Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0947

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2019 calendar year, or tax year beginning , 2019, and ending B Check if applicable. C Name of organization D Employer identification number Address change 300300315 We Care Foundation of Arizona Room/suite Name change Number and street (or P O. box if mail is not delivered to street address) E Telephone number Initial return 317-414-3995 PO Box 83024 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Phoenix, AZ 85071 Number ▶ 🔞 Application pending ☐ Accrual Other (specify) ▶ G Accounting Method: ✓ Cash H Check ▶ ☑ If the organization is not Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) 501(c) (◀ (insert no.) ☐ 4947(a)(1) or ☐527 (Form 990, 990-EZ, or 990-PF). **K** Form of organization
✓ Corporation ☐ Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 10,387 7 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts ? 3 3 7 4 Investment income 5a Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than RECEIVED Revenue 6a Gross income from fundraising events (not including \$ ' of contributions JUN 2 2 2020 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 2021 OGDEN. UT Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 00 6d 20,935 2 Gross sales of inventory, less returns and allowances . . . α Less: cost of goods sold 7с Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 31,322 10 Grants and similar amounts paid (list in Schedule O) 10 31,628 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 2 . . . 13 13 1,100 Professional fees and other payments to independent contractors 2. 14 14 15 503 15 2,677 16 Other expenses (describe in Schedule O) 16 35,908 17 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (4,586)Asset Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 56,525 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 51,939 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642l

Form 990-EZ (2019)

For	n 990-EZ	Z (2019) UE CARE FOUND					
. P	art II	Balance Sheets (see the instruction	s for Part II)				
		Check if the organization used Schedu	te O to respond to a	ny question in this	Part II		
					(A) Beginning of year		(B) End of year
22	? Ca	ash, savings, and investments		[56,525	22	51.939
23	La:	nd and buildings				23	
24	Otl	her assets (describe in Schedule O)		[24	
25	To	otal assets		[56,525	25	51,939
26	To	otal liabilities (describe in Schedule O) .		[26	
_27	<u> Ne</u>	et assets or fund balances (line 27 of colur			56,525	27	51,939
Pa	rt III	Statement of Program Service Acco					_
		Check if the organization used Schedu	le O to respond to a	ny question in this	Part III	/D-	Expenses
Wh	at is th	ne organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as	measu	the organization's program service accompared by expenses. In a clear and concise benefited, and other relevant information for	manner, describe th	of its three largest per services provide	orogram services, d, the number of		anizations; optional for ers.)
28	See	Schedule O attached					
		\ 					
	a						25 000
12		nts \$ 31,628) If this amou	nt includes foreign gra	ants, check here .	· · · • L	288	35,908
29	·						
	(0)					~~	
		nts \$) If this amou	nt includes foreign gra	ants, cneck nere .	<u> </u>	298	<u>' </u>
30							
		Φ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ticalidas fausina au	oute obook boro		20-	
24	<u> </u>		nt includes foreign gra			30a	
31	Othe	er program services (describe in Schedule C)				
	Othe (Gran	er program services (describe in Schedule C nts \$) If this amou)	ants, check here		31a	
32	Othe (Gran	er program services (describe in Schedule C nts \$) If this amou al program service expenses (add lines 28)	ants, check here		31a	35,908
32	Othe (Gran	er program services (describe in Schedule C nts \$) If this amount al program service expenses (add lines 28 List of Officers, Directors, Trustees, and K) nt includes foreign gra a through 31a) ey Employees (list eac	ants, check here		31a	35,908
32	Othe (Gran	er program services (describe in Schedule C nts \$) If this amou al program service expenses (add lines 28)	ants, check here the contract of the contract	pensated—see the in	31a	35,908
32	Othe (Gran	er program services (describe in Schedule C nts \$) If this amount al program service expenses (add lines 28 List of Officers, Directors, Trustees, and K) nt includes foreign gra a through 31a) ey Employees (list eac	ants, check here	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	31a 32 stru	35,908 ctions for Part IV)
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Pa Cha	Othe (Gran Tota	er program services (describe in Schedule Conts \$) If this amount in the program service expenses (add lines 28 List of Officers, Directors, Trustees, and Kondon Check if the organization used Schedule (a) Name and title	nt includes foreign gra a through 31a) ey Employees (list eac le O to respond to a (b) Average hours per week	h one even if not corr ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 stru	35,908 ctions for Part IV)
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Form 990-EZ (2019) WE	CAREFOR	MOTTADIN	OFARIZONA	30-030	00315 A	
Part V	Other Info	mation (Note th	e Schedule A and	d personal benefit conf	tract statement red	quirements in the	,

	Form 9	90-EZ (2019) WE CARE FOUNDATION OF MRIZONA DO - 0500313			age 🤅	3
.	Part	· · · · · · · · · · · · · · · · · · ·				
-		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part			_
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	-
	33	detailed description of each activity in Schedule O	33		/	- (5
?'	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				. 11
		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	24			
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	 -	/	-
	SSA	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			_
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		· /	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		_	-
	00	during the year? If "Yes," complete applicable parts of Schedule N	36		•	R
	37а	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	, 30			_ [
	b	Did the organization file Form 1120-POL for this year?	37b		~	J
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	0.0			ī
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~	֖֡֝֟֝֞֜֞֜֝֟֝֝֞֜֝֟֝֝֝֓֓֓֟֝֞֜֞֝֟֞֜֞֝֞֜֞֝֞֜֞֡֞֝֡֡֡֡
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	-			ī '
	39	Section 501(c)(7) organizations. Enter:	1			l
	а	Initiation fees and capital contributions included on line 9				ı
	b	Gross receipts, included on line 9, for public use of club facilities	1			l
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1			
		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		1		l
	_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				-
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~	_ [
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				ī
		on organization managers or disqualified persons during the year under sections 4912,				l
		4955, and 4958		•		l
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				l
		40c reimbursed by the organization				ı
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
	41	List the states with which a copy of this return is filed ▶ None	100	l		-
	42a		317-41	4-399		-
	720	1	850		:	•
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	-
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b			-
		If "Yes," enter the name of the foreign country ▶				Ī
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		Financial Accounts (FBAR).	1			ı
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ □	
		and enter the amount of tax-exempt interest received or accrued during the tax year	•			
		and offer the difficult of tax oxompt interest received of aborded during the tax year	-	Yes	No	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				ī
		completed instead of Form 990-EZ	44a		~	
	ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	· · · ·			ī
	_	completed instead of Form 990-EZ	44b		~	,
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		·	-
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				ī
	•	explanation in Schedule O	44d			J
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	-
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>	ī
	J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
		Form 990-EZ. See instructions	45b		~	
_				L	-	_

	0-EZ (20	19) WE CARE FOUN	DATIONO	FHR120NA	-50-0	30C	315	Р	age 4
`								Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							,
Part \	VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.	s Only					or line	
		Check if the organization used Scl	nedule O to respond	I to any question in the	nis Part VI		<u></u>	· ·	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election	n in effect du	ring the	tax 47	Yes	No_
48		organization a school as described in					. 48		<u>v</u>
49a		ne organization make any transfers to s," was the related organization a se	-				. 49a	 	
ь 50	Comp	olete this table for the organization's objects) who each received more than	five highest compen	sated employees (other	er than officei	s, directo	ors, truste	es, an	d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, an compensa	employee d deferred	(e) Estimate other con		
NONE									
	 -								
			<u> </u>		<u> </u>				
51	Comp \$100,	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	s five highest componing attorn. If there is no				received		than
						-			
NONE				1					
NONE				<u> </u>				_	
NONE									
NONE									
NONE									
NONE									
	Did t	number of other independent contra the organization complete Scheduleted Schedule A				st attach	n a .►☑ Yes		4o
d 52	Did to comp	the organization complete Scheduleted Schedule A	ule A? Note: All se	ection 501(c)(3) organ	ents, and to the b	est of my kr	.► ✓ Yes		
d 52 Under pr true, con	Did to comp	the organization complete Scheduleted Schedule A	lle A? Note: All se 	ection 501(c)(3) organ	ents, and to the b	est of my kr	.► ✓ Yes	d belief,	
d 52 Under pr true, cor	Did to comp	the organization complete Scheduleted Schedule A	lle A? Note: All se 	ection 501(c)(3) organ 	ents, and to the boas any knowledg	est of my kr	.► Yes	d belief,	
Under protrue, cor	Did t comp enalties rrect, and	the organization complete Scheduleted Schedule A	lle A? Note: All se 	ection 501(c)(3) organ 	ents, and to the b nas any knowledg Date	est of my kr	.►☑ Yes	d belief,	
d 52 Under pr true, cor Sign Here	Did t comprendities rect, and	the organization complete Scheduleted Schedule A	return, including accompan officer) is based on all info	ection 501(c)(3) organisms schedules and stateme ormation of which preparer h	ents, and to the bras any knowledg	est of my kree G - / S Check □ self-emplo	.►☑ Yes	d belief,	

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection **Employer identification number**

we c	are Foundation of Arizona					30-03	00315
Pai	rt I Reason for Public Char	ity Status (Ali	organizations must	comple	te this p	art.) See instruction	ns.
The o	organization is not a private foundate	tion because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)	_
1	☐ A church, convention of church	ies, or associati	on of churches descri	ibed in s e	ection 17	0(b)(1)(A)(i).	1
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	1
3	A hospital or a cooperative hos	pital service org	anızation described i	n sectio i	170(b)(1	I)(A)(iii).	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally a described in section 170(b)(1)(receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organizer or university or a non-land-granuniversity:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt fur income and uni	nctions—subject to c related business taxal	ertain exe ble incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	☐ An organization organized and	operated exclus	ively for the benefit o	f, to perfe	orm the fu	unctions of, or to cai	ry out the purposes
	of one or more publicly suppo						
	Check the box in lines 12a throi	ugh 12d that des	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12f, and 12g.
а							
	the supported organization supporting organization. You					he directors or trust	ees of the
b							
	control or management of t organization(s). You must o	complete Part I	V, Sections A and C	•			
С	ts supported organization(s						ally integrated with,
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nızation generally mu	st satisfy	a distribu	ition requirement an	
е	 Check this box if the organi functionally integrated, or T 						e II, Type III
f	Enter the number of supported o	rganızatıons .					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No	1	
(A) N	IONE		-				
(B)							
(C)							
(D)							
(E)		-					
Tata		الرجود الرابعة فياسم الا	and the second	//8 .30*	1.2. 4.		

	e A (Form 990 or 990-EZ) 2019 WECAR	аБ .л	~ · · · · ·	A = Δ 0 13		_ 03~	~31< °
Part							
	(Complete only if you checked the				•	•	ality under
	Part III. If the organization fails to	qualify unde	r the tests lis	tea below, pi	ease comple	te Part III.)	
	on A. Public Support			4 3 202	40.0040		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,139	57,464	8,474	5,607	10,382	139,066
2	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						,
4	Total. Add lines 1 through 3	57,139	57,464	8,474	5,607	10,382	139,066
5	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)						
6	Public support. Subtract line 5 from line 4						V
Section	on B. Total Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	57,139	57,464	8,474	5,607	10,382	139,066
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Net income from unrelated business activities, whether or not the business is regularly carried on						
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 10						139,066
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	48,965
	First five years. If the Form 990 is for th organization, check this box and stop her	e				ar as a section	
	on C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6					14	100 %
	Public support percentage from 2018 Sch					15	100 %
	331/3% support test—2019. If the organi			•		•	
	box and stop here. The organization qual	-		-			_
	331/3% support test—2018. If the organization						
				_			
	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "i	ets the "facts-a	and-circumsta	nces" test, che	eck this box a	nd stop here.	Explain in

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Schedu	ule A (Fðrm 990 or 990-EZ) 2019 WE AR	aluso 3	ation o	FHRIZE	X ANC	ノーし	<u> </u>	315 Page 3
Part								
	(Complete only if you checked to						ualify un	nder Part II. 🦯
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)		
	ion A. Public Support		T					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Tótal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise	ļ						
_	sold or services performed, or facilities			ĺ				//
	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	L.						
5	The value of services or facilities							
	furnished by a governmental unit to the	ļ						
	organization without charge							
6	Total. Add lines 1 through 5					_		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
	•			/	<u> </u>			
b	Amounts included on lines 2 and 3 received from other than disqualified	Í	ļ				1	
	persons that exceed the greater of \$5,000				•		ļ	
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from		ļ	/				
	line 6.)							
Secti	on B. Total Support	· · · · · · · · · · · · · · · · · · ·			l			
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) <u>2</u> Ő16	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b	Amounts from line 6	(a) 2015	(b) 2616	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b c 11	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	ne organization	n's first, second	d, third, fourth	, or fifth tax ye	ar as a	a section	n 501(c)(3)
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, second	d, third, fourth	, or fifth tax ye	ar as a	a section	n 501(c)(3)
9 10a b c 11 12 13 14 Secti	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here.	ne organization re t Percentag	a's first, second	d, third, fourth	, or fifth tax ye	ear as a	a section	n 501(c)(3)
9 10a b c 11 12 13 14 Secti 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Support Public support percentage for 2019 (line 8)	ne organization re t Percentag 3, column (f), d	a's first, second e ivided by line 1	d, third, fourth	, or fifth tax ye	ear as a	a section	1 501(c)(3) ▶ □
9 10a b c 11 12 13 14 Secti 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Support Public support percentage from 2018 Sch	ne organization re t Percentag 3, column (f), d nedule A, Part	's first, second e vided by line 1 III, line 15	d, third, fourth	, or fifth tax ye	ear as a	a section	n 501(c)(3)
9 10a b c 11 12 13 14 Secti 16 Secti	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here. On C. Computation of Public Support Public support percentage from 2018 School D. Computation of Investment Income.	ne organization re t Percentag B, column (f), d nedule A, Part come Percei	n's first, second e ivided by line 1 III, line 15 ntage	d, third, fourth	, or fifth tax ye	15 16	a section	n 501(c)(3) ▶ □
9 10a b c 11 12 13 14 Secti 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here. Public support percentage for 2019 (line 8 Public support percentage from 2018 Schon D. Computation of Investment Income percentage for 2019 (line 8 Public support percentage from 2018 Schon D. Computation of Investment Income percentage for 2019 (line 8 Public support percentage from 2018 Schon D. Computation of Investment Income percentage for 2019 (line 8 Public support percentage for 2019 (line 8 Public support percentage from 2018 Schon D. Computation of Investment Income percentage for 2019 (line 8 Public support percentage for 2019 (l	ne organization re t Percentag 3, column (f), d nedule A, Part come Percel line 10c, colum	n's first, second e livided by line 1 lill, line 15 ntage nn (f), divided by	d, third, fourth	, or fifth tax ye	ear as a	a section	1 501(c)(3) ▶ □
9 10a b c 11 12 13 14 Secti 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here. On C. Computation of Public Support Public support percentage for 2019 (line 8 public support percentage from 2018 Schon D. Computation of Investment Income percentage from 2018 (linyestment income percentage from 2018)	ne organization re t Percentag 3, column (f), d nedule A, Part come Percei line 10c, colum 3 Schedule A, I ization did not	n's first, second. e ivided by line 1 ill, line 15 ntage nn (f), divided b Part III, line 17 check the box	d, third, fourth 3, column (f)) by line 13, column	or fifth tax ye	15 16 17 18 ore tha	a section	
9 10a b c 11 12 13 14 Secti 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heromation of Public Support Public support percentage for 2019 (line 8 Public support percentage from 2018 Schon D. Computation of Investment Income percentage from 2018 331/3% support tests—2019. If the organization more than 331/3%, check this box and some percentage from 2018 331/3% support tests—2019. If the organization more than 331/3%, check this box and some percentage from 2018 331/3% support tests—2019. If the organization more than 331/3%, check this box and some percentage from 2018 331/3% support tests—2019. If the organization more than 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3%, check this box and some percentage from 2018 331/3% support tests—2019, if the organization percentage from 2018 331/3%, check this box and some percentage from 2018 331/3% support tests—2019, if the organization percentage from 2018 331/3% support tests—2019, if the organization percentage from 2018 331/3% support tests—2019, if the organization percentage from 2018 331/3% support tests—2019, if the organization percen	ne organization re t Percentag 3, column (f), de dule A, Part come Percel line 10c, colum 3 Schedule A, lization did not and stop here.	i's first, second e ivided by line 1 III, line 15 intage in (f), divided be Part III, line 17 check the box The organization	d, third, fourth 3, column (f)) by line 13, colum on line 14, aron qualifies as a	or fifth tax ye	15 16 17 18 ore tha	a section	% % % % % % % % % % % % % % % % % % %
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Part IV Supporting Organizations

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

Section A	A. All Suppoi	tina Oı	rganizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI 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 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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.	46		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , 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).			
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?	5a 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 (as 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).			
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).	7		
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	8		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	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 Part VI.	9c		
0a	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 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a	_	

11 Has the organization accepted a gift or contribution from any of the following persons? 12 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 13 A family member of a person described in (a) above? 2 A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 14 Details the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations are required the organization and the supported organizations have the power to regularly appoint or elect at least a majority of the organization or supported organizations have the power to regularly appoint or elect at least a majority of the organization of the supported organizations have the power to controlled the organization activities. If the organization had more than one supported organizations supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization (b) that operated, supervised, or controlled the supporting organization is that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization (c) the supporting organization (c) that operated, supervised, or controlled the supporting organization (c) that operated (c) and the supporting organization (c) the support organization (c) the support organization (c) the support organization (c) the supporting organization (c) the support organization (c) the supp	- Schedu	16 A (Fòrm 990 or 990-EZ) 2019 WE CARE FOUNDATION OF ARIZONA 30-03003	315	<u> </u>	Page 5
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer (a) and (b) below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		<u> </u>		لـــــا
	_	· · · · · · · · · · · · · · · · · · ·	3a_		ļ
	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 Part VI the role played by the organization in this regard.	3b		لــــا

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A-Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B-Minimum Asset Amount (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): 1a a Average monthly value of securities **b** Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recovenes of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C-Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3			75005)3 Page /
		of Outporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			<u></u>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			<u></u>
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			<u> </u>
C	From 2016		-	<u></u>
d	From 2017			
e≥i	From 2018			
	Total of lines 3a through e			
- g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015		· · · · · · · · · · · · · · · · · · ·	
b	Excess from 2016			
c	Excess from 2017			
	Excess from 2018			
<u>_</u>	Excess from 2019			
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Schedule A (F	Förm 990 or 990-EZ) 201	19WE CAR	E FERN	NOTAG	OF ARI	Alaos	30-03	318003	Page 8
Part _' VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Part lines 2, 5, and	Information. IV, Section A, Part IV, Sect Tr V, line 1; Par	Provide the lines 1, 2, 3 tion C, line 1 t V, Section	explanations b, 3c, 4b, 4c, ; Part IV, Sec B, line 1e; Pa	required by F 5a, 6, 9a, 9b tion D, lines 2 art V, Section	Part II, line 1 , 9c, 11a, 1 2 and 3; Pa D, lines 5,	0; Part II, line 1b, and 11c; rt IV, Section 6, and 8; and	e 17a or 17t Part IV, Sed E, lines 1c,	o; Part ction 2a, 2b,
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