

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Open to Public Inspection

	nent of the Treasury Revenue Service	Note The foundation ma	ı rea ı y b <u>e a</u> ble	ted as a Priva to use a copy of the	his return to satisf	n y stat <u>e repor</u>	tıng requ	irements	Open to Pub	lic Inspection
For ca	alendar year 201	2 or tax year beginning			, 2012	and end				, 20
Name	e of foundation						A	Employer ide	entification num	ber
_E_E	PLUS FOUNDAT	ION						20-4190	331	
Numl	ber and street (or P O	box number if mail is not delivere	to street	address)		Room/sui	te B	Telephone n	umber (see instr	uctions)
							1	((615) 467	7-7400
104	04 WOODMONT BLVD. 500									
City	or town, state, and ZIP	code								
NΔC	SHVILLE, TN	37205					C	If exemption ap pending, check	oplication is here • • •	▶□
	eck all that apply	Initial return		Initial satura	of a former p	ublic cha	rity			
G CIII	eck all that apply	Final return	<u> </u>	Amended re	•	ublic clia	ם אייי		anizations, check hi anizations meeting	
		Address change	<u> </u>	Name chang				85% test, ch	eck here and attacl	, , ,
H Ch	eck type of organ	ization X Section 501(c)(3) ex					computation	• • • • •	
		nonexempt charitable trust		her taxable pr		ion	E		dation status was te	- 1 1
	r market value of			nethod C					507(b)(1)(A), check	
									on is in a 60-month	, ,
	/ear (from Part II,	coi. (c), line [] O 437,400. (Part I.	tner (sp	ecify)				under section 5	07(b)(1)(B), check	nere .
	▶ \$		column	(d) must be or	Casii basis.)				(d) Dis	bursements
rart	Analysis of Re	venue and Expenses (The n columns (b), (c), and (d)		evenue and	(b) Net inve	stment	(c)	Adjusted net	, ,	haritable
	may not necessar	rily equal the amounts in	exp	enses per books	incom	e	• •	ıncome	pu	rposes
Т	column (a) (see in	nstructions))			 				(cash	basis only)
1		nts, etc., received (attach schedule) . ne foundation is not required to		350,976.	<u> </u>					
2	Check ▶ atta	ach Sch B				1 000				
3		and temporary cash investments		1,099.		1,099.				
4	Dividends and inte	erest from securities								
5 a	Gross rents									
b	Net rental income or	(loss)								
	Net gain or (loss) fro Gross sales price for assets on line 6a	om sale of assets not on line 10 all						····		
7		ncome (from Part IV, line 2) .	-							
8	•	pital gain							ACIVE	n
9		ons				-			- VI L	
	Gross sales less retur	πs								S
Ь	and allowances Less Cost of goods s	1						UL 19	L & 9 20	113
1	_	ss) (attach schedule)								- 18
111		ach schedule)								157
12		through 11		352,075.		1,099.			JEEN,	
12	Componentian of off	inore directors trustees etc		0				L		
114	Other employees	alaries and wages								
14	Denoise alone on	alailes allu wages								
10	Legal foor /attack	cohedulo)			-					
ı oa	Assorting (attach	alaries and wages alaries and wages apployee benefits schedule) attach schedule)ATCH 1 If fees (attach schedule) ch schedule) and depletion ch schedule) and depletion es, and meetings cations attach schedule)ATCH 2 and administrative expenses ugh 23 s, grants paid		1,500.		150.				1,350
D	Accounting tees (a	attach schedule)ATCH 1		1,500.						
, c	Other professiona	i rees (attach schedule)								
17	interest	• • • <u>•</u> • • • • • • • • • • •		6.						
18	Taxes (attach schedu	ile) (see instructions)								
19	Depreciation (atta	ch schedule) and depletion.								
20	Occupancy				·					
21	Travel, conference	es, and meetings								
22	Printing and public	cations								
23	Other expenses (a	ittach schedule)ATCH .2		37,004.		100.				36,904
24	Total operating a	nd administrative expenses.							1	22 22:
3	Add lines 13 throu	ıgh 23		38,510.		250.				38,254
25	Contributions, gifts	s, grants paid		59,284.						59,284
26		bursements Add lines 24 and 25		97,794.		250.			0	97,538
27	Subtract line 26 fr	om line 12				1				
a	Excess of revenue over	expenses and disbursements		254,281.						
		come (if negative, enter -0-)				849.				
1		me (if negative, enter -0-).								

JSA For Paperwork Reduction Act Notice, see instructions.

10390X 761H 6/18/2013 8:36:13 AM V 12-5F

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Attached schedules and amounts in the	Beginning of year	End of			
_	الايانا	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
_	1	Cash - non-interest-bearing	32,478.	29,995.	29,995.		
		Savings and temporary cash investments	136,376.	407,340.	407,340.		
		Accounts receivable ►65.					
		Less allowance for doubtful accounts ▶	65.	_65.	65.		
		Pledges receivable			-		
	,	Less allowance for doubtful accounts ▶	[
		Grants receivable					
		Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
		Other notes and loans receivable (attach schedule)					
		Less allowance for doubtful accounts					
s		Inventories for sale or use					
Assets		Prepaid expenses and deferred charges]				
Αs		Investments - U S and state government obligations (attach schedule).					
		Investments - corporate stock (attach schedule)		-			
		Investments - corporate stock (attach schedule)					
	11	Investments - land huildings					
		and equipment basis Less accumulated depreciation					
		(attach schedule)					
		Investments - mortgage loans					
	14	land huldings and ⊾					
		equipment basis					
		(attach schedule)					
		Other assets (describe Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item I)	168,919.	437,400.	437,400.		
_	_		100,010.	137,100.	13.7100		
		Accounts payable and accrued expenses		14,200.			
10		Grants payable		11,200.			
abilities		Deferred revenue					
Ρij		Loans from officers, directors, trustees, and other disqualified persons					
Lia		Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe					
	23	Total liabilities (add lines 17 through 22)	o	14,200.			
-			 	14,200.			
		Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31.					
alances	. '	·					
aŭ	24	Unrestricted					
Bal	25	Temporarily restricted					
힏		Permanently restricted					
Ē		Foundations that do not follow SFAS 117,					
ō		check here and complete lines 27 through 31. ▶ X					
ţs	27	Capital stock, trust principal, or current funds					
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund	169 919	423 200			
ľΥ	29	Retained earnings, accumulated income, endowment, or other funds	168,919.	423,200.			
Ne	30	Total net assets or fund balances (see instructions)	168,919.	423,200.			
		Total liabilities and net assets/fund balances (see	160 010	427 400			
_		instructions)	168,919.	437,400.	 		
_		Analysis of Changes in Net Assets or Fund					
Ī		net assets or fund balances at beginning of year - Part			7.50 0.50		
_		of-year figure reported on prior year's return)			168,919		
					254,281		
				3			
		ines 1, 2, and 3		4	423,200		
		eases not included in line 2 (itemize) ▶		5			
3	Total	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b),	line 30 6	423,200		
					Form 990-PF (2012)		

aa	e	3

Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
(a) List and 2-story bi	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a					
<u>b</u>				·	
<u>C</u>					
d			ļ		
<u>e</u>		T		<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_a					
<u>b</u>					
<u>c</u>					
<u>d</u>					
<u>e</u>	 	10/04/00			
Complete only for assets	showing gain in column (h) and owne			Gains (Col. (h) ga (k), but not less t	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>					
<u>b</u>					
C					-
d			ļ . —		
<u>e</u>		Dati ling 7			
2 Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital dain	or (loss) as defined in sections 12				
	t I, line 8, column (c) (see insti				
	. , inie o, column (c) (see insu	· · · · · · · · · · · · · · · · · · ·	3		
		duced Tax on Net Investment I	ncome		
(For optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investr	ment incor	me)	
•	•	` '		•	
If section 4940(d)(2) applies,	leave this part blank				
	the section 4942 tax on the distrib not qualify under section 4940(e).	utable amount of any year in the bath Do not complete this part.	ase period	i?	Yes X No
1 Enter the appropriate amo	ount in each column for each year.	, see the instructions before making	any entri	es	
(a) Base peпod years	(b)	(c)		(d) Distribution ra	atro.
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
2011	37,751.	121,975.			0.309498
2010	10,004.	38,405.			0.260487
2009	18,292.	25,484.			0.717784
2008	12,335.	26,484.			0.465753
2007	4,800.	26,315.			0.182405
2 Total of line 1, column (d)			2		1.935927
3 Average distribution ratio f	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	lation has been in existence if less	than 5 years	3		0.387185
4 Enter the net value of none	charitable-use assets for 2012 from	m Part X, line 5	4		268,937.
5 Multiply line 4 by line 3			5		104,128.
6 Enter 1% of net investment	nt income (1% of Part I, line 27b)		6		8.
7 Add lines 5 and 6			7		104,136.
8 Enter qualifying distribution	ns from Part XII, line 4	. 	8		97,538.
	ater than line 7, check the box ii	n Part VI, line 1b, and complete ti	hat part t	ısıng a 1% tax	rate See the
Part VI instructions					

r.orm	990-PF (2012) E PLUS FOUNDATION	<u> </u>		Page 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	ctions	;)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			17.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2				
2	Tax artists decired to the contraction of the contr			17.
3	Add lines 1 and 2			0
4	Subtilite A (Income) tax (donless) a section 4947 (a)(1) trasis and taxable foundations only of their section 5 7			17.
5 6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
٠,	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
a b	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			17.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		Х
b				
	definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities		,	
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation 🕨 \$ (2) On foundation managers 🕨 \$, ,		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		,	
	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities	į l]
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_ 5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			ĺ
	with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) TN,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	ĺ		[
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	10	х	

Form 990-PF (2012)

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Х

Form 990-PF (2012) E PLUS FOUNDATION 20-4190331 Page 6 Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, X No Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes?....... (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? 5b Х c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . ATCH 4......... If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (a) Name and address ATCH 5 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter (d) Contributions to (b) Title, and average hours per week devoted to position (e) Expense account, employee benefit plans and deferred (a) Name and address of each employee paid more than \$50,000 (c) Compensation other allowance: compensation NONE

Form 990-PF (2012)

Total number of other employees paid over \$50,000 . .

E PLUS FOUNDATION

Form 990-PF (2012)		Page 1
Part VIII Information About Officers, Directors, Trustees, Foundation Managand Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical intogranizations and other beneficiaries served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A		
1 1/1		
2		
3		
4		
Day of Charles of the		
Part IX-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 1 NONE		
1 NOVE		
2	 	
All other program-related investments. See instructions		
3 NONE		
		· ·
Total. Add lines 1 through 3	<u> </u>	

age 8

Pa	rt X	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	ations,
1	Fair r	market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purpo	ses:		
а	Avera	ge monthly fair market value of securities	1a	
b	Avera	ge of monthly cash balances	1b	273,032.
С	Fair n	narket value of all other assets (see instructions)	1c	
d	Total	(add lines 1a, b, and c)	1d	273,032.
е	Redu	ction claimed for blockage or other factors reported on lines 1a and		
	1c (at	tach detailed explanation)		
2	Acqui	sition indebtedness applicable to line 1 assets	2	
2	Cultura	and lower Order and the stand	3	273,032.
4	Cash	deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
			4	4,095.
5	Net va	ctions) alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	268,937.
6	Minin	num investment return. Enter 5% of line 5	6	13,447.
Pai	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this process.	part)	
1	Mınım	um investment return from Part X, line 6	1	13,447.
2 a	Тах о	n investment income for 2012 from Part VI, line 5		
b	Incom	e tax for 2012 (This does not include the tax from Part VI)		
		nes 2a and 2b	2c	17.
3	Distrit	outable amount before adjustments Subtract line 2c from line 1	3	13,430.
		veries of amounts treated as qualifying distributions	4	
		nes 3 and 4	5	13,430.
6	Dedu	ction from distributable amount (see instructions)	6	
7	Distri	butable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
		<u></u>	7	13,430.
		Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		nses, contributions, gifts, etc total from Part I, column (d), line 26	1a	97,538.
b	_		1b	
2	Amo	ram-related investments - total from Part IX-B		
		2000	2	
3		unts set aside for specific charitable projects that satisfy the		
а		bility test (prior IRS approval required)	3a	
b		distribution test (attach the required schedule)	3b	
4	Quali	fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	97,538.
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		1% of Part I, line 27b (see instructions)	5	0
6	Adiu	sted qualifying distributions. Subtract line 5 from line 4	6	97,538.
-	Note	. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal		
		qualifies for the section 4940(e) reduction of tax in those years.		

Form 990-PF (2012) Page 9 Part XIII Undistributed Income (see instructions) (d) (c) (a) Corpus Years prior to 2011 2011 2012 Distributable amount for 2012 from Part XI. 13,430. Undistributed income, if any, as of the end of 2012 a Enter amount for 2011 only b Total for prior years 20 10 ,20 09 ,20 08 Excess distributions carryover, if any, to 2012 a From 2007 **b** From 2008 11,011. **c** From 2009 17,018. **d** From 2010 8,090. 31,666. From 2011 71,269 Qualifying distributions for 2012 from Part XII, 97,538. line 4 ▶ \$ a Applied to 2011, but not more than line 2a _ . . b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election required - see instructions) 13,430. d Applied to 2012 distributable amount e Remaining amount distributed out of corpus . . 84,108 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 155,377 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions
Undistributed income for 2011 Subtract line
4a from line 2a Taxable amount - see f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2007 not 3,484. applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2013. 151,893. Subtract lines 7 and 8 from line 6a Analysis of line 9 11,011 a Excess from 2008 . . . 17,018. b Excess from 2009 . . . 8,090 c Excess from 2010 . . . 31,666. d Excess from 2011 . . .

Form **990-PF** (2012)

e Excess from 2012 . . .

84,108.

Pa	rt XIV Private Oper	rating Foundations	(see instructions an	d Part VII-A, questi	on 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or o	letermination letter the	at it is a private ope	erating	
	foundation, and the rulin-	g is effective for 2012, e	enter the date of the ruling	9	▶	
b	Check box to indicate wh				on 4942(j)(3) or 4942(j)(5)
		Tax year	1	Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	I or the minimum investment		(0) 2011	(0) 20 10		
	return from Part X for each			•		
	year listed				 	
b	85% of line 2a			 -	+	
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					-
	used directly for active conduct of exempt activities					<u> </u>
е	Qualifying distributions made					İ
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying	- -	 			
	under section					
_	4942(j)(3)(B)(i)		<u> </u>			
b	"Endowment" alternative test- enter 2/3 of minimum invest-		ł			1
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter				,	,
	(1) Total support other than					
	gross investment income (interest dividends, rents,	1	}			}
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942					,
	(j(3)(8)(iii)	<u> </u>				
	port from an exempt					
	organization					
D =	(4) Gross investment income	en Information (C	amplete this post	only if the found	dation had \$5,000	or more in accets
Ρá		during the year - se		only if the louis	uation had \$5,000	of more in assets
<u>-</u>						
1	Information Regarding			- 11 00/ - 11 1-1		and has the foremulation
а	List any managers of	the toundation who r	nave contributed mor	e than 2% of the tol	See section 507(d)(2)	red by the roundation
	before the close of any	tax year (but only if the	ley have contributed	more man \$5,000) (See section sor (d)(2)	
	N/A					
b	List any managers of					y large portion of the
	ownership of a partner	ship or other entity) of	f which the foundation	n has a 10% or greate	er interest.	
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	Chack here X If the	- he foundation only r	makee contributions	to preselected char	ritable organizations a	and does not accent
	unsolicited requests for	or funds If the found:	ation makes gifts gra	ants etc (see instruc	ctions) to individuals of	organizations under
	other conditions, comp		• •	, 515 (555		. organizations and
	The name, address, a			on to whom application	ns should be addressed	
а	The name, address, a	na telephone namber	or e-mail or the perso	on to whom application	ns should be addressed	•
	The form in which can	leations should be out	amittad and informati	on and motorials tha	y chould include:	
D	The form in which appl	lications should be sui	omitted and informati	on and materials the	y should include:	
	Any outhouses des div	200				
C	Any submission deadlii	Hes				
- <u>-</u>	Any restrictions or lin	mitations on awards	such as by geogr	aphical areas charit	able fields kinds of	institutions, or other
ų	factors	auono on awarus,	coon as by googn	spinosi aroso, orient	acto noido, kilius Of	

Form 990-PF (2012)	antinued)			Page 11
Part XV Supplementary Information (c	continuea)	and for I	Future Bayment	
3 Grants and Contributions Paid Durin	If recipient is an individual.	Equiposition	ruture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year				
ATCH 6			ł	
AICH 6			1	
	i de la companya de			
				1
				
				ĺ
•				
				1
			}	[
				}
	,			İ
		}]]
				1
			}	
		•		
			<u> </u>	
Total	<u></u>			59,284.
b Approved for future payment				
			1	1
		1		
}			1	
			}	1
İ				
		1		
1		1		
			-	
Total	<u>.</u>	l	▶ 3b	
Total	<u> </u>	<u> </u>		Form 990-PF (2012)

Page 12

Part XV	I-A Analysis of Income-Produ	icing Activ	vities			
	s amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
_	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	THE SELVICE TEVELIDE					(OCC MICHAGONS)
						
		ļ		ļ		
f				 -		
	and contracts from government agencies			 		
	ership dues and assessments			14	1,099.	
	on savings and temporary cash investments and and interest from securities			14	1,009.	
	ntal income or (loss) from real estate			 		
	ot-financed property			 		
b Not	debt-financed property					
6 Net rent	al income or (loss) from personal property .					
7 Other II	nvestment income			ļ		
8 Gain or	(loss) from sales of assets other than inventory			ļ.———		
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue a					
				ļ		
_					 -	
e		<u></u> ,				······································
	al Add columns (b), (d), and (e)				1,099.	
	Add line 12, columns (b), (d), and (e)				13	1,099.
	sheet in line 13 instructions to verify calculate	ulations)				
Part XVI	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No.	Explain below how each activity	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ited importantly to the
▼	accomplishment of the foundation	n's exemp	t purposes (other than b	by providing	funds for such purposes	s) (See instructions)
	 					·
						
	 		<u> </u>			
						
						
	<u> </u>			_ _		
	 					
			<u> </u>			
	<u> </u>					
	 					
	 		 _			
				 -		

2)	 FOUNDATION	20-4190331	Page 13
Information R	Transfers To and	Transactions and Relationships With Noncharit	able

	_	Exempt Organ	nizations								
1	Did th	e organization direct	ly or indirectly e	engage in any	y of the followi	ng with any	other orga	inization described		Yes	No
		tion 501(c) of the Co]		
		izations?	(,(-, -, g	,		•			ĺ
2	•	fers from the reportin	a foundation to	a noncharitat	ale evemnt aras	nization of					ĺ
a			-						1a(1)		х
		ash									<u>x</u>
	_	her assets							1a(2)		
b		transactions.							i I		
		les of assets to a no							1b(1)		<u> </u>
	(2) Pu	rchases of assets fro	om a noncharitat	ole exempt org	ganization				1b(2)		X
	(3) Re	ental of facilities, equi	pment, or other a	assets					1b(3)		X
	(4) Re	eimbursement arrange	ements						16(4)		х
		ans or loan guarantee							1b(5)		Х
		erformance of service							1b(6)	_	x
^		ng of facilities, equipm			-				1c		X
		answer to any of th								air m	Ь
u		of the goods, other									
		in any transaction or									
(0)								fers, transactions, and shar			
(a) Li	ine no	(b) Amount involved	(c) Name of no	ncharitable exen	npt organization	+	iption of trans	iers, transactions, and snai	ing arrai	ngeme	- IIS
	+			···		N/A					
						 					
						 					
	\rightarrow										
				-							
						T					
					*						
						+					
	t-										
		·									
						+			-		
											
		foundation directly of						-	\neg	77	٦
		bed in section 501(c)	· ·	ner than secti	ion 501(c)(3)) o	r in section	5277		Ye	s X] Ио
<u>b</u>	If "Yes	s," complete the follow			·						
		(a) Name of organization	1	(b) Ty	pe of organization			(c) Description of relations	hip		
		-									
		r penalties of perjury, I declar						to the best of my knowledg	e and b	elief, it	is true,
Sign	Correc	ct, and complete Declaration of	peparer (other than tax	payer) is based on a	all information of which						
Here	e 🕨		A s	1 (2)	ひらいろ	P tre	siden	May the IRS	discuss eparer s		below
		nature of officer of trustee	1	Date		Title		(see instruction		Yes	No
		V	,					,			لــــــــــــــــــــــــــــــــــــــ
		Print/Type preparer's	name	Preparer's	signature		Date	Check of F	PTIN		
Paid	l	Laura Forbes		Saura.	Forbes 2013 06 19 10	13 50	6-19-13	self-employed	pnnar	7234	2
Prep	oarer	Eurola nama N CB/	OWE HORWATH				<u> </u>	Firm's EIN ▶ 35 - 09			-
Use	Only	Firm's name ► CR0 Firm's address ► 70			700			TIME EIN > 35-03	-2100		
	3	1		SI, SUITE	. 700	C0C	n	Dhana = 212 00	30 71	100	
		CH.	ICAGO, IL	<u> </u>		606	02	Phone no 312-89			(0010)
								F	orm 99 (0-6 L	(2012)

Schedule B

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

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
E PLUS FOUNDATION		20-4190331
Organization type (check one).		
Filers of: Se	ection:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	indation
	527 political organization	
Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private found		
4947(a)(1) nonexempt charitable trust treated as a private founda		uon
	501(c)(3) taxable private foundation	
	d by the General Rule or a Special Rule . or (10) organization can check boxes for both the General Rule and a S	Special Rule See
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ontributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a)(1)	rganization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vi) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of
during the year, total cont	B), or (10) organization filing Form 990 or 990-EZ that received from a ributions of more than \$1,000 for use <i>exclusively</i> for religious, charita or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contributi not total to more than \$1, year for an exclusively reliq applies to this organizatio	B), or (10) organization filing Form 990 or 990-EZ that received from a cons for use <i>exclusively</i> for religious, charitable, etc., purposes, but the 000. If this box is checked, enter here the total contributions that were gious, charitable, etc., purpose Do not complete any of the parts unless in because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the ss the General Rule butions of \$5,000 or
990-EZ, or 990-PF), but it must answ	covered by the General Rule and/or the Special Rules does not file S wer "No" on Part IV, line 2 of its Form 990, or check the box on line H certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization E PLUS FOUNDATION

Employer identification number 20-4190331

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- -	E+ HEALTHCARE, LLC 104 WOODMONT BOULEVARD, #500 NASHVILLE, TN 37205-2245	\$88,016.	Person X 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
2_	ROCHE DIAGNOSTICS CORPORATION 9115 HAGUE ROAD, BLVD. A INDIANAPOLIS, IN 46250	\$5,000.	Person X 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
3 _	SUSAN G. KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244	\$166,217.	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 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 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 Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 20-4190331

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization E PLUS FOUNDATION

Employer identification number

20-4190331

_	Exclusively religious, charitable, etc., that total more than \$1,000 for the y	ear. Complete colui	mns (a) through (e) and the following line entry.		
	For organizations completing Part III, e contributions of \$1,000 or less for the	e year. (Enter this inf	formation once. Se	haritable, etc., e instructions)▶\$ 		
	Use duplicate copies of Part III if addition	nai space is neede	u.			
(a) No. from Part ((b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		~				
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship 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) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) N-						
(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, an	ed ZIP + 4	Relation	nship of transferor to transferee		
				Sahadala D. (5 000, 000 57 or 000 DE) /2012)		

NOTE ACTATION	4
C)
۰	4
E	4
d	3
\subset	ì
z	2
Ξ	j
C)
G	4
U)
Ė	5
_	ב
7 17	í
Ŀ	1
_	_

F F F F F F	רווי
	ウベイとつつつつつ
	l
F	
ד קטגט קטסס	

CHARITABLE PURPOSES	1,350.	1,350.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	150.	150.
REVENUE AND EXPENSES PER BOOKS	1,500.	1,500.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES 35,168. 367. 736.	165.	36,904.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	18.	100.
REVENUE AND EXPENSES PER BOOKS 35, 168. 35, 168. 818.	183.	37,004.
		TOTALS
DESCRIPTION EVENT EXPENSES FILING FEES INSURANCE EXPENSES	MISCELLANEOUS EXPENSE	

ATTACHMENT 2 PAGE 20

DIRECT PUBLIC SUPPORT DATE NAME AND ADDRESS

SUSAN G. KOMEN BREAST CANCER FOUNDATION 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244

166,217.

TOTAL CONTRIBUTION AMOUNTS

166,217.

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME:

CROSSFIT SURGE

GRANTEE'S ADDRESS:

10621 IRMA DRIVE UNIT C

CITY, STATE & ZIP:

NORTHGLENN, CO 80234

GRANT DATE:

10/19/2012

GRANT AMOUNT:

GRANT PURPOSE:

TO SUPPORT MAMMOGRAMS IN ACTION

AMOUNT EXPENDED:

ANY DIVERSION?

NO

DATES OF REPORTS:

10/29/2012

VERIFICATION DATE:

10/29/2012

RESULTS OF VERIFICATION:

TO THE KNOWLEDGE OF THE GRANTOR, THE GRANTEE HAS NOT DIVERTED ANY

PORTION OF THE FUNDS FROM THE PURPOSE OF THE GRANT.

FORM 990PF, PART VIII - LIST OF OFFICERS.	OFFICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 5
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JERRY EYLER 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	PRESIDENT 5.00	·	0	0
YANIRA SHELTON 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	TREASURER 5.00	0	0	0
HEIDI MILLS 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	SECRETARY 5.00	0	0	0
MELISSA CURETON 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	VICE PRESIDENT 5.00		0	0
	GRAND TOTALS	0	0	0

20-4190331

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JASONS FRIENDS FOUNDATION 304 WEST B STREET, SUITE 101 CASPER, WY 82601	NONE 509(A)(1)	GRANTS TO AID FAMILIES IN CRISIS	2,500
MEMORIAL HEALTH FOUNDATION P O BOX 23089 SAVANNAH, GA 31403	NONE 509(A)(3) TYPE I	GRANTS TO PROVIDE HEALTHCARE PROGRAMS AND SERVICES TO THE COMMUNITY	1,200
STATESBORO BULLOCK COUNTY BREAST CANCER FOUNDATION P O BOX 2983 STATESBORO, GA 30459	NONE GOVERNMENT	GRANT TO SUPPORT BULLOCH BREAST CANCER	200
CROSSFIT SURGE 10621 IRMA DRIVE UNIT C NORTHGLENN, CO 80234	NONE EXPEND. RESPONSIBILITY	SUPPORT MANMOGRAMS IN ACTION	300
AMERICAN CANCER SOCIETY 500 DENMARK STREET #515 STATESBORO, GA 30458	NONE N/A	SUPPORT AN ORGANIZATION THAT WORKS TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE THROUGH RESEARCH, EDUCATION, ADVOCACY AND SERVICE	2,000
UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL ROAD NORMAN, OK 73019	NA 170(B)(1)(A)(IV)	SCHOLARSHIP	1,000

8.36 13 AM

•

ł

ATTACHMENT 6 (CONT.D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VANDERBILT UNIVERSITY	NA	TO SUPPORT UNIVERSITY OPERATIONS	200
2201 WEST END AVE	170(B)(1)(A)(II)	_	
NASHVILLE, TN 37235			
LEGACY BRAIN FOUNDATION	NA	TO SUPPORT GENERAL OPERATIONS	1,400
7777 FOREST LANE	107 (B) (1) (A) (VI)		
DALLAS, TX 75230			
INDIGIENT CANCER PATIENTS	NONE	TRANSPORTATION, LODGING, FOOD, CANCER SCREENINGS,	46,884
	N/A	COURT COSTS, MEDICAL SUPPLIES, UTILITIES, MEDICAL	
		CARE, AND OTHER FINANCIAL ASSISTANCE TO CANCER	

TOTAL CONTRIBUTIONS PAID

PATIENTS DUE TO FINANCIAL HARDSHIPS ASSISTANCE

IS MINOR IN AMOUNT PER PATIENT, SO IT IS IMPRACTICAL TO LIST ALL AID RECIPIENTS.

59,284

ATTACHMENT 6

V 12-5F

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	e Service	► File a	separate a	pplication for each return.				
 If you are 	filing for an	Automatic 3-Month Extension,	complete o	only Part I and check th	nis box			▶ X
 If you are 	filing for an	Additional (Not Automatic) 3-M	onth Exter	ision, complete only P	art II (on page 2 of this	form)	
		<i>inless</i> you have already been gra						
a corporation 8868 to req Return for	n required i juest an ext Transfers A	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Personal	nal (not au forms liste al Benefit	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can with the exception of F it be sent to the IRS	elect orm : or p	tronically 8870, Ir paper fo	y file Form nformation ormat (see
instructions)	For more of	details on the electronic filing of th	nis form, vi	sit www irs gov/efile an	d click on e-file for Cha	arities	& Nonp	rofits.
Part I Au	tomatic 3	Month Extension of Time. Or	nly submit	original (no copies n	eeded).			
A corporatio	n required t	o file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and co	mple	te	
Part I only		· · · · · · · · · · · · · · · · · · ·						. ▶ 🔲
All other cor	porations (i	ncluding 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to request a	n exte	ension of	f tıme
to file incom	•				Enter filer's identify			
	Name of ex	empt organization or other filer, see in	structions		Employer identification i	numbe	r (EIN) or	,
Type or	ĺ							
print	E PLUS	FOUNDATION			20-41903	31		
File by the		reet, and room or suite no. If a P.O. bo.	x, see instru	ctions	Social security number (SSN)		
due date for filing your	104 WOO	DDMONT BLVD.			,	,		
return See		or post office, state, and ZIP code For	a foreign ad	dress, see instructions	<u> </u>			
instructions	1	LLE, TN 37205						
Enter the Re	·	or the return that this application	is for (file a	a separate application for	or each return)			0 4
Application			Return	Application				Return
Is For			Code	Is For			ļ	Code
Form 990 or	Form 990-	F7	01	Form 990-T (corporat	tion)			07
Form 990-BL			02	Form 1041-A				08
Form 4720-			03	Form 4720		_		09
Form 990-PF			04	Form 5227				10
) or 409(a) trust)		Form 6069				11
		the shows	05 06	Form 8870				12
Form 990-T	(trust otner	triair above)	0	F01111 6670				
The books	s are in the	care of ▶ YANIRA SHELTON						
Telephone	e No. ▶	615 783-1081	i	FAX No ▶ 615 467	7-7401			
If the orga	nızation do	es not have an office or place of I	— business ın	the United States, che	ck this box			. ▶ 🔲
		Return, enter the organizati <u>on'</u> s foo					If this	5 IS
		eck this box					and atta	ch
		d EINs of all members the extensi						
1 / reque	st an autom	atic 3-month (6 months for a cor	poration re	quired to file Form 990	0-T) extension of time			
untıl		08/15 , 20 13 , to file the	exempt org	anization return for the	organization named	above	The ex	tension is
for the	organizatio	n's return for.						
▶ X	calendar ye	ear 2012 or						
			, 20	, and ending		, 20_		
tax year beginning, 20, and ending, 20								
	-	red in line 1 is for less than 12 me counting period	onths, ched	k reason Initial r	eturn Final retu	rn		
3a If this a	application	is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less an	y		
		dits. See instructions			•	За	\$	0
		is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and			
		nents made Include any prior year				3ь	\$	16.
		ract line 3b from line 3a Include					<u></u>	
		Tax Payment System) See instruc			. , , , , , , , , , , , , , , , , , , ,	3c	\$	
		make an electronic fund withdrawal		orm 8868, see Form 8453-	EO and Form 8879-EO f			tructions
For Privacy A	ct and Paper	work Reduction Act Notice, see Instru	uctions.			Form	8868 (Rev 1-2013)