · · · ·				7	127,855
If	line 8 is equal to or greater th	om Part XII, line 4 · · · · · · · · · · · an line 7, check the box in Part VI, lin				152,656 e the
	art VI instructions					

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e), or 4948 - see inst	tructions)						
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗌 and enter "								
	Date of ruling or determination letter: (attach copy of letter if necessary-see	instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1		0				
	here ► X and enter 1% of Part I, line 27b								
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%								
•	Part I, line 12, col. (b)				_				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; othe		2		0				
3	Add lines 1 and 2	_	3						
4 5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_	5		0 0				
6	Credits/Payments:		3						
а	2019 estimated tax payments and 2018 overpayment credited to 2019 · · · · · · · ·	6a							
b	Exempt foreign organizations - tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments. Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·		7						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attache		8						
9	- · · · · · · · · · · · · · · · · · · ·	_	9						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10						
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶		11						
Part '	VII-A Statements Regarding Activities	'							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it		Yes	No				
	participate or intervene in any political campaign?		1a		x				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes								
	instructions for the definition		1b		х				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	any materials							
	published or distributed by the foundation in connection with the activities.								
С	Did the foundation file Form 1120-POL for this year?		· · 1c		x				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	ear:							
	(1) On the foundation. \$\bigs\\$ (2) On foundation managers.		_						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ire tax imposed							
	on foundation managers. \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IR If "Yes," attach a detailed description of the activities.	S?	2		Х				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument, articles							
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of		3		х				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		х				
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		х				
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	er:							
	By language in the governing instrument, or								
	 By state legislation that effectively amends the governing instrument so that no mandatory 								
	conflict with the state law remain in the governing instrument?				X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl		7	X					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions	}							
	TX		_						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	•			-				
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation		2 · 8b		Х				
9	Is the foundation claiming status as a private operating foundation within the meaning of sect								
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part complete Part XIV		9						
10	·		9	 	Х				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.								

Form 990-PF (2019) 45-3931355 Evan Fischer Foundation Memorial Fund Part VII-A Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the 11 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified 12 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? • • • • • 13 Х Website address ► N/A 14 The books are in care of ▶ Matthew J Fischer Telephone no. ► 602-885-1514 Located at ▶ 12808 Queesbury Lane, Houston, TX 77024 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 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority Yes No over a bank, securities, or other financial account in a foreign country? 16 Х See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 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? 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? • • • • • • • • • • • • • • • • • • •			
	(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			
	the benefit or use of a disqualified person)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		х
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)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6el) for tax year(s) beginning before 2019? Yes No			
	If "Yes," list the years ,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		х
EΕΑ	Fo	orm 99 0	0-PF (2019)

	990-PF (2019) Evan Fischer Foundation VII-B Statements Regarding Activities f				ov Bo Bo	nuirad		93135	5	F	age 6
			ich Form 4	/ ZU IVI	ау ве кес	quireu	(COITIIII	eu)		V	N.
5a	During the year, did the foundation pay or incur any amo		-1-C /C	4045/-	\\ 0			X No		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	_	• • • • • • • • • • • • • • • • • • • •						'		
	(2) Influence the outcome of any specific public election	•									
	directly or indirectly, any voter registration drive?						∐ Yes	X No			
	(3) Provide a grant to an individual for travel, study, or o						∐ Yes	X No	'		
	(4) Provide a grant to an organization other than a char										
							∐ Yes	X No	 		
	(5) Provide for any purpose other than religious, charita		•								
	purposes, or for the prevention of cruelty to children						∐ Yes	X No)		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transa										
	in Regulations section 53.4945 or in a current notice reg	-							5b		
	Organizations relying on a current notice regarding disa							. ▶ ∟	J		
С	If the answer is "Yes" to question 5a(4), does the foundation						_	_			
	because it maintained expenditure responsibility for the	-					Yes	☐ No	>		
	If "Yes," attach the statement required by Regulations se	ection 53	3.4945-5(d).								
6a	Did the foundation, during the year, receive any funds, or	-	• • •				_	_			
	on a personal benefit contract?						Yes	X No)		
b	Did the foundation, during the year, pay premiums, direct	ctly or inc	directly, on a pe	ersonal b	oenefit contra	act?			6b		Х
	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, was the foundation a pa	rty to a p	prohibited tax s	helter tra	ansaction?.		☐ Yes	X No)		
b	If "Yes," did the foundation receive any proceeds or hav	e any ne	et income attrib	utable to	the transact	tion? •			7b		
8	Is the foundation subject to the section 4960 tax on pay	ment(s)	of more than \$	1,000,00	00 in						
	remuneration or excess parachute payment(s) during the	e year?					☐ Yes	X No			
Part	VIII Information About Officers, Director	ors, Tr	ustees, Fo	undati	on Manag	gers, F	lighly Pa	aid Er	nploye	es,	
	and Contractors										
1	List all officers, directors, trustees, and foundation	manage	rs and their c	ompens	ation. See i	nstructio	ons.				
(a) Name and address			hours per week (If not paid, em			emplo	Contribution byee benefit erred compe	plans	(e) Expe	ense ac allowan	
Matt	hew J Fischer		Pres/Exec			una doi	on ou compe	riodilori			_
	8 Queesbury Lane, TX 77024	[-00,	30.00		0			0			0
	B Fischer	Direc									
	as Csadas, Orinda, CA 94563		15.00		0			0			0
	dore Fischer	Direc	tor/Sec								
	Calle del Prado, CA 91320		15.00		0			0			0
120	carre der rrado, da 31320		13.00								
2	Compensation of five highest-paid employees (othe "NONE."	r than tl	nose included	on line	1 - see inst	ructions). If none,	enter			
			(b) Title or d	N/OFC ~ ^			(d) Contrib				
(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	reek	(c) Comper	nsation	plans and compens	deferred	(e) Expe	ense ac allowan	
NONE											
Total	number of other employees paid over \$50,000 · · · · ·							•			0
FFA									Form 99	0-PF (

Part VIII	Information About Officers, Directors, Trustees, Foundati and Contractors (continued)	on Managers, Highly Paid Er	mployees,
3 Five I	ighest-paid independent contractors for professional services. See instruc	tions. If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) C (c) C		
Total number	of others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
		al information such as the number of	Expenses
organizatio	ns and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1			
2			
2			
3			
4			
D (IV D			
Part IX-B	Summary of Program-Related Investments (see instruction		
	e two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1			
2			
_			
All other pr	ogram-related investments. See instructions.		
3			
		-	
Total. Add line	es 1 through 3 · · · · · · · · · · · · · · · · · ·		I

EEA Form **990-PF** (2019)

Form 990-PF (2019) Page 8 Evan Fischer Foundation Memorial Fund 45-3931355 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities 1a 0 1b 65,869 Fair market value of all other assets (see instructions) 1c 0 Total (add lines 1a, b, and c) 1d 65,869 Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 2 0 3 65,869 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 988 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 · · · · · · · · 64,881 3,244 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) 1 3,244 Tax on investment income for 2019 from Part VI, line 5 2a 2a Income tax for 2019. (This does not include the tax from Part VI.) 2b 2c 3 3,244 Recoveries of amounts treated as qualifying distributions 4 4 5 5 3,244 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII. 3,244 Part XII **Qualifying Distributions** (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 1a 152,656 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 3 Amounts set aside for specific charitable projects that satisfy the: 3a 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 · · · · · 4 152,656 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

EEA Form **990-PF** (2019)

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

152,656

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Part XIII Undistributed Income (see instructions) (b) Years prior to 2018 (**d**) 2019 Corpus 1 Distributable amount for 2019 from Part XI, 3,244 2 Undistributed income, if any, as of the end of 2019: а b Total for prior years: Excess distributions carryover, if any, to 2019: 3 From 2014 93,764 From 2015 134,304 From 2016 189,714 From 2017 136,383 From 2018 126,428 **Total** of lines 3a through e 680,593 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 152,656 Applied to 2018, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election Applied to 2019 distributable amount 3,244 Remaining amount distributed out of corpus 149,412 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . 830,005 Prior years' undistributed income. Subtract 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 Subtract line 6c from line 6b. Taxable Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be 0 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) 93,764 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 736,241 Analysis of line 9: 10 Excess from 2015 134,304 Excess from 2016 189,714 Excess from 2017 136,383 Excess from 2018 126,428 Excess from 2019 149,412

Part	XIV Private Operating Foundate	t ions (see instr	uctions and Par	t VII-A, question	9)	
1a	If the foundation has received a ruling or dete	rmination letter tha	t it is a private opera	ting		
	foundation, and the ruling is effective for 2019	enter the date of	the ruling			
b	Check box to indicate whether the foundation		•	ibed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	1012()(0) 01	10-12()(0)
	income from Part I or the minimum	•				(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed					
b	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					
е	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					_
Part		(Complete th	is part only if t	he foundation h	ad \$5 000 or mo	re in assets at
· uit	any time during the year - s			ne roundation n	αα ψο,σσο σι πιο	ne in assets at
			13.)			
1	Information Regarding Foundation Management	=				
а	List any managers of the foundation who har before the close of any tax year (but only if the					
b	List any managers of the foundation who ow ownership of a partnership or other entity) of		•		ge portion of the	
2	Information Regarding Contribution, Gra	at Gift Loan Sch	olarship etc. Bros	rame:		
2						
	Check here ► ☐ if the foundation only ma		•	-		
	unsolicited requests for funds. If the foundat		ints, etc., to individua	als or organizations ur	nder other conditions,	
	complete items 2a, b, c, and d. See instruction	ons.				
а	The name, address, and telephone number	or email address of	the person to whom	applications should b	e addressed:	
99	OOAPP					
b	The form in which applications should be su	bmitted and informa	ation and materials th	ney should include:		
				,		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, suc	ch as by geographic	cal areas charitable	fields, kinds of institut	ions, or other	
ч	factors:	ao by goograpilic	a. aroas, oriantable	Milas of module	.55, 51 00101	

EEA Form **990-PF** (2019)

Form 990-PF (2019) Evan Fischer Foundation Memorial Fund

Part XV | Supplementary Information (continued)

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

3 Grants and Contributions Paid During th	ie real of Approve	a ioi ruu	are Payment	
Recipient	If recipient is an individual, show any relationship to		Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FC Rec-Our Lady of Mt Carmel Cathol				
2121 S Rural Road	No	1	Sub abuse rec org for	150 656
Tempe, AZ 85282	None	PC	purp of school for needy	152,656
Total			▶ 3a	152,656
b Approved for future payment			34	132,636
2 representation failure payment				
Total			<u> </u>	
Total			▶ 3b	l

Ente	r gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by secti	(e)				
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)			
	a								
	b								
	С								
	d								
	e								
	f								
	g Fees and contracts from government agencies · · ·								
2	Membership dues and assessments								
3	Interest on savings and temporary cash investments • •								
4	Dividends and interest from securities								
5	Net rental income or (loss) from real estate:								
	a Debt-financed property								
•	b Not debt-financed property								
6	Net rental income or (loss) from personal property								
7	Other investment income								
8	Gain or (loss) from sales of assets other than inventory								
9	Net income or (loss) from special events								
10	Gross profit or (loss) from sales of inventory					 			
11	Other revenue: a					-			
	<u> </u>								
	d								
	d e								
12	Subtotal. Add columns (b), (d), and (e)					†			
	Total . Add line 12, columns (b), (d), and (e)				. 13	<u> </u>			
	worksheet in line 13 instructions to verify calculations.)								
	rt XVI-B Relationship of Activities to the Acc	complishme	ent of Exempt	Purposes					
		is reported in column (e) of Part XVI-A contributed importantly to the							
	accomplishment of the foundation's exempt purpose	ses (other than t	by providing funds	for such purpose	s). (See instruction	ns.)			

Form **990-PF** (2019) EEA

Form 990-PF (2019) Evan Fischer Foundation Memorial Fund 45-3931355 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations**

1	Did th	e organization	directly o	r indirectly engag	je in any	of the foll	owing with	any other	organiz	ation describ	oed				Yes	No
	in sec	tion 501(c) (oth	ner than s	ection 501(c)(3)	organiza	tions) or i	n section 5	527, relating	g to pol	itical						
	organ	izations?														
а	Trans	fers from the re	eporting fo	oundation to a no	ncharitat	ole exemp	ot organiza	ation of:								
							-							1a(1)		х
														1a(2)		х
b		transactions:												14-(-)		
			o a nonch	naritable exempt	organizat	ion								1b(1)		v
				a noncharitable	-									1b(2)		X
				nent, or other ass												Х_
														1b(3)		X
				nents										1b(4)		Х
														1b(5)		X_
	(6) P	erformance of s	services c	or membership or	fundrais	ing solicit	ations -							1b(6)		X
С	Shari	ng of facilities, e	equipmer	nt, mailing lists, ot	her asse	ts, or paid	d employee	es · · ·						1c		Х
d	If the	answer to any o	of the abo	ove is "Yes," com	plete the	following	schedule.	Column (b)) should	d always sho	w the f	air ma	rket			
	value	of the goods, o	other asse	ets, or services gi	ven by th	ne reportir	ng foundat	tion. If the fo	oundati	on received l	less th	an fair	market			
	value	in any transacti	ion or sha	aring arrangemen	ıt, show i	n column	(d) the val	lue of the g	oods, o	ther assets,	or serv	ices r	eceived			
(a) Line	no.	(b) Amount involv	ved	(c) Name of none	charitable	exempt org	ganization	(d)) Descrip	otion of transfe	rs, tran	saction	s, and sh	aring arra	ngemei	nts
							-									
	-															
	-+		_													
	-															
	_															
																_
	_															
20	la tha	foundation dire	actly or in	directly offiliated y	uith or re	alatad ta		ro tov over	nnt ora	onizations						
2a			-	directly affiliated \										П у.	- 5	
_				ther than section	501(c)(3)) or in se	ection 527							∐ Ye	s A	No
b	If "Yes	s," complete the							_							
		(a) Name of or	ganization		(b) Type of	organization	n		(c)) Descri	ption o	f relation	ship		
	Under	penalties of perjury	y, I declare ti	hat I have examined th	nis return, in	cluding acc	ompanying so	chedules and s	tatement	s, and to the bes	st of my l	knowled	ge and be	ief, it is true	9,	
Sign	correc	t, and complete. De	eclaration of	preparer (other than to	axpayer) is	based on all	I information of	of which prepai	rer has a	ny knowledge.						
Here		atthew J E	Ti scho	r				Dres/F	vecui	tive Dim	actor	_		IRS discus: preparer <u>sh</u>		
11616		Matthew J Fischer Signature of officer or trustee Date Pres/Executive D Title							TAG DITE				uctions.		No	
		Print/Type prepare			Prena	rer's signatu	ıre	100		Date		01:	Π.,	PTIN		
Paid		, , , ,		e			/\ru		_			Check	_		E00-	
		Kristine					D Coff	:ey ∅ <i>∅∅</i>		05-22-20			ployed	P0090	5925	
Prepa		Firm's name		ffey and Si							Firm's	EIN P	<u> </u>			
Use (Only	Firm's address		0 Johnson F		uite 1	01				Phone					
			Ke	ller TX 762	248						817-	898-	7080			

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

Department of the Treasury

Name of the organization

Evan Fischer Foundation Memorial Fund

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

45-3931355

Organization type (check one): Filers of: Section: ☐ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗴 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Federal Supporting Statements 2019 PG01 Name(s) as shown on return Tax ID Number Evan Fischer Foundation Memorial Fund 45-3931355 Form 990PF - Part III - Line 5 Statement #116 Other Decreases Schedule PY adjustment 6,901 Total 6,901 PG01 Form 990PF - Part VII-A - Line 8(b) Statement #152 Explanation of Non-Filing with Attorney General Texas does not require reporting

	Federal Supporting Statements				2019 PG01
Name(s) as shown on return					Tax ID Number
Evan Fischer Foundation Memorial Fund					45-3931355
Form 990PF - Part I - Line 23 - Other Expenses Schedule					Statement #103~
	Revenue	Net	Adjusted	Charitable	
escription	and expenses	investment	net income	purpose	
rchant Fees	690	0	0		
otals	690	0	0	0	
					
					PG01
	Form 990PF -	Part I - Line 16(o) - Accounting Fees	s Schedule	Statement #108~
	Revenue	Net	Adjusted	Charitable	
escription	and expenses	investment	net income	purpose	
counting fees	1,100	0	0	0	
otals	1,100	0	0	0	

Federal Supporting Statements	2019 PG01
Name(s) as shown on return	Your Social Security Number
Evan Fischer Foundation Memorial Fund	45-3931355

Form 990PF - Part XV - Line 2
Application Submission Information

Grant Program

N/A

Applicant Name

Matthew Fischer

Address

12808 Queensbury Lane, Suite E414 Houston, TX 77024

Telephone

602-885-1514

Email Address

Form & Content

Completed application form to include recovery center, purposes of funds requested, who funds will help.

Submission Deadline

N/A

Restrictions on Award

None