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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2011

Employer identification number 27-4276050

Name of the organization

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

EVER	NOZAZZ P	FOUNDATION	27- 427 6050
Organizatio	n type (check one):		,
Filers of:	Se	ction:	
Form 990 or 990-EZ		501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private for	pundation
		527 political organization	,
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private found	ation
		501(c)(3) taxable private foundation	
-			
Note. Only a Instructions. General Rul	section 501(c)(7), (8 an organization filing	ered by the General Rule or a Special Rule , or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for (10) organization can check both the General Rule or (10) organization can check both the General Rule or (10) organization can check both the General Rule or (10) organization can check both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for both the General Rule or (10) organization can check boxes for check b	
Special Rule		·	,
und ~ the	er sections 509(a)(1)	ganization filing Form 990 or 990-EZ that met the 33½ % suppo and 170(b)(1)(A)(vi) and received from any one contributor, during or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (II) F	g the year, a contribution of
duri	For a section 501(c)(7), (8), or (10) organization filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
duri not year app	For a section 501(o)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year		
990-EZ, or 99	10-PF), but it must a	ot covered by the General Rule and/or the Special Rules does no newer "No" on Part IV, line 2, of its Form 990; or check the box o o certify that it does not meet the filling requirements of Schedule	n line H of its Form 990-EZ or on
For Paperwork	Reduction Act Notice, se	the instructions for Form 890, 990-EZ, or 890-PP. Cat. No. 30813X Sche	edule B (Form 990, 990-5Z, or 990-PF) (2011)

Schedule B (Form 690, 980-EZ, or 980-PF) (2011)

aute of ordenization			
	EUERY	KELSON	FOUNDATION

Employer Identification number 27-427 6050

Part'I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	DAVID ' ROBIN WITMER 109 FAIRWAY DRIVE FORT MILL, SC 29715-9747	\$ 5081.65	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Payroll Payroll Payroll Part II if there is a nonceen contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncesh (Complete Part II if there is a noncesh contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

Schedule B (Form 890, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number 77-4276050

	EVERY SEASON FOUNDATION	<u></u>	27-4276030
Part II	Noncash Property (see Instructions). Use duplicate copies	of Part II If additional s	pace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (eee instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of πonoash property given	(c) FMV (or estimate) (ass instructions)	(d) Date received
*********		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noneash property given	(o) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
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Schedule B (Form 990, 990-EZ, or 890-PF) (2011)

Employer identification number

EVERY SEASON

FOUNDATION

27-427 6050

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (a) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed.				
(E) No.	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
Pert I	(J, Liposo or gine)				
	(e) Transfer of gift				
	Transferee's name, address,			Relationship of transferor to transferee	
(a) No. from Part i	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	

	(e) Transferee's name, address, and ZIP + 4			ship of transferor to transferse	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relation	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	~	A: Vrnq b 2144 6/45 b 1742 184	904 FF FEE FEE SEES & SEES FREE FFF		
-	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee	
			400000000000000000000000000000000000000	Schedule 9 (Form 990, 990-EZ, or 990-PF) (2011)	