# 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation) Do not enter social security numbers on this form as it may be made public.

| Depart<br>Treasu               | ry                    | of the<br>enue Service         | ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.  Open to Publ Inspection |             |            |                     |                          |                         |  |  |  |  |  |
|--------------------------------|-----------------------|--------------------------------|--|-------------|------------|---------------------|--------------------------|-------------------------|--|--|--|--|--|
|                                |                       |                                | alendar year, or tax year beginning 01-01-2020     , and ending 12-31-20                                 | 20          |            |                     |                          |                         |  |  |  |  |  |
| ☐ Ad                           | dress                 | applicable:<br>change<br>hange | C Name of organization EL DORADO FOUNDATION INC  |             |            |                     | <b>yer iden</b><br>50790 | tification number       |  |  |  |  |  |
| Ini                            | tial re               | -                              | Doing business as  |             |            |                     |                          |                         |  |  |  |  |  |
|                                | n/term                | ninated                        |  |             | t          | E Telepho           | ne numbe                 | er                      |  |  |  |  |  |
|                                |                       | ed return<br>tion pending      | Number and street (or P.O. box if mail is not delivered to street address) Room/si<br>14605 N 73RD ST    | uite        |            | (520)               | 318-08                   | 300                     |  |  |  |  |  |
|                                |                       |                                | City or town, state or province, country, and ZIP or foreign postal code                                 |             | — <u></u>  | ()                  |                          |                         |  |  |  |  |  |
|                                |                       |                                | SCOTTSDALE, AZ 85260   |             |            | <b>G</b> Gross re   | eceipts \$               | 411,945                 |  |  |  |  |  |
|                                |                       |                                | F Name and address of principal officer: MARK HUMAN  | H(a)        |            | a group r           | eturn fo                 | r Yes 🔽 No              |  |  |  |  |  |
|                                |                       |                                | 14605 N 73RD ST  | H(b)        | Are all    | inates?<br>subordin | ates                     | Yes No                  |  |  |  |  |  |
| T Tax                          | x-exe                 | mpt status                     | SCOTTSDALE, A Z 85260<br>: ▼ 501(c)(3)   | 1           | include    |                     | alist (s                 | see instructions)       |  |  |  |  |  |
|                                |                       |                                | WW.ELDORADOFOUNDATION.COM  | H(c)        |            | exemptio            | •                        | •                       |  |  |  |  |  |
| <b>K</b> Forr                  | n of c                | organization                   | n: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►   | L Year      | of formati | on: 2013            | M State                  | e of legal domicile: AZ |  |  |  |  |  |
| Pa                             | art I                 | Sun                            | ımary  |             |            |                     |                          |                         |  |  |  |  |  |
|                                |                       |                                | escribe the organization's mission or most significant activities:                                       |             |            |                     |                          |                         |  |  |  |  |  |
| Ce                             |                       | THE FOL                        | JNDATION CONNECTS PEOPLE WITH CAUSES THAT MATTER.  |             |            |                     |                          |                         |  |  |  |  |  |
| E                              |                       |                                |  |             |            |                     |                          |                         |  |  |  |  |  |
| Activities & Governance        | _                     | Check t                        | his box $lacktriangle$ if the organization discontinued its operations or disposed                       | of more     | e than 2   | 5% of its           | net ass                  | ets                     |  |  |  |  |  |
| Ğ                              | 3                     |                                | of voting members of the governing body (Part VI, line 1a)   |             |            | 5 70 01 165         | 3                        | 1                       |  |  |  |  |  |
| න්<br>ග                        | 4                     | Number                         | of independent voting members of the governing body (Part VI, line 1b)                                   |             |            |                     | 4                        | 3                       |  |  |  |  |  |
| ₽                              | 5                     | Total nu                       | mber of individuals employed in calendar year 2020 (Part V, line 2a)                                     |             |            |                     | 5                        | (                       |  |  |  |  |  |
| £                              | 6                     | Total nu                       | mber of volunteers (estimate if necessary)   |             |            |                     | 6                        | 5 (                     |  |  |  |  |  |
| 4                              | l                     |                                | related business revenue from Part VIII, column (C), line 12   |             |            |                     | 7a                       | +                       |  |  |  |  |  |
|                                | b                     | Net unre                       | elated business taxable income from Form 990-T, line 39  | <del></del> |            | •                   | 7b                       |                         |  |  |  |  |  |
|                                |                       | 0                              | Managed accepts (ParkVIII Page 41)   | $\vdash$    | Prio       | r Year              |                          | Current Year            |  |  |  |  |  |
| 2                              | l                     |                                | utions and grants (Part VIII, line 1h)   | $\vdash$    |            |                     | 0                        | 411,75                  |  |  |  |  |  |
| Revenue                        | l                     | -                              | ent income (Part VIII, column (A), lines 3, 4, and 7d )  |             |            |                     | 0                        | 19                      |  |  |  |  |  |
| æ                              | ı                     |                                | evenue (Part VIII, column (A), lines 5, 4d, 8c, 9c, 10c, and 11e)  |             |            |                     | 0                        | 15                      |  |  |  |  |  |
|                                | ı                     |                                | venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12                                  | 2)          |            |                     | 0                        | 411,94                  |  |  |  |  |  |
|                                | -                     |                                | and similar amounts paid (Part IX, column (A), lines 1-3)  |             |            |                     | 0                        | 398,50                  |  |  |  |  |  |
|                                | 14                    | Benefits                       | paid to or for members (Part IX, column (A), line 4)   |             |            |                     | 0                        | (                       |  |  |  |  |  |
| 88                             | 15                    | Salaries                       | , other compensation, employee benefits (Part IX, column (A), lines 5-                                   | 10)         |            |                     | 0                        | (                       |  |  |  |  |  |
| Expenses                       | 16ā                   | n Professi                     | ional fundraising fees (Part IX, column (A), line 11e)   |             |            |                     | 0                        | (                       |  |  |  |  |  |
| άx                             | b                     | Total fund                     | draising expenses (Part IX, column (D), line 25) ▶0  |             |            |                     |                          |                         |  |  |  |  |  |
| ш                              | 17                    | Other e                        | xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |             |            |                     | 0                        | 1,73                    |  |  |  |  |  |
|                                | ı                     |                                | penses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <u> </u>    |            |                     | 0                        | 400,23                  |  |  |  |  |  |
| - 00                           | 19                    | Revenue                        | e less expenses. Subtract line 18 from line 12   |             | Roginning  | of Curre            | 0<br>nt                  | 11,70                   |  |  |  |  |  |
| Net Assets or<br>Fund Balances |                       |                                |  | L           |            | ear                 |                          | Liid of Tedi            |  |  |  |  |  |
| Bal                            | 20                    | Total as                       | sets (Part X, line 16)   |             |            | 86,                 | 596                      | 98,30                   |  |  |  |  |  |
| and                            | ı                     |                                | bilities (Part X, line 26)   |             |            |                     | 0                        | (                       |  |  |  |  |  |
|                                |                       |                                | ets or fund balances. Subtract line 21 from line 20  |             |            | 86,                 | 596                      | 98,30                   |  |  |  |  |  |
|                                | <b>rt II</b><br>r per |                                | nature Block perjury, I declare that I have examined this return, including accompa                      | nvina sa    | hedules    | and stat            | ements                   | and to the best of      |  |  |  |  |  |
| my kı                          | nowl                  | edge and                       | belief, it is true, correct, and complete. Declaration of preparer (other t                              |             |            |                     |                          |                         |  |  |  |  |  |
| prepa                          | irer i                |                                | nowledge.  |             | 2021-      | 11-08               |                          |                         |  |  |  |  |  |
| Sign                           |                       | Signa                          | ture of officer  |             | Date       |                     |                          | _                       |  |  |  |  |  |
| Her                            |                       |                                | ILBRAITH TREASURER   |             |            |                     |                          |                         |  |  |  |  |  |
|                                |                       | Type                           | or print name and title  |             |            |                     |                          |                         |  |  |  |  |  |
|                                |                       | ·                              | Print/Type preparer's name Preparer's signature  | Date        | Check      | / I I I             | PTIN<br>P002357          | 38                      |  |  |  |  |  |
| Paid                           |                       |                                | Firmle name N. LIDL CDAC DC  |             | _          | mployed             |                          |                         |  |  |  |  |  |
| Pre                            | •                     | er                             | Firm's name ► HBL CPAS PC  |             | Firm's     | EIN 🟲 86            | -0360084                 | ·                       |  |  |  |  |  |
| Use                            | Or                    | nly 🛭                          | Firm's address ► 5470 E BROADWAY BLVD  |             | Phone      | e no. (520)         | 886-318                  | 1                       |  |  |  |  |  |
|                                |                       |                                | TUCSON, AZ 85711   |             |            |                     |                          |                         |  |  |  |  |  |
| May t                          | he I                  | RS discus                      | ss this return with the preparer shown above? (see instructions)   |             |            |                     |                          | ✓ Yes No                |  |  |  |  |  |

| Pa  | rt III Stateme                | ent of Program Service   | Accomplishments            |                |   |                              |
|-----|-------------------------------|--|----------------------------|----------------|---|------------------------------|
|     | Check if S                    | chedule O contains a response  | e or note to any line in t | nis Part III . |   | 🗆                            |
| 1   | Briefly describe t            | the organization's mission:  |                            |                |   |                              |
| ENV | IRONMENTAL, AN                | UNDATION CONNECTS PEOP<br>ND PROGRAMS FOR THE AR<br>WALS AND OTHER CAUSES                            | TS. IT ENRICHES THE        | COMMUNIT       | INCLUDING MEDICAL, EDU<br>Y BY FINANCIALLY SUPPOR | CATIONAL,<br>ITING COMMUNITY |
|     |                               |  |                            |                |   |                              |
| 2   | _                             | tion undertake any significant<br>90 or 990-EZ?  |                            |                | ch were not listed on                             | ☐Yes 🗸 No                    |
|     | If "Yes," describe            | e these new services on Sche   | dule O.                    |                |   |                              |
| 3   | _                             | tion cease conducting, or mak  | _                          | ow it conduct  | cts, any program                                  | ☐Yes 🔽 No                    |
|     | If "Yes," describe            | e these changes on Schedule  | 0.                         |                |   |                              |
| 4   | expenses. Sectio              | anization's program service ac<br>in 501(c)(3) and 501(c)(4) org<br>es, and revenue, if any, for eac | janizations are required   | to report the  |   |                              |
| 4a  |                               | ) (Expenses \$<br>OUNDATION PROVIDED MEDICAL AND<br>SUPPLIES TO APPROXIMATELY 5,700                  |                            | LOS CABOS CO   |   | )<br>UDED PROVIDING          |
| 4b  | (Code:                        | ) (Expenses \$   | including gran             | nts of \$      | ) (Revenue \$                                     | )                            |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
| _   | (0-4                          | ) (5   | in all dia a name          |                | ) (Bausaus †                                      |                              |
| 4c  | (Code:                        | ) (Expenses \$   | including gran             | 11.5 01 \$     | ) (Revenue \$                                     | )                            |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
|     |                               |  |                            |                |   |                              |
| 4d  | Other program<br>(Expenses \$ | services (Describe in Schedu<br>includ   | le O.)<br>ing grants of \$ |                | ) (Revenue \$                                     | )                            |

398,504

Page **2** 

Form **990** (2020)

Form 990 (2020)

4e

Total program service expenses ▶

| Pal      | Checklist of Required Schedules   |              |     |     |
|----------|---|--------------|-----|-----|
|          |   |              | Yes | No  |
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2   | 1            | Yes |     |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2            | Yes |     |
|          | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3            |     | Νo  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4            |     | Νo  |
| 5        | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5            |     | Νο  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | e            |     | Νο  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7            |     | Νο  |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8            |     | Νo  |
| 9        | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV $\dots \dots \dots \dots \dots \dots \dots \dots$ | 9            |     | Νo  |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowment permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part $V$  | s, <b>10</b> |     | Νo  |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |              |     |     |
| a        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a          |     | Νo  |
| b        | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII $\cdot$   | 11b          |     | Νο  |
|          | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c          |     | Νo  |
|          | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d          |     | Νο  |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X$   | 11e          |     | Νo  |
|          | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  | 11f          |     | Νo  |
| 12a      | អ៊ីរ៉េ " ក្រុម " Grankleta Schedule no Separate, independent audited financial statements for the tax year? If "Yes," comple<br>Schedule D, Parts XI and XII  | te<br>12a    |     | Νo  |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b          |     | Νο  |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13           |     | Νο  |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a          |     | Νo  |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | ,<br>14b     | Yes |     |
| 15       | Did the organization report on Part R column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | or <b>15</b> | Yes |     |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |              |     | N o |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16           |     |     |
| 17<br>18 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                        | 17           |     | N o |
|          | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18           |     | Νο  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19           |     | Νo  |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a          |     | Νo  |
| b        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b          |     |     |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21           | Yes |     |
|          |   |              |     |     |

|     |   |            |     | rage       |
|-----|---|------------|-----|------------|
| Pai | Checklist of Required Schedules (continued)   |            | Yes | No         |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         | 103 | N o        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23         |     | Νο         |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  | 24a        |     | Νο         |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |     |            |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c        |     |            |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |     |            |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | Νo         |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b        |     | Νo         |
| 26  | former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?  | 26         |     | Νo         |
| 27  | មីត្រីYមាន ត្រូវជាខែមិនទីកិច្ចមាន និក្ខាត់ or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?  If "Yes," completeSchedule L, Part III | 27         |     | Νo         |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |     |            |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  |            |     |            |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |     | N o<br>N o |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV   | 28c        |     | No         |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\tt M}$  | 29         |     | Νo         |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  | 30         |     | Νo         |
| 31  | ਰਿੰਕਿ <sup>y</sup> ਜ਼ਿੰਦ 64934ਵਿੱਖ ਤਿਸੀਜ਼ਿੰਪਿਕਿ ਮੈਂਦ, 'terminate,' or dissolve and cease operations? <i>If "Ye</i> s," complete Schedule N, Part I  | 31         |     | Νo         |
| 32  | Schedule N, Part II   | 32         |     | Νo         |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  | 33         |     | Νo         |
| 34  | ฟิลัร์ศุลต์ Grigalata เริยาศิปลาสิต ใช้สัตว์ hy tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34         |     | Νo         |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a        |     | Νo         |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |     |            |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line</i> 2  | 36         |     | Νo         |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | Νo         |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O   | 38         | Yes |            |
| Pa  | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  |            |     | Г          |
|     | check if Schedule o contains a response of note to any fine in this rait v  | •          | Yes | No         |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0   |            |     |            |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0  |            |     |            |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1c         |     |            |

Form **990** (2020)

| Pai | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |            |  |    |  |  |  |
|-----|--|------------|--|----|--|--|--|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |  |    |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)        | 2b         |  |    |  |  |  |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |  | Νo |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         |  |    |  |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | 4a         |  | Νo |  |  |  |
|     | RC박아바닷컴) enter the name of the foreign country: ►  |            |  |    |  |  |  |
|     | Washthe organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |  | Νo |  |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |  | Νo |  |  |  |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |  |    |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                          | 6a         |  | Νo |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |  |    |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |            |  |    |  |  |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |  | Νo |  |  |  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |  |    |  |  |  |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7</b> c |  | Νo |  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  | _          |  |    |  |  |  |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |  |    |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |  |    |  |  |  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g         |  |    |  |  |  |
| h   | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |  |    |  |  |  |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |            |  |    |  |  |  |
| 9   | sponsoring organization have excess business holdings at any time during the year?   | 8          |  |    |  |  |  |
|     |  | 9a         |  |    |  |  |  |
|     | Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9a<br>9b   |  |    |  |  |  |
|     | Section 501(c)(7) organizations. Enter:  | 90         |  |    |  |  |  |
|     | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |  |    |  |  |  |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b  | 1          |  |    |  |  |  |
|     | Section 501(c)(12) organizations. Enter:   | 1          |  |    |  |  |  |
|     | Gross income from members or shareholders  |            |  |    |  |  |  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |            |  |    |  |  |  |
| 2a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |  |    |  |  |  |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the   | 12.0       |  |    |  |  |  |
| 3   | year.  Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |  |    |  |  |  |
|     | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |  |    |  |  |  |
|     | Note. See the instructions for additional information the organization must report on Schedule O.  |            |  |    |  |  |  |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |  |    |  |  |  |
| c   | Enter the amount of reserves on hand   |            |  |    |  |  |  |
| .4a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |  | Νo |  |  |  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b        |  |    |  |  |  |
| 5   | Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuneration or excess parachute payment(s) during the year?  | 15         |  | Νo |  |  |  |
| 6   | IS "Meso" ցատարվան հետա ագանան տարանական հետա Fiorsobit 40% ընդի Ֆիևահիյա տարան հետա 4968 excise tax on net investment income?   | 16         |  | Νo |  |  |  |
|     |  |            |  |    |  |  |  |

| Form   | 990 (2020)  |        |          | Page       |
|--------|---|--------|----------|------------|
| Pa     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. | sponse | to lines | s<br>. 🔽   |
| Se     | ection A. Governing Body and Management   |        |          |            |
| _      |   |        | Yes      | No         |
| 1a     | Enter the number of voting members of the governing body at the end of the tax  Year are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.       |        |          |            |
| b      | Enter the number of voting members included in line 1a, above, who are independent 1b 3   |        |          |            |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2      |          | Νo         |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .   | 3      |          | Νo         |
| 4<br>5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was blathe organization become aware during the year of a significant diversion of the organization's assets?   | 4<br>5 |          | N o<br>N o |
| 6      | Did the organization have members or stockholders?  | 6      |          | No         |
|        | Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a     |          | No         |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | -      |          | No         |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        |          |            |
| a      | The governing body?   | 8a     | Yes      |            |
| b      | Each committee with authority to act on behalf of the governing body?   | 8b     | Yes      |            |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9      |          | No         |
| Se     | ection B. Policies (This Section B requests information about policies not required by the Internal R   | eveni  | ue Cod   | le.)       |
|        |   |        | Yes      | No         |
| 10a    | Did the organization have local chapters, branches, or affiliates?  | 10a    |          | Νo         |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b    |          |            |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a    | Yes      |            |
| b      | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |        |          |            |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a    | Yes      |            |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b    | Yes      |            |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c    | Yes      |            |
| 13     | Did the organization have a written whistleblower policy?   | 13     | Yes      |            |
| 14     | Did the organization have a written document retention and destruction policy?  | 14     | Yes      |            |
| 15     | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |        |          |            |
| a      | The organization's CEO, Executive Director, or top management official  | 15a    |          | Νo         |
| b      | Other officers or key employees of the organization   | 15b    |          | Νo         |
|        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |        |          |            |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a    |          | Νo         |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?        | 16b    |          |            |
| Se     | ection C. Disclosure  |        |          |            |
| 17     | List the states with which a copy of this Form 990 is required to be filed▶   |        |          |            |
| 18     | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)     |        |          |            |
| 19     | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.   |        |          |            |

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶EL DORADO FOUNDATION INC 14605 N 73RD ST SCOTSDALE, A Z 85260 (520) 318-0800

20

Form 990 (2020) Page **7** 

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title        | (B) Average hours per week (list any hours for related organizations |                                   |                       |     |              |                              |     | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related |
|------------------------------|--|-----------------------------------|-----------------------|-----|--------------|------------------------------|-----|--|---|--|
|                              | below dotted<br>line)  | Individual trustee<br>or director | Institutional Trustee | ber | Key employee | Highest compensated employee | ner |  |   | organizations  |
| (1) MARK HUMAN PRESIDENT     | 1.00   | Х                                 |                       | х   |              |                              |     | 0  | 0   | 0  |
| (2) JIM GILBRAITH TREASURER  | 1.00   | х                                 |                       | ×   |              |                              |     | 0  | 0   | 0  |
| (3) MICHEAL MELDMAN DIRECTOR | 1.00   | х                                 |                       |     |              |                              |     | 0  | 0   | 0  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |
|                              |  |                                   |                       |     |              |                              |     |  |   |  |

|            | (A)<br>Name and title  | (B) Average hours per week (list any hours for    | more<br>pers                   | than<br>on is         | one<br>bot | not<br>bo:<br>h ar | check<br>x, unle<br>n office<br>rustee | ess<br>er | Rep<br>comp<br>fro | (D)<br>ortable<br>ensation<br>om the<br>zation (W- | (E) Reportable compensation from related organization |          | (F) Estimated amount of other compensation from the |                        |
|------------|--|---|--------------------------------|-----------------------|------------|--------------------|--|-----------|--------------------|--|---|----------|---|------------------------|
|            |  | related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional Trustee | Officer    | Key employee       | Highest compensated employee           | Former    | 2/109              | 9-MISC)  | (W-2/1099-<br>MISC)                                   |          | organiza<br>rela<br>organiz                         | ted                    |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | $\dashv$ |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | +        |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | $\top$   |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | $\bot$   |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | +        |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | +        |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | $\bot$   |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | +        |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | +        |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   | $\perp$  |   |                        |
| <b>c</b> 1 | Sub-Total  | art VII, Section A                                |                                |                       |            |                    | <b>*</b>                               |           |                    | 0  |   | 0        |   |                        |
| 2          | Total number of individuals (includi<br>\$100,000 of reportable compensat              | ing but not limit                                 | ed to th                       | nose                  | liste      | d al               |  | who       | receive            | d more tha   | n   |          |   |                        |
|            |  |   | <i>y</i>                       |                       | _          |                    |  |           |                    |  |   |          | Yes   | No                     |
| 3          | Did the organization list any <b>forme</b> on line 1a? <i>If "Yes," complete Sched</i> |   |                                |                       | , ke       | y en               | nploye                                 | e, o<br>• | r highes           | t compens  | ated employee   | 3        |   | No                     |
| 4          | For any individual listed on line 1a, organization and related organizat               |   |                                |                       |            |                    |  |           |                    |  |   |          |   |                        |
|            | individual   |   |                                |                       |            |                    |  |           |                    |  |   | 4        |   | Νο                     |
| 5          | Did any person listed on line 1a rec<br>services rendered to the organizati            |   |                                |                       |            |                    |  |           | _                  |  | r individual for                                      | 5        |   | No                     |
|            | ection B. Independent Contr  |   |                                |                       | _          |                    |  |           |                    |  |   |          |   |                        |
| 1          | Complete this table for your five h compensation from the organization                 |   |                                |                       |            |                    |  |           |                    |  |   |          | tax year  | r.                     |
|            | Name   | (A)<br>and business addre                         | ess                            |                       |            |                    |  |           |                    | Desc   | (B)<br>ription of services                            |          |   | C <b>)</b><br>ensation |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   |          |   |                        |
|            |  |   |                                |                       |            |                    |  |           |                    |  |   |          |   |                        |
| 2          | otal number of independent contract  | tors (including l                                 | out not                        | limite                | ed to      | o th               | ose lis                                | ted       | above) v           | who receive  | ed more than  |          |   |                        |
| 9          | \$100,000 of compensation from the   | organization 🕨                                    | 0                              |                       |            |                    |  |           |                    |  |   |          | Form 99   | <b>0</b> (2020)        |

|                           |   |             |               |          |                 | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---------------------------|---|-------------|---------------|----------|-----------------|----------------------|--|---|--|
| and Other Similar Amounts | 1a Federated cam  |             |               | 1a       |                 |                      |  |   |  |
| mounts                    | <ul> <li>b Membership du</li> <li>c Fundraising eve</li> </ul>                          |             | -             | 1b<br>1c |                 |                      |  |   |  |
| Ø                         | <b>d</b> Related organiz  | zation      | s             | 1d       |                 |                      |  |   |  |
| ıilar                     | e Government grants   | s (contr    | ributions)    | 1e       |                 |                      |  |   |  |
| and Other Similar         | f All other contribution  | ons, gifl   | ts, grants,   | ı        |                 |                      |  |   |  |
|                           | and similar amount<br>above<br>g Noncash contribution                                   | ts not i    | ncluded       | 1f       | 411,755         |                      |  |   |  |
|                           | lines 1a - 1f:\$  | UIIS II ICI | luded III     | 1g       |                 |                      |  |   |  |
| 4                         | <b>h Total.</b> Add lines   | 1a-1        | f             |          | •               | 411,755              |  |   |  |
|                           | <b>2</b> a  |             |               |          | Business Code   |                      |  |   |  |
| - 1                       |   |             |               |          |                 |                      |  |   |  |
|                           | b   |             |               |          |                 |                      |  |   |  |
|                           |   |             |               |          |                 |                      |  |   |  |
|                           | с   |             |               |          |                 |                      |  |   |  |
|                           | d   |             |               |          |                 |                      |  |   |  |
|                           |   |             |               |          |                 |                      |  |   |  |
|                           | е   |             |               |          | -               |                      |  |   |  |
|                           | <b>f</b> All other progra   | am ser      | rvice revenu  | ie.      |                 |                      |  |   |  |
| 4                         | 9 Total. Add line   |             |               |          |                 |                      | 1  | 1                                       |  |
|                           | 3 Investment inco   | me (in      | ncluding divi | idends   | , interest, and | 1                    | 90   |   | 19   |
|                           | 49imilareafromnita)   | estme       | ent of tax-ex | cempt    | bond proceeds   | •                    |  |   |  |
|                           | 5 Royalties   | -           |               |          |                 | •                    |  |   |  |
|                           |   |             | (i) Rea       | al       | (ii) Personal   |                      |  |   |  |
|                           | <b>6a</b> Gross rents   | 6a          |               |          |                 |                      |  |   |  |
|                           | b Less: rental<br>expenses  | 6b          |               |          |                 |                      |  |   |  |
|                           | c Rental  | 6c          |               |          |                 |                      |  |   |  |
|                           | income or<br>d (Nets)ental inco   |             |               |          |                 |                      |  |   |  |
|                           |   |             | (i) Secur     |          | (ii) Other►     |                      |  |   |  |
|                           | 7a Gross amount<br>from sales of<br>assets other<br>than inventory                      | 7a          |               |          |                 |                      |  |   |  |
|                           | b Less: cost or<br>other basis and<br>sales expenses                                    | 7b          |               |          |                 |                      |  |   |  |
|                           | c Gain or (loss)  | 7c          |               |          |                 |                      |  |   |  |
|                           | <b>d</b> Net gain or (lo  | ss) .       | ٠             |          |                 | 1                    |  |   |  |
|                           | 8a Gross income from<br>(not including \$<br>contributions repor<br>See Part IV, line 1 | ted on      | line 1c).     |          |                 |                      |  |   |  |
|                           | <b>b</b> Less: direct ex  | pense       | es            | 8a<br>8b |                 | _                    |  |   |  |
|                           | c Net income or (   |             |               |          | events          |                      |  |   |  |
|                           |   |             |               | _        | <b>•</b>        |                      |  |   |  |
|                           | <b>9a</b> Gross income fi   | rom g       | aming         |          |                 |                      |  |   |  |
|                           | activities.<br>See Part IV. line  | - 19        |               | 9a       |                 |                      |  |   |  |
|                           | See Part IV, line<br>b Less: direct ex  |             |               | 9b       |                 |                      |  |   |  |
|                           | c Net income or (   | (loss)      | from gamin    | g activ  | vities          |                      |  |   |  |
|                           | <b>10a</b> Gross sales of i   |             |               |          |                 |                      |  |   |  |
|                           | returns and allo  |             |               | 10a      |                 |                      |  |   |  |
|                           | <b>b</b> Less: cost of g  |             |               | 10b      |                 |                      |  |   |  |
|                           | C Net income or (   | (loss)      | from sales (  | ofinve   | entory          |                      |  |   |  |
|                           | Miscellane  | eous F      | Revenue       |          | Business Code   |                      |  |   |  |
|                           | 11a   |             |               |          |                 |                      |  |   |  |
|                           |   |             |               |          |                 |                      |  |   |  |
|                           | b   |             |               |          |                 |                      |  |   |  |
|                           |   |             |               |          |                 |                      |  |   |  |
|                           | с   |             |               |          |                 |                      |  |   |  |
|                           |   |             |               |          |                 |                      |  |   |  |
|                           | d All other revenu  | ue .        |               |          |                 |                      |  |   |  |
|                           | e Total. Add line   | s 11a       | -11d          |          | >               | <u></u>              |  |   |  |
|                           |   |             |               |          |                 |                      |  | 1                                       | 1  |

| For | m 990 (2020)  |                       |                                    |   | Page <b>10</b>                 |
|-----|---|-----------------------|------------------------------------|---|--------------------------------|
| Р   | art IX Statement of Functional Expenses   |                       |                                    |   |                                |
|     | Section 501(c)(3) and 501(c)(4) organizations must  | t complete all colur  | nns. All other orga                | nizations must com                        | plete column (A).              |
|     | Check if Schedule O contains a response or note to  | any line in this Par  | t IX                               |   | 🗆                              |
|     | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 163,950               | 163,950                            | 94.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0  | 5,7,5,13,5                     |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                    |   |                                |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   | 234,554               | 234,554                            |   |                                |
| 4   | Benefits paid to or for members   |                       |                                    |   |                                |
| 5   | Compensation of current officers, directors, trustees, and key employees  |                       |                                    |   |                                |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                    |   |                                |
| 7   | Other salaries and wages  | 1                     |                                    |   | 1                              |
|     | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                    |   |                                |
|     | Other and succession  | 1                     |                                    |   | l                              |
|     | Other employee benefits   |                       |                                    |   |                                |
|     | Payroll taxes   |                       |                                    |   |                                |
|     | Fees for services (non-employees):  |                       |                                    |   |                                |
| •   | a Management  |                       |                                    |   |                                |
| -   | b Legal   |                       |                                    |   |                                |
| (   | Accounting  |                       |                                    |   |                                |
| (   | d Lobbying  |                       |                                    |   |                                |
| •   | e Professional fundraising services. See Part IV, line 17   |                       |                                    |   |                                |
| 1   | f Investment management fees  |                       |                                    |   |                                |
| ġ   | g Other (If line 11g amount exceeds 10% of line 25,<br>column (A) amount, list line 11g expenses on Schedule<br>O)  | 1,733                 |                                    | 1,733                                     |                                |
| 12  | Advertising and promotion   |                       |                                    |   |                                |
| 13  | Office expenses   |                       |                                    |   |                                |
| 14  | Information technology  |                       |                                    |   |                                |
| 15  | Royalties   |                       |                                    |   |                                |
| 16  | Occupancy   |                       |                                    |   |                                |
|     | Travel  |                       |                                    |   |                                |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                       |                                    |   |                                |
| 19  | Conferences, conventions, and meetings  |                       |                                    |   |                                |
| 20  | Interest  |                       |                                    |   |                                |
| 21  | Payments to affiliates  |                       |                                    |   |                                |
| 22  | Depreciation, depletion, and amortization   |                       |                                    |   |                                |
| 23  | Insurance   |                       |                                    |   |                                |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                    |   |                                |
|     | a   |                       |                                    |   |                                |
|     | b   |                       |                                    |   |                                |
|     | с   |                       |                                    |   |                                |
|     | d   |                       |                                    |   |                                |
|     | e All other expenses  |                       |                                    |   |                                |
| 25  | Total functional expenses. Add lines 1 through 24e  | 400,237               | 398,504                            | 1,733                                     | 0                              |
|     | Joint costs. Complete this line only if the organization  | ,                     |                                    | _,.                                       |                                |
| 2.0 | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   |                       |                                    |   |                                |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part IX . . . . (A) (B) End of year Beginning of year 490 67 Cash-non-interest-bearing . . . . . . . . 1 Savings and temporary cash investments 86,106 2 98.237 Pledges and grants receivable, net 3 3 4 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Assets Inventories for sale or use . . . . . 8 Prepaid expenses and deferred charges Q Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10c Investments-publicly traded securities . 11 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments-program-related. See Part IV, line 11 13 Intangible assets . . . . . 14 14 15 Other assets. See Part IV, line 11 15 86.596 98.304 16 Total assets: Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants pavable . . Deferred revenue . . . 19 19 Tax-exempt bond liabilities . . . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 abilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . 24 Other liabilities (including federal income tax, payables to related third 25 25 parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . 0 0 26 Fund Balances Organizations that follow FASB ASC 958, check here F and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 🔽 and complete lines 29 through 33. Assets or 29 Capital stock or trust principal, or current funds . . 0 0 29 Paid-in or capital surplus, or land, building or equipment fund 0 30 0 86.596 98.304 31 Retained earnings, endowment, accumulated income, or other funds 31 Net 32 Total net assets or fund balances 86.596 32 98.304

Total liabilities and het assets/fund balances

33

86.596

33

98,304

|    | Check if Schedule O contains a response or note to any line in this Part XI   |        |            |     | · L     |
|----|---|--------|------------|-----|---------|
|    |   |        |            |     |         |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |            | 4   | 111,945 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2      |            | 4   | 100,237 |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3      |            |     | 11,708  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4      |            |     | 86,596  |
| 5  | Net unrealized gains (losses) on investments  | 5      |            |     |         |
| 5  | Donated services and use of facilities  | 6      |            |     |         |
| 7  | Investment expenses   | 7      |            |     |         |
| В  | Prior period adjustments  | 8      |            |     |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9      |            |     | 0       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column   | 10     |            |     | 98,304  |
| Pa | TXII Financial Statements and Reporting   |        |            |     |         |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |        |            |     | . 🗆     |
|    |   |        |            | Yes | No      |
| 1  | Accounting method used to prepare the Form 990: 🔽 Cash 🗌 Accrual 🗍 Other  |        |            |     |         |
| -  | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |        |            |     |         |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a         |     | Νo      |
|    | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both:  | wed on |            |     |         |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |        |            |     |         |
| b  | Were the organization's financial statements audited by an independent accountant?  |        | 2b         |     | Νo      |
|    | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:  | rate   |            |     |         |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |        |            |     |         |
| c  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |        | <b>2</b> c |     |         |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | n      |            |     |         |
| 22 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th  |        | 1 1        | . ! | 1       |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Page **12** 

За

3b

Νo

Form 990 (2020)

Form 990 (2020)

Part XI Reconcilliation of Net Assets

Single Audit Act and OMB Circular A-133?

Form 990 (2020)

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury

Name of the organization

EL DORADO FOUNDATION INC

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

|     |         |   |                     |  |   |                        | 46-3250790  |   |  |  |  |  |
|-----|---------|---|---------------------|--|---|------------------------|---|---|--|--|--|--|
|     | rt I    | Reason for Public Ch  |                     |  |   |                        |   | ns.   |  |  |  |  |
| The | organiz | ration is not a private founda  | ation becau         | ise it is: (For lines 1  | through 12, che   | ck only one bo         | x.)   |   |  |  |  |  |
| 1   |         | A church, convention of ch  | urches, or          | association of church  | nes described in  | section 170(b          | )(1)(A)(i).                                       |   |  |  |  |  |
| 2   |         | A school described in <b>secti</b>  | on 170(b)           | (1)(A)(ii). (Attach So   | chedule E (Form   | n 990 or 990-E         | Z).)  |   |  |  |  |  |
| 3   |         | A hospital or a cooperative   | hospital s          | ervice organization d  | escribed in <b>sec</b>  | tion 170(b)(1)         | (A)(iii).   |   |  |  |  |  |
| 4   |         | A medical research organize hospital's name, city, and s  |                     | ated in conjunction w  | ith a hospital d  | escribed in <b>sec</b> | tion 170(b)(1)(A)(iii)                            | ). Enter the                                    |  |  |  |  |
| 5   |         | 170(b)(1)(A)(iv). (Comple   |                     |  |   |                        |   |   |  |  |  |  |
| 6   |         | A federal, state, or local go   | vernment            | or governmental unit   | described in <b>se</b>  | ction 170(b)(1         | )(A)(v).  |   |  |  |  |  |
| 7   | ~       | An organization that norma described in <b>section 170(b</b> )  |                     |  |   | m a governmer          | ntal unit or from the g                           | eneral public                                   |  |  |  |  |
| 8   |         | A community trust describe  | ed in <b>sectio</b> | on 170(b)(1)(A)(vi).   | (Complete Part  | II.)                   |   |   |  |  |  |  |
| 9   |         | An agricultural research orguniversity or a non-land gra  |                     |  |   |                        |   |   |  |  |  |  |
| 10  |         | An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) |                     |  |   |                        |   |   |  |  |  |  |
| 11  |         | An organization organized a   |                     |  |   |                        | 509(a)(4).  |   |  |  |  |  |
| 12  |         | An organization organized a one or more publicly supporthe box in lines 12a through   | rted organ          | izations described in  | section 509(a)(   | (1) or section 5       | 09(a)(2). See section                             | <b>509(a)(3).</b> Check                         |  |  |  |  |
| a   |         | Type I. A supporting organisupported organization(s) to organization. You must com  | he power t          | o regularly appoint o  | r elect a majórit   |                        |   |   |  |  |  |  |
| b   |         | Type II. A supporting organ<br>management of the support<br>must complete Part IV, Sec  | ting organi         | zation vested in the s   |   |                        |   |   |  |  |  |  |
| c   |         | Type III functionally integral supported organization(s) (  |                     |  |   |                        |   | rated with, its                                 |  |  |  |  |
| d   |         | Type III non-functionally in not functionally integrated. (see instructions). You must  | The organ           | ization generally mu:  | st satisfy a distr  | ribution require       |   |   |  |  |  |  |
| е   |         | Check this box if the organi<br>integrated, or Type III non-  |                     |  |   |                        | s a Type I, Type II, Ty                           | pe III functionally                             |  |  |  |  |
| f   | Enter   | the number of supported or  | ganization          | s  |   |                        | <u> </u>  |   |  |  |  |  |
| g   |         | Provide the following inform  | nation abou         | it the supported orga  | nization(s).  |                        |   |   |  |  |  |  |
|     |         | ame of supported (i<br>organization   | ii) EIN             | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see | (iv) Is the organization<br>listed in your governing<br>document? |                        | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |  |  |  |  |
|     |         |   |                     | instructions))   | Yes   | No                     |   |   |  |  |  |  |
|     |         |   |                     |  |   |                        |   |   |  |  |  |  |
|     |         |   |                     |  |   |                        |   |   |  |  |  |  |

Total

|               |   | ·                    |                   |                    |                    |                   | 1 uge <b>2</b> |
|---------------|---|----------------------|-------------------|--------------------|--------------------|-------------------|----------------|
| P             | art II Support Schedule fo  |                      |                   |                    |                    |                   |                |
|               | (Complete only if you on Part III. If the organization                    |                      |                   |                    |                    |                   |                |
| -5            | ection A. Public Support  | icion falled to q    | daniy dilder til  | e tests listed b   | elow, please co    | mpiete Part III   | )              |
|               | endar year  | (-) 0.01 C           | (L) 0017          | (-) 2010           | (4) 2010           | (-) 2020          | (6) T-b-1      |
| 10)           | fiscal year beginning in) 🟲   | (a) 2016             | <b>(b)</b> 2017   | (c) 2018           | (d) 2019           | (e) 2020          | (f) Total      |
| 1             | Gifts, grants, contributions, and   |                      |                   |                    |                    |                   |                |
|               | membership fees received. (Do not   | 1,000                | 0                 | 0                  | 108,200            | 411,755           | 520,955        |
|               | include any "unusual grant.")<br>Tax revenues levied for the              |                      |                   |                    |                    |                   |                |
| _             | organization's benefit and either   |                      |                   |                    |                    |                   |                |
|               | paid to or expended on its behalf   |                      |                   |                    |                    |                   |                |
|               |   |                      |                   |                    |                    |                   |                |
| 3             | The value of services or facilities furnished by a governmental unit to   |                      |                   |                    |                    |                   |                |
|               | the organization without charge   |                      |                   |                    |                    |                   |                |
|               | <b>Total.</b> Add lines 1 through 3                                       | 1,000                |                   |                    | 108,200            | 411,755           | 520,955        |
|               | The portion of total contributions by                                     |                      |                   |                    |                    |                   |                |
|               | each person (other than a   |                      |                   |                    |                    |                   |                |
|               | governmental unit or publicly   |                      |                   |                    |                    |                   |                |
|               | supported organization) included on line 1 that exceeds 2% of the         |                      |                   |                    |                    |                   |                |
|               | amount shown on line 11, column (f)                                       |                      |                   |                    |                    |                   |                |
|               |   |                      |                   |                    |                    |                   |                |
|               | Public support. Subtract line 5 from                                      |                      |                   |                    |                    |                   | 520,955        |
| $\overline{}$ | line 4.   |                      |                   |                    |                    |                   | •              |
|               | ection B. Total Support<br>endar year                                     | ı                    | I                 | T                  | ı                  | ı                 | I              |
|               | fiscal year beginning in) 🟲   | (a) 2016             | <b>(b)</b> 2017   | (c) 2018           | (d) 2019           | (e) 2020          | (f) Total      |
| •             | Amounts from line 4   | 1,000                |                   |                    | 108,200            | 411,755           | 520,955        |
|               | Gross income from interest,   |                      |                   |                    |                    |                   |                |
|               | dividends, payments received on   |                      |                   |                    |                    |                   |                |
|               | securities loans, rents, royalties  | 112                  | 2 174             | 32                 | 2                  | 190               | 508            |
|               | and income from similar sources   |                      |                   |                    |                    |                   |                |
| 9             | Net income from unrelated   |                      |                   |                    |                    |                   |                |
| _             | business activities, whether or not                                       |                      |                   |                    |                    |                   |                |
|               | the business is regularly carried on                                      |                      |                   |                    |                    |                   |                |
|               | Other in come De not include asia   |                      |                   |                    |                    |                   |                |
| 10            | Other income. Do not include gain or loss from the sale of capital        |                      |                   |                    |                    |                   |                |
|               | assets (Explain in Part VI.)  |                      |                   |                    |                    |                   |                |
| 11            | Total support. Add lines 7 through  |                      |                   |                    |                    |                   | 521,463        |
|               | 10  |                      |                   |                    |                    |                   | 522,755        |
|               | Gross receipts from related activitie                                     |                      |                   |                    |                    | 12                |                |
| 13            | First 5 years. If the Form 990 is for t                                   |                      |                   |                    |                    |                   | organization,  |
|               | check this box and $\operatorname{stop}$ here                             |                      |                   |                    |                    | ▶□                |                |
| S             | ection C. Computation of Pul  | olic Support F       | Percentage        |                    |                    |                   |                |
| 14            | Public support percentage for 2020 (                                      | line 6, column (f    | ) divided by line | 11, column (f)) .  |                    | 14                | 99.900 %       |
| 15            | Public support percentage for 2019  | Schedule A, Part     | II, line 14       |                    |                    | 15                |                |
| 16a           | 33 1/3% support test-2020. If the o                                       | rganization did r    | ot check the box  | on line 13, and I  | ine 14 is 33 1/3%  | or more, check t  | nis box        |
|               | and <b>stop here.</b> The organization qua                                | lifies as a publicly | y supported orga  | nization           |                    |                   | ▶▼             |
| b             | 33 1/3% support test—2019. If the   | organization did     | not check a box   | on line 13 or 16a, | , and line 15 is 3 | 3 1/3% or more, c | heck this      |
|               | box and <b>stop here.</b> The organization                                | n qualifies as a p   | ublicly supported | organization       |                    |                   | ▶□             |
| 17a           | 10%-facts-and-circumstances test—   |                      |                   |                    |                    |                   |                |
|               | is 10% or more, and if the organiza                                       |                      |                   |                    |                    |                   |                |
|               | in Part VI how the organization mee                                       |                      |                   | -                  | •                  |                   |                |
|               | organization  |                      |                   |                    |                    |                   | ▶□             |
| b             | 10%-facts-and-circumstances test-   |                      |                   |                    |                    |                   |                |
|               | 15 is 10% or more, and if the orga<br>Explain in Part VI how the organiza |                      |                   |                    |                    | •                 | clv            |
|               | supported organization  |                      |                   |                    |                    |                   |                |
|               | 5   |                      |                   |                    |                    |                   |                |

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se   | ection A. Public Support  |                           |                   |                   |                    |                  |                  |
|------|---|---------------------------|-------------------|-------------------|--------------------|------------------|------------------|
|      | ndar year   | (-) 201 <i>6</i>          | (b) 2017          | (-) 2010          | (4) 2010           | (-) 2020         | (6) Total        |
| (or  | fiscal year beginning in) 🕨                                       | (a) 2016                  | <b>(b)</b> 2017   | (c) 2018          | (d) 2019           | (e) 2020         | (f) Total        |
| 1    | Gifts, grants, contributions, and                                 |                           |                   |                   |                    |                  |                  |
|      | membership fees received. (Do not                                 |                           |                   |                   |                    |                  |                  |
|      | include any "unusual grants.") .                                  |                           |                   |                   |                    |                  |                  |
| 2    | Gross receipts from admissions,                                   |                           |                   |                   |                    |                  |                  |
|      | merchandise sold or services                                      |                           |                   |                   |                    |                  |                  |
|      | performed, or facilities furnished in                             |                           |                   |                   |                    |                  |                  |
|      | any activity that is related to the                               |                           |                   |                   |                    |                  |                  |
| _    | organization's tax-exempt purpose                                 |                           |                   | +                 |                    |                  |                  |
| 3    | Gross receipts from activities that are not an unrelated trade or |                           |                   |                   |                    |                  |                  |
|      | business under section 513  |                           |                   |                   |                    |                  |                  |
|      |   |                           |                   |                   |                    |                  |                  |
| 4    | Tax revenues levied for the                                       |                           |                   |                   |                    |                  |                  |
| •    | organization's benefit and either                                 |                           |                   |                   |                    |                  |                  |
|      | paid to or expended on its behalf                                 |                           |                   |                   |                    |                  |                  |
|      |   |                           |                   |                   |                    |                  |                  |
| 5    | The value of services or facilities                               |                           |                   |                   |                    |                  |                  |
|      | furnished by a governmental unit to                               |                           |                   |                   |                    |                  |                  |
|      | the organization without charge                                   |                           |                   |                   |                    |                  |                  |
| 6    | Total. Add lines 1 through 5                                      |                           |                   |                   |                    |                  |                  |
| 7a   | Amounts included on lines 1, 2,                                   |                           |                   |                   |                    |                  |                  |
|      | and 3 received from disqualified                                  |                           |                   |                   |                    |                  |                  |
|      | persons   |                           |                   |                   |                    |                  |                  |
| b    | Amounts included on lines 2 and 3                                 |                           |                   |                   |                    |                  |                  |
|      | received from other than disqualified persons that exceed         |                           |                   |                   |                    |                  |                  |
|      | the greater of \$5,000 or 1% of the                               |                           |                   |                   |                    |                  |                  |
|      | amount on line 13 for the year.                                   |                           |                   |                   |                    |                  |                  |
| С    | Add lines 7a and 7b   |                           |                   |                   |                    |                  |                  |
| 8    | Public support. (Subtract line 7c                                 |                           |                   |                   |                    |                  |                  |
|      | from line 6.)   |                           |                   |                   |                    |                  |                  |
| Se   | ection B. Total Support   |                           |                   |                   |                    |                  |                  |
| Cale | ndar year   | (a) 2016                  | <b>(b)</b> 2017   | (c) 2018          | (d) 2019           | (e) 2020         | (f) Total        |
| (or  | fiscal year beginning in) 🕨                                       | (a) 2016                  | (b) 2017          | (C) 2018          | (u) 2019           | (e) 2020         | (I) Total        |
| 9    | Amounts from line 6   |                           |                   |                   |                    |                  |                  |
| .0a  | Gross income from interest,                                       |                           |                   |                   |                    |                  |                  |
|      | dividends, payments received on                                   |                           |                   |                   |                    |                  |                  |
|      | securities loans, rents, royalties                                |                           |                   |                   |                    |                  |                  |
|      | and income from similar sources                                   |                           |                   |                   |                    |                  |                  |
|      |   |                           |                   |                   |                    |                  |                  |
| b    | Unrelated business taxable income                                 |                           |                   |                   |                    |                  |                  |
|      | (less section 511 taxes) from                                     |                           |                   |                   |                    |                  |                  |
|      | businesses acquired after June 30, 1975.                          |                           |                   |                   |                    |                  |                  |
| _    | Add lines 10a and 10b.  |                           |                   |                   |                    |                  |                  |
|      | Net income from unrelated   |                           |                   |                   |                    |                  |                  |
| 11   | business activities not included in                               |                           |                   |                   |                    |                  |                  |
|      | line 10b, whether or not the                                      |                           |                   |                   |                    |                  |                  |
|      | business is regularly carried on.                                 |                           |                   |                   |                    |                  |                  |
| 12   | Other income. Do not include gain                                 |                           |                   |                   |                    |                  |                  |
|      | or loss from the sale of capital                                  |                           |                   |                   |                    |                  |                  |
|      | assets (Explain in Part VI.)                                      |                           |                   |                   |                    |                  |                  |
| 13   | Total support. (Add lines 9, 10c,                                 |                           |                   |                   |                    |                  |                  |
|      | 11, and 12.)  |                           |                   |                   | 5:51               | 5547.37          |                  |
| 14   | First 5 years. If the Form 990 is for                             |                           |                   |                   |                    |                  |                  |
|      | check this box and <b>stop here</b>                               |                           |                   |                   |                    |                  | ▶□               |
| S    | ection C. Computation of Pub                                      |                           |                   |                   |                    |                  |                  |
| 15   | Public support percentage for 2020 (                              | (line 8, column (i        | f) divided by lin | e 13, column (f)  | ))                 | . 15             |                  |
| 16   | Public support percentage from 201                                | .9 Schedule A, P          | art III, line 15  |                   |                    | 16               |                  |
| S    | ection D. Computation of Inv                                      | estment Inco              | me Percent        | age               |                    |                  |                  |
| 17   | Investment income percentage for 2                                | <b>2020</b> (line 10c, co | olumn (f) divide  | d by line 13, col | umn (f))           | . 17             |                  |
| 18   | Investment income percentage from                                 | 2019 Schedule             | A, Part III, line | 17                |                    | 18               |                  |
|      | 331/3% support tests—2020. If the o                               | rganization did r         | not check the bo  | ox on line 14, an | nd line 15 is more | than 33 1/3%, an | d line 17 is not |
|      | more than 33 1/3%, check this box ar                              |                           |                   |                   |                    |                  |                  |
|      | 33 1/3% support tests-2019. If the                                |                           |                   |                   |                    |                  |                  |
| n    |   |                           |                   |                   |                    | rted organizatio |                  |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

#### Part IV Supporting Organizations

whether the organization had excess business holdings).

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked
box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box
12d, of Part I, complete Sections A and D, and complete Part V.)

| Se  | ection A. All Supporting Organizations  |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,  |     |     |    |
|     | describe the designation. If historic and continuing relationship, explain.   | 1   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization  |     |     |    |
|     | was described in section 509(a)(1) or (2).  | 2   |     |    |
| 3a  | Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer lines 3b and 3c below.  | 3a  |     |    |
| b   | Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  | 3b  |     |    |
| c   | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   |     |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported   | 4a  |     |    |
|     | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under   | 4b  |     |    |
| ·   | sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the |     |     |    |
|     | organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).   | 5a  |     |    |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the   |     |     |    |
|     | organization's organizing document?   | 5b  |     |    |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of     |     |     |    |
|     | the filing organization's supported organizations? If "Yes," provide detail in Part VI.   | 6   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with   |     |     |    |
|     | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .   | 7   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |     |    |
| _   |   | 8   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a) (1) or (2))? If "Yes," provide detail in <b>Part VI.</b>   | 9a  |     |    |
| h   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the   | 94  |     |    |
| U   | supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9b  |     |    |
| С   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>   | 9c  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   | 10a |     |    |
| h   | Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine  | 100 |     |    |

10b

Part IV Supporting Organizations (continued)

|   |  |        | Yes    | No   |
|---|--|--------|--------|------|
|   | Has the organization accepted a gift or contribution from any of the following persons?  |        |        |      |
| a | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  |        |        |      |
|   |  | 11a    |        |      |
|   | A family member of a person described in 11a above?  | 11b    |        |      |
|   | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in<br>Part VI.  | 11c    |        |      |
| S | Section B. Type I Supporting Organizations   |        |        |      |
|   |  |        | Yes    | No   |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint |        |        |      |
|   | and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1      |        |      |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  | 2      |        |      |
| S | Section C. Type II Supporting Organizations  |        |        |      |
|   |  |        | Yes    | No   |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or  | 1      |        |      |
| _ | management of the supporting organization was vested in the same persons that controlled or managed the supported  | 1      |        |      |
|   | Section 20.0 A(f) Type III Supporting Organizations  |        | Yes    | No   |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |        | res    | No   |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1      |        |      |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the   |        |        |      |
| _ | organization maintained a close and continuous working relationship with the supported organization(s).  | 2      |        |      |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations  | 3      |        |      |
| S | Section E. Type III Functionally-Integrated Supporting Organizations   |        |        |      |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst  | ructio | ns):   |      |
|   | a The organization satisfied the Activities Test. Complete line 2 below.   |        |        |      |
|   | b The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |        |      |
|   | c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)   | (see   |        |      |
| 2 | Activities Test. Answer lines 2a and 2b below.   | ſ      | Voc    | No   |
|   | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the  |        | Yes    | No   |
|   | organization was responsive to those supported organizations, and how the organization determined that these activities  | 2-     |        |      |
|   | constituted substantially all of its activities. b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |        |        |      |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below.   | 2b     |        |      |
|   | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | 3a     |        |      |
|   | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3b     |        |      |
|   | Schedule A (Form 99  |        | 90-EZ) | 2020 |
|   |  |        |        |      |

instructions)

| PG | Type III Non-Functionally Integrated 309(a)(3) Support   | iig O   | rganizations            |                                |  |  |  |  |
|----|--|---------|-------------------------|--------------------------------|--|--|--|--|
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ  | _       |                         | -                              |  |  |  |  |
|    | Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)   |         |                         |                                |  |  |  |  |
| 1  | Net short-term capital gain  | 1       |                         |                                |  |  |  |  |
| 2  | Recoveries of prior-year distributions   | 2       |                         |                                |  |  |  |  |
| 3  | Other gross income (see instructions)  | 3       |                         |                                |  |  |  |  |
| 4  | Add lines 1 through 3  | 4       |                         |                                |  |  |  |  |
| 5  | Depreciation and depletion   | 5       |                         |                                |  |  |  |  |
| 6  | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6       |                         |                                |  |  |  |  |
| 7  | Other expenses (see instructions)  | 7       |                         |                                |  |  |  |  |
| 8  | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8       |                         |                                |  |  |  |  |
|    | Section B - Minimum Asset Amount   |         | (A) Prior Year          | (B) Current Year<br>(optional) |  |  |  |  |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1       |                         |                                |  |  |  |  |
| a  | Average monthly value of securities  | 1a      |                         |                                |  |  |  |  |
| b  | Average monthly cash balances  | 1b      |                         |                                |  |  |  |  |
| С  | Fair market value of other non-exempt-use assets   | 1c      |                         |                                |  |  |  |  |
| d  | Total (add lines 1a, 1b, and 1c)   | 1d      |                         |                                |  |  |  |  |
| e  | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |         |                         |                                |  |  |  |  |
| 2  | Acquisition indebtedness applicable to non-exempt use assets   | 2       |                         |                                |  |  |  |  |
| 3  | Subtract line 2 from line 1d   | 3       |                         |                                |  |  |  |  |
| 4  | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4       |                         |                                |  |  |  |  |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5       |                         |                                |  |  |  |  |
| 6  | Multiply line 5 by 0.035   | 6       |                         |                                |  |  |  |  |
| 7  | Recoveries of prior-year distributions   | 7       |                         |                                |  |  |  |  |
| 8  | Minimum Asset Amount (add line 7 to line 6)  | 8       |                         |                                |  |  |  |  |
|    | Section C - Distributable Amount   |         |                         | Current Year                   |  |  |  |  |
| 1  | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1       |                         |                                |  |  |  |  |
| 2  | Enter 85% of line 1  | 2       |                         |                                |  |  |  |  |
| 3  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3       |                         |                                |  |  |  |  |
| 4  | Enter greater of line 2 or line 3  | 4       |                         |                                |  |  |  |  |
| 5  | Income tax imposed in prior year   | 5       |                         |                                |  |  |  |  |
| 6  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6       |                         |                                |  |  |  |  |
| 7  | Check here if the current year is the organization's first as a non-functional   | lly-int | egrated Type III suppor | ting organization (see         |  |  |  |  |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (continued)   |                                       |                          |       |      |   |
|--|---------------------------------------|--------------------------|-------|------|---|
| Section D <sup>Qr</sup> ฮิริร์นัสซิร์เสซิกิร   |                                       |                          |       |      | Current Year                              |
| Amounts paid to supported organizations to accompli  | ish exempt purposes                   |                          | 1     |      |   |
| 2 Amounts paid to perform activity that directly further   |                                       | rted                     |       |      |   |
| rganizations, in   |                                       |                          | 2     |      |   |
| excess of income from activity   |                                       |                          |       |      |   |
| 3 Administrative expenses paid to accomplish exempt p  | purposes of supported organ           | nizations                | 3     |      |   |
| 4 Amounts paid to acquire exempt-use assets  |                                       |                          | 4     |      |   |
| 5 Qualified set-aside amounts (prior IRS approval requir   | ed - provide details in <b>Part V</b> | <b>'I</b> )              | 5     |      |   |
| 6 Other distributions (describe in Part VI). See instruct  | tions                                 |                          | 6     |      |   |
| 7 Total annual distributions. Add lines 1 through 6.   |                                       |                          | 7     |      |   |
| B Distributions to attentive supported organizations to (provide details in Part VI). See instructions   | which the organization is re          | sponsive                 | 8     |      |   |
| 9 Distributable amount for 2020 from Section C, line 6   |                                       |                          | 9     |      |   |
|  |                                       |                          |       |      |   |
| 10 Line 8 amount divided by Line 9 amount  |                                       |                          | 10    |      | (:::)                                     |
| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions           | (i<br>Underdist<br>Pre-2 | ribut | ions | (iii)<br>Distributable<br>Amount for 2020 |
| ${f 1}$ Distributable amount for 2020 from Section C, line 6   |                                       |                          |       |      |   |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI).  |                                       |                          |       |      |   |
| See instructions.  |                                       |                          |       |      |   |
| 3 Excess distributions carryover, if any, to 2020:   |                                       |                          |       |      |   |
| a From 2015  |                                       |                          |       |      |   |
| <b>b</b> From 2016   |                                       |                          |       |      |   |
| c From 2017  |                                       |                          |       |      |   |
| d From 2018  |                                       |                          |       |      |   |
| e From 2019  |                                       |                          |       |      |   |
| f Total of lines 3a through e  |                                       |                          |       |      |   |
| g Applied to underdistributions of prior years   |                                       |                          |       |      |   |
| h Applied to 2020 distributable amount   |                                       |                          |       |      |   |
| <ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>   |                                       |                          |       |      |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                                       |                          |       |      |   |
| 4 Distributions for 2020 from Section D, line 7:   |                                       |                          |       |      |   |
| \$ a Applied to underdistributions of prior years  |                                       |                          |       |      |   |
| b Applied to 2020 distributable amount   |                                       |                          |       |      |   |
| c Remainder. Subtract lines 4a and 4b from line 4.   |                                       |                          |       |      |   |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.    |                                       |                          |       |      |   |
| See instructions.  |                                       |                          |       |      |   |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |                                       |                          |       |      |   |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.  |                                       |                          |       |      |   |
| 8 Breakdown of line 7:   |                                       |                          |       |      |   |
| a Excess from 2016   |                                       |                          |       |      |   |
| b Excess from 2017   |                                       |                          |       |      |   |
| c Excess from 2018   |                                       |                          |       |      |   |
| d Excess from 2019   |                                       |                          |       |      |   |

Schedule A (Form 990 or 990-EZ) 2020

Page **8** 

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2020

Additional Data \_\_\_\_\_\_ Return to Form

Software ID: Software Version:

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2020

**Employer identification number** 

| EL DORADO FOUNDAT   | ION INC   | 46.3350700   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Organization type (check one):  |   |  |  |  |  |  |  |  |
| Filers of:  | Section:  |  |  |  |  |  |  |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization   |  |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four  | 4947(a)(1) nonexempt charitable trust <b>not</b> 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  |  |  |  |  |  |  |  |
|   | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor any one contributor. Complete Parts I and II. See instructions for determine  |  |  |  |  |  |  |  |
|   | rom any one contributor. Complete Parts I and II. See instructions for determin   | ning a contributor's total contributions.  |  |  |  |  |  |  |
| Special Rules   |   |  |  |  |  |  |  |  |
| under sections 50 received from an  | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^{1/3}$ 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), y one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,0 or (ii) Form 990-EZ, line 1. Complete Parts I and II. | Part II, line 13, 16a, or 16b, and that  |  |  |  |  |  |  |
| during the year, to   | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rotal contributions of more than \$1,000 exclusively for religious, charitable, sci 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |   |  |  |  |  |  |  |  |
|   | that isn't covered by the General Rule and/or the Special Rules doesn't file S  must answer "No" on Part IV. line 2. of its Form 990; or check the box on line  |  |  |  |  |  |  |  |

990-EZ, or 990-PF).

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

Name of organization EL DORADO FOUNDATION INC Employer identification number 46-3250790

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person RESTRICTED  $\Box$ Payroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person  $\Box$ Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. Total contributions Person Г Payroll \$\_ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

**Employer identification number** 

|                           |   | 46-3250790                               |                      |
|---------------------------|---|--|----------------------|
| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is nee | ded.                                     |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | <u> </u>                                 |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | <u></u>                                  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | <u> </u>                                 |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |   | <u>\$</u>                                |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
|                           |   | -  |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) |
|---|
| Name of organization                            |
| EL DORADO FOUNDATION INC                        |

Page 4

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| L DOKA                    | DO FOUNDATION INC   |  |   | 46-3250790   |
|---------------------------|---|--|---|--|
| Part III                  | Exclusively religious, charitable, etc., contributed to the total more than \$1,000 for the year from any of line entry. For organizations completing Part of \$1,000 or less for the year. (Enter this infor Use duplicate copies of Part III if additional space is | ne contributor.<br>II, enter the tot<br>mation once. S | . Complete columr<br>tal of <i>exclusively</i> re | ns (a) through (e) and the following<br>ligious, charitable, etc., contributions |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use  | of gift   | (d) Description of how gift is held  |
|                           |   |  |   |  |
|                           | Transferee's name, address, and ZIP 4   | (e) Transf   | _   | nip of transferor to transferee  |
| (a)                       |   |  |   |  |
| No. from<br>Part I        | (b) Purpose of gift   | (c) Use  | of gift   | (d) Description of how gift is held  |
|                           |   | (a) Transi   | for of oift                                       |  |
|                           | Transferee's name, address, and ZIP 4   | (e) Transf   | _   | nip of transferor to transferee  |
|                           |   |  |   |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use  | of gift   | (d) Description of how gift is held  |
|                           |   |  |   |  |
|                           | Transferee's name, address, and ZIP 4   | (e) Transf   | _   | nip of transferor to transferee  |
|                           |   | _  |   |  |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use  | of gift   | (d) Description of how gift is held  |
|                           |   |  |   |  |
|                           | Transferee's name, address, and ZIP 4   | (e) Transf   | -   | nip of transferor to transferee  |

Additional Data \_\_\_\_\_\_ Return to Form

Software ID:

Software Version:

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants <code>@fffer</code> assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used

to award the grants or assistance? . . . . . . . . . . . . . . . . .

General Information on Activities Outside the United States. Complete if the organization answered

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization EL DORADO FOUNDATION INC

"Yes" on Form 990, Part IV, line 14b.

**Employer identification number** 

46-3250700

| 2        | For grantmakers. Describe assistance outside the Unite | in Part V the o                     | organization's ¡   | procedures for monito   | ring the use of its grant  | s and other  |
|----------|--|-------------------------------------|--|---|--|--|
| 3        | Activites per Region. (The follo                       | wing Part I, line                   | 3 table can be   | duplicated if additional sp   | ace is needed.)  |  |
|          | (a) Region   | (b) Number of offices in the region | (c) Number of<br>employees, agents,<br>and independent<br>contractors in the<br>region | (d) Activities conducted in<br>region (by type) (such as,<br>fundraising, program<br>services, investments, grants<br>to recipients located in the<br>region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures<br>for and investments<br>in the region |
| (1)      | NORTH AMERICA  | 0                                   | 0  | GRANTS  |  | 234,554  |
| (2)      |  |                                     |  |   |  |  |
| (3)      |  |                                     |  |   |  |  |
| (4)      |  |                                     |  |   |  |  |
| (5)      |  |                                     |  |   |  |  |
| (6)      |  |                                     |  |   |  |  |
| (7)      |  |                                     |  |   |  |  |
| (8)      |  |                                     |  |   |  |  |
| (9)      |  |                                     |  |   |  |  |
| (        |  |                                     |  |   |  |  |
| 10)<br>( |  |                                     |  |   |  |  |
| 11)      |  |                                     |  |   |  |  |
| 12)      |  |                                     |  |   |  |  |
| 13)      |  |                                     |  |   |  |  |
| 14)      |  |                                     |  |   |  |  |
| (<br>15) |  |                                     |  |   |  |  |
| (<br>16) |  |                                     |  |   |  |  |
| (<br>17) |  |                                     |  |   |  |  |
|          | Cult total   | 0                                   | 0  |   |  | 224 554  |
| b        | Sub-total Total from continuation sheets               |                                     |  |   |  | 234,55   |
|          | to Part I <b>Totals</b> (add lines 3a and 3b)          | 0                                   | 0  |   |  | 234,554  |
|          | aperwork Reduction Act Notice. se                      |                                     |  |   | No. 50082W <b>Schedu</b>   | lle F (Form 990) 2020  |

| chadula E (Form 000) 2020 |              |     |
|---------------------------|--------------|-----|
|                           | (5 000) 0000 | a a |

| chedule F (Form 9        | 90) 2020  |               |   |                             |                                       |  |   | Page 2   |
|--------------------------|---|---------------|---|-----------------------------|---------------------------------------|--|---|--|
|                          |   |               | <b>anizations or Entiti</b><br>ceived more than \$5,  |                             |                                       |  |   | " on Form 990,   |
| (a) Name of organization | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region    | (d) Purpose of grant  | (e) Amount of<br>cash grant | (f) Manner of<br>cash<br>disbursement | (g) Amount<br>of noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1)                      |   | NORTH AMERICA | FOR FOOD GOODS<br>FOR DISTRIBUTION<br>DURING PANDEMIC   | 115,554                     |                                       |  |   |  |
| ( 2)                     |   | NORTH AMERICA | FOR OPERATIONS<br>TO ASSIST DURING<br>PANDEMIC  | 8,000                       |                                       |  |   |  |
| (3)                      |   | NORTH AMERICA | IN SUPPORT OF<br>DISABILITY<br>PROGRAM  | 10,000                      |                                       |  |   |  |
| (4)                      |   | NORTH AMERICA | FOR EDUCATIONAL<br>PROGRAMS FOR<br>FINANCIALLY<br>CHALLENGED<br>YOUTH OF LOS<br>CABOS           | 25,000                      |                                       |  |   |  |
| (5)                      |   | NORTH AMERICA | FOR TELETON BUS PROJECT THAT PROVIDES MEDICAL TRANSPORT FOR SERVICES NOT AVAILABLE IN LOS CABOS | 75,000                      |                                       |  |   |  |
| ( 6)                     |   |               |   |                             |                                       |  |   |  |
| (7)                      |   |               |   |                             |                                       |  |   |  |
| ( 8)                     |   |               |   |                             |                                       |  |   |  |
| (9)                      |   |               |   |                             |                                       |  |   |  |
| (<br>10)                 |   |               |   |                             |                                       |  |   |  |
| (<br>11)                 |   |               |   |                             |                                       |  |   |  |
| 12)                      |   |               |   |                             |                                       |  |   |  |
| (<br>13)                 |   |               |   |                             |                                       |  |   |  |
| (<br>14)                 |   |               |   |                             |                                       |  |   |  |

| 1 | (<br>6)  |               |                       |     |  |  |  |   |  |
|---|--|---------------|-----------------------|-----|--|--|--|---|--|
| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |               |                       |     |  |  |  |   |  |
| 3 | Enter total numb   | er of other o | rganizations or entit | ies |  |  |  | ▶ |  |

15)

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete If the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description

| Part III can be                 | e duplicated il additi | lonal space is           | needed.                     |                                    |  |   |  |
|---------------------------------|------------------------|--------------------------|-----------------------------|------------------------------------|--|---|--|
| (a) Type of grant or assistance | (b) Region             | (c) Number of recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1)                             |                        |                          |                             |                                    |  |   |  |
| (2)                             |                        |                          |                             |                                    | 1                                      |   |  |
| (3)                             |                        | + +                      |                             |                                    |  |   |  |
| (4)                             |                        | + + +                    |                             |                                    | +                                      |   |  |
| (5)                             |                        | +                        |                             |                                    | +                                      |   |  |
| (6)                             |                        | +                        |                             |                                    |  |   |  |
| (7)                             |                        |                          |                             |                                    |  |   |  |
| (8)                             |                        |                          |                             |                                    |  |   |  |
| (9)                             |                        | + +                      |                             |                                    |  |   |  |
| 10)                             |                        |                          |                             |                                    |  |   |  |
| 11)                             |                        |                          |                             |                                    |  |   |  |
| 12)                             |                        |                          |                             |                                    |  |   |  |
| ( 13)                           |                        |                          |                             |                                    |  |   |  |
| (<br>14)                        |                        |                          |                             |                                    |  |   |  |
| 15)                             |                        |                          |                             |                                    |  |   |  |
| (<br>16)                        |                        |                          |                             |                                    |  |   |  |
| 17)                             |                        |                          |                             |                                    |  |   |  |
| 18)                             |                        |                          |                             |                                    |  |   |  |

Schedule F (Form 990) 2020

| Dar | t IV Foreign Forms   |        |             |
|-----|--|--------|-------------|
| Tai | Totalgit forms   |        |             |
| 1   | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | Yes    | <b>▼</b> No |
| 2   | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certai Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions forms 3520 and 3520-A; don't file with Form 990) | or _   | <b>▼</b> No |
| 3   | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)  | · Tyes | <b>▼</b> No |
| 4   | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)  | · —    | <b>V</b> No |
| 5   | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)   | . Tyes | <b>▼</b> No |
| 5   | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes, the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  |        | <b>▼</b> No |

Schedule F (Form 990) 2020

| chedule F (Form 990) 2020 |
|---------------------------|
|---------------------------|

Part V

Page 5

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| ReturnReference             | Explanation  |
|-----------------------------|--|
| PART I, LINE 2:             | THE FOUNDATION'S ADMINISTRATION TEAM IS IN REGULAR CONTACT WITH GRANTEES, PHYSICALLY VISITING THEM OFTEN AND REQUIRING REGULAR REPORTING TO CONFIRM FUND USAGE IS AS INTENDED. |
| PART III ACCOUNTING METHOD: |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             |  |
|                             | Schedule F (Form 990) 2020   |



Software ID: Software Version:

| Schedule I<br>(Form 990)   | Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. |  |                             |  |   |  |                                 |   |  |  |  |  |  |
|--|--|--|-----------------------------|--|---|--|---------------------------------|---|--|--|--|--|--|
| Department of the<br>reasury<br>nternal Revenue Service  |  | Open to Public<br>Inspection   |                             |  |   |  |                                 |   |  |  |  |  |  |
| lame of the organization<br>EL DORADO FOUNDATION IN-   | С  |  |                             |  |   |  | Employer identifi<br>46-3250790 | ication number  |  |  |  |  |  |
| Does the organization main<br>the selection criteria used     Describe in Part IV the org     Part II Grants and Other As that received more ! | to award the gran<br>anization's proced<br>sistance to Dome:   | nts or assistance?<br>dures for monitoring the<br>stic Organizations and I | e use of grant funds in t   | the United States.  Complete if the orga |   |  |                                 | Yes V N   |  |  |  |  |  |
| (a) Name and address of<br>organization<br>or government   | (b) EIN  | (c) IRC section<br>(if applicable)   | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) |  | Description of ash assistance   | (h) Purpose of grant<br>or assistance                         |  |  |  |  |  |
| (1) LOS CABOS<br>CHILDREN'S FOUNDATION<br>1585 THOMAS CENTER<br>DRIVE 101<br>EAGAN,MN 55122  | 20-2882711   | 501C3  | 163,950                     |  |   |  |                                 | FOR FOOD GOODS<br>FOR THOSE IN NEED<br>DURING THE<br>PANDEMIC |  |  |  |  |  |
| 2 Enter total number of section  |  | <b> </b>   |                             |  |   |  | <b>.</b>                        |   |  |  |  |  |  |
| or Paperwork Reduction Act Notic   | e, see the Instruct  | ions for Form 990.   |                             | Cat. No. 5005                            | 55P   |  | Sch                             | edule I (Form 990) 2020                                       |  |  |  |  |  |

|                          |       | recipients              |          | cusii git     | arre     | Honedan daar     | Stance     | FMV, appraisal, oth | ner)    |                |           |  |
|--------------------------|-------|-------------------------|----------|---------------|----------|------------------|------------|---------------------|---------|----------------|-----------|--|
| 1)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| 2)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| 3)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| 4)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| 5)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| 5)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| 7)                       |       |                         |          |               |          |                  |            |                     |         |                |           |  |
| Part IV Supplemental Int | forma | <b>tion.</b> Provide th | e inform | ation require | d in Par | rt I, line 2; Pa | art III, o | column (b); and any | other / | additional inf | ormation. |  |

(d) Amount of

(e) Method of valuation

(f) Description of noncash assistance

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(b) Number of

(c) Amount of

(d) Amount of

(e) Method of valual carb assistance

(b) Number of

(c) Amount of

(d) Amount of

(e) Method of Valual carb assistance

(c) Amount of

(b) Number of

Additional Data \_\_\_\_\_ Return to Form

Software ID: Software Version: SCHEDULE O

(Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Intermel Britingeringzingzation
EL DORADO FOUNDATION INC

Employer identification number

46-3250790

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE BOARD WILL MEET AND REVIEW WITH THE CONTROLLER  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | EACH BOARD MEMBER ANNUALLY REAFFIRMS THEIR INDEPENDENCE BY SIGNING A CONFLICT OF INTEREST STATEMENT. AS NECESSARY, PERIODIC REVIEWS OF COMPENSATION ARRANGEMENTS AND OTHER ACTIVITIES ARE COMPLETED TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSE. |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 18  | ALL INFORMATION IS AVAILABLE FOR ANY INDIVIDUAL THAT REQUESTS THE INFORMATION   |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19  | ALL INFORMATION IS AVAILABLE FOR ANY INDIVIDUAL THAT REQUESTS THE INFORMATION   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data \_\_\_\_\_\_ Return to Form

Software ID: Software Version: