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# Form **990-PF** Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

OMB No 1545-0052

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

FOL	alen	dar year 2014 or tax year beginning 上出出	13, 2014	, and ending_	DEC 31, Z014	·
Nar	ne of	foundation			A Employer identification	number
_F	ER.	RONI FOUNDATION, INC.		- <del>-</del>	46-5292528	
Nun	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_2	<u>47</u>	O CATAMARAN DR			775 829-18	33
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_R	EN(	O, NV 89519				
G C	heck	all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2 5	
		Address change	Name change		Foreign organizations me check here and attach co	omputation
H C	_	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
	<u> Se</u>	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	)(A), check here
I Fa	ır ma	rket value of all assets at end of year   J Accounti	-	Accrual	F If the foundation is in a	60-month termination,
			her (specify)		under section 507(b)(1	)(B), check here
		312,386. (Part I, colu	mn (d) must be on cash b	asis.)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	400,000.	* * *	N/A	•,
	2	Check Inf the foundation is not required to attach Sch. B	* * * * * * * * * * * * * * * * * * * *	1. 12 24	***	<i>♦</i> , <b>¾</b> , 3
1	3	Interest on savings and temporary cash investments	18.	18.		STATEMENT 1
	4	Dividends and interest from securities				× × × × × ×
	5a	Gross rents		<del></del>		, , , , , , , , , , , , , , , , , , ,
	b	Net rental income or (loss)		*	, , &,	* ***
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	66,848.		.,	
enc	þ	Gross sales price for all assets on line 6a 390,000.	· // (\$\delta \delta \d		100 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ΣŠ	7	Capital gain net income (from Part IV, line 2)	·	66,848.	~ 3	1 200
CIUS Revenue	8 Net short-term capital gain					
N	9	Income modifications Gross sales less returns			, ,	* * *
-3	10a	and allowances	· · · · · · · · · · · · · · · · · · ·		, , ,	
>=		Less Cost of goods sold		·	*	, *
MAY		Gross profit or (loss)	001	001		STATEMENT 2
	11	Other income	921.	921.		STATEMENT 2
1	12	Total. Add lines 1 through 11	467,787.	67,787.		
山安全	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
3	14	Other employee salaries and wages			<u> </u>	
( <sub>10</sub> )	15	Pension plans, employee benefits			<del> </del>	
nse	108	Legal fees RECEIVED Accounting fees PECEIVED 3	401.	0.	1	0.
ğ	D	Other professional fees	401.	<u> </u>		
Ė	17					· · · · · · · · · · · · · · · · · · ·
aţi.	18	Interest MAY 1 8 2015				
str	19				<del> </del>	
ᇐ	20	Depresiation and depletion N. UT		· · · · · ·	<del>                                     </del>	
۱dn	21	Travel, conferences, and meetings				
ğ	22	Printing and publications				<del>                                     </del>
gar	23	Other expenses			-	
tinč		Total operating and administrative				<del></del>
Operating and Administrative Expen	24	expenses. Add lines 13 through 23	401.	0.		0.
o	25	Contributions, gifts, grants paid	55,000.	<u> </u>		55,000.
	26	Total expenses and disbursements	33,000.			33,000.
	20	Add lines 24 and 25	55,401.	0.		55,000.
	27	Subtract line 26 from line 12:	33,401.			33,000.
		Excess of revenue over expenses and disbursements	412,386.			
		Net investment income (if negative, enter -0-)	±12,300•	67,787.		· · ·
		Adjusted net income (if negative, enter -0-)			N/A	*
		rigiavina noi manno (n noganto, cina -o-)	·		. 47/44	<del></del>

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	0-PF (2014) FERRONI FOUNDATION, INC		46-	5292528	Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year	_
	ап	Balance Sileets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Marke	
	1	Cash - non-interest-bearing		312,386.	312	<u>,386.</u>
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶	_			
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶		-		
		Less: allowance for doubtful accounts				
	5	Grants receivable				<u>.</u>
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable		_		,
		Less: allowance for doubtful accounts	1			
Ø	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As		Investments - U.S. and state government obligations				
		Investments - corporate stock				
		Investments - corporate bonds				
		Investments - land, buildings, and equipment, basis			~	
	• •	Less accumulated depreciation	· · *88*	× 1 × × ×	*	
	12	Investments - mortgage loans				<del></del>
	13	Investments - other				
			4, 5		Ser .	·
	14	Land, buildings, and equipment: basis  Less accumulated depreciation		. <u>, t</u> .	Ster	، ۸ڏ <sup>ر</sup>
	4-					
		Other assets (describe				
	16	Total assets (to be completed by all filers - see the	0.	312,386.	312	,386.
	47	instructions. Also, see page 1, item I)	0.	312,300	712	300.
	1	Accounts payable and accrued expenses			-	1 A 4
	18	Grants payable			1	
Liabilities	19	Deferred revenue			┥、	23
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			-	74. XX
<u></u>	21	Mortgages and other notes payable			٠ '	
	22	Other liabilities (describe >)			-	
		Table 19 to 19 to 19 and the control of Abraham (O)	0.	0.		
	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.		4	
		·				
es	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted				
Net Assets or Fund Balances	24 25	Temporarily restricted			†	
ä	l .				1	
ā	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			1	
Ē		•				
٥	0.7	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0 .	1	
ets	27		0.	0	<u>-</u>	
188	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	312,386	]	
¥.	29	Retained earnings, accumulated income, endowment, or other funds	0.	312,386	닉	
ž	30	Total net assets or fund balances	0.	314,300	식	
	24	Total liabilities and not assets/fund balances	0.	312,386		
$\equiv$	•	Total liabilities and net assets/fund balances		312,300		<del></del>
P	art	III Analysis of Changes in Net Assets or Fund E	saiances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30			
	(mus	st agree with end-of-year figure reported on prior year's return)		1	<u> </u>	0.
2		r amount from Part I, line 27a		2	412	2,386.
3	Othe	r increases not included in line 2 (itemize)		3		0.
		lines 1, 2, and 3		4	412	2,386.
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 4 5	100	0,000.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6	312	<u>2,386.</u>
					Form <b>990</b>	<b>-PF</b> (2014)

423511 11-24-14

Form 990-PF (2014) FERRONI FOUNDATION, INC.  Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),		-52925 - see in:		Page 4 tions)
1a 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 here and enter 1%	1		1	,356.
of Part I, line 27b		, ,		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		1 1/2		,
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_2			0.
3 Add lines 1 and 2	3		1	,356 <u>.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1	<u>,356.</u>
6 Credits/Payments:			ς.	Hi,
a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b Exempt foreign organizations - tax withheld at source 6b		<b>'</b> .		32 W
c Tax paid with application for extension of time to file (Form 8868)				**
d Backup withholding erroneously withheld 6d				~5 <sup>4</sup> / <sub>3</sub> ~~d
7 Total credits and payments. Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> 28.</u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9		1	,384.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>▶</b> 10			
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	11			
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene in	<u> </u>	¿'È'\ Y	es No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the def	nition)?	_	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	blished or		, k,	
distributed by the foundation in connection with the activities.			CI 🕸	§3.x
c Did the foundation file Form 1120-POL for this year?			1c	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1		3
managers. ► \$ 0 .		1	ļ	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		L	2	X
If "Yes," attach a detailed description of the activities.				
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		<u> </u>	3	X
4a 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?  N/A			4b	
Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L	5	X
If "Yes," attach the statement required by General Instruction T			ľ	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			`	
By language in the governing instrument, or			´	
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	e state law			
remain in the governing instrument?		<u> </u>	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 III (c), an	art XV	L	7	X
				*
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				1.31
NV				
<b>b</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)				
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	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 2014 or the taxable year beginning in 2014 (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 addresses	S'TM'	r 5	10	<u> </u>

	990-PF (2014) FERRONI FOUNDATION, INC. 46-5292 art VII-A   Statements Regarding Activities (continued)	<u> 2528</u>		Page <b>5</b>
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	The books are in care of ► KAREN FERRONI Telephone no. ► 775 82	<u> </u>	833	
	Located at ► 2470 CATAMARAN DRIVE, RENO, NV ZIP+4 ►85			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			/ \
	foreign country			200
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	, ×		\$1.00 pt
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	* * 1	ء ا	
	a disqualified person?			2
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			*,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		٧.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	34	مرو	
	for the benefit or use of a disqualified person)?	* 1	\$;	X. 77
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	,		7 81
	ıf the foundation agreed to make a grant to or to employ the official for a period after		,	X
	termination of government service, if terminating within 90 days.)	3.5	-	
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	, , .	1.2.18	¥
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			133
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			જું જે 😲
	before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		\ d\\\ 8\\\\
	defined in section 4942(j)(3) or 4942(j)(5)):		İ	2
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
	before 2014?		•	
	If "Yes," list the years $\blacktriangleright$			,
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.) N/A	<u>2b</u>		-
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			1
	<u> </u>	1		ļ,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			ľ "
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 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			, ja.,
	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 foundation had excess business holdings in 2014.)  N/A	3b		-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.	-	 •
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orm 990-PF (2014) FERRONI FOUNDATION, INC.			<u>46-52925</u>	28 Page <u>6</u>
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ıed)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		:	
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f	or		
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	actions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ined		> * * *
expenditure responsibility for the grant?		[/A □ Ye	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).			** *
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			1	
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a s	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				72.3
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	200
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	compensation.			<del></del>
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
KAREN FERRONI	PRESIDENT		-	
2470 CATAMARAN DRIVE				
RENO, NV 89519	0.00	0.	0.	0.
SILVIA F EDWARDS	SECRETARY, TR	EASURER		
2470 CATAMARAN DRIVE				
RENO, NV 89519	0.00	0.	0.	0.
SARAH F GRIFFIN	DIRECTOR			
2470 CATAMARAN DRIVE				
RENO, NV 89519	0.00	0.	0.	0.
Compensation of five highest-paid employees (other than those in		enter "NONE."	(4) 0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	,			
			•	
	<u></u>			
Total number of other employees paid over \$50,000				0

Form 990-PF (2014) FERRONI FOUNDATION, INC.	46-5	3292528 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	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		▶ 0
Part IX-A Summary of Direct Charitable Activities	<del>"</del>	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax yearst new made by the foundation during the	ar on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2014)

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	147,881.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	147,881.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation) 1e 0 •	_	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	147,881.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,218.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	145,663.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	6,425.
F	foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	6,425.
2a	1 250		
b	Income tax for 2014. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	1,356.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,069.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,069.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,069.
F	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	A 2	55.000
а	, , , ,	1a	55,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	· 🔏	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	55,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,000.
	Note: The amount on line 6 will be used in Dort V. column (b), in subsequent years when calculating whether the foundation	augustine tor th	IO COCIIOD

10341516 750050 3370

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	· ·	·		
line 7				<u>5,069.</u>
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2014:		0.		
1 1				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 55,000.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	·	0.	,	,
c Treated as distributions out of corpus		, ,		
(Election required - see instructions)	0.			, , , , , , , , , , , , , , , , , , ,
d Applied to 2014 distributable amount	` ` ,		. ,	5,069.
e Remaining amount distributed out of corpus	49,931.	ν,	,	37003t
5 Excess distributions carryover applied to 2014	0.		,	0.
(If an amount appears in column (d), the same amount must be shown in column (a) )		·		
6 Enter the net total of each column as indicated below:	í š			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	49,931.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		•
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	:	0.		
		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		<u> </u>		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)  8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015		·		
Subtract lines 7 and 8 from line 6a	49,931.			
10 Analysis of line 9:	<u> </u>			
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 49,931.				
423581 11-24-14				Form <b>990-PF</b> (2014)

Form 990-PF (2014) <b>FERRONI</b>	FOUNDATION	, INC.		46-52	92528 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described i	n section [	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:		•			
(1) Value of all assets	<u> </u>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed  c "Support" alternative test - enter;					
(1) Total support other than gross		•			
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	,				
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundat	ion had \$5,000 or m	ore in assets
at any time during t	he year-see instr	uctions.)	·		
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by	the foundation before the clo	se of any tax
KAREN FERRONI	1010 (11411 40,000). (000 0	0011011 007 (0)(2).7			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (	or an equally large p	ortion of the ownership of a n	partnership or
other entity) of which the foundation has			or an equally large p	or don't or the owner only or a p	artiforomp of
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ▶ 🗶 If the foundation o					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other condition	s, complete items 2a, b, c, an	d <b>d.</b>
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be ac	ldressed:	
<b>b</b> The form in which applications should b	e submitted and informat	tion and materials they sl	rould include:		
c Any submission deadlines:		<del></del>			<del></del>
	****				
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kınds of ınstitutions	, or other factors:	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY CHARITABLE-HELPING COMPASS FAMILY SERVICES NONE HOMELESS FAMILIES TO C/O TIPPING POINT COMMUNITY 220 ACHIEVE HOUSING MONTGOMERY STREET, SUITE 850 SAN STABILITY, FAMILY FRANCISCO, CA 94104 25,000, WELL-BEING, AND MIRACLEFEET NONE PUBLIC CHARITY CHARITABLE-INCREASE ACCESS TO PROPER C/O GIFT PROCESSING 410 W. MAIN STREET TREATMENT FOR CHILDREN CARRBORO, NC 27510 BORN WITH CLUBFOOT IN DEVELOPING COUNTRIES 25,000. INTERNATIONAL RESQUE COMMITTEE NONE PUBLIC CHARITY CHARITABLE-PROVIDES HEALTH CARE, C/O GIFT PROCESSING 122 EAST 42ND STREET NEW YORK, NY 10168 INFRASTRUCTURE, LEARNING, AND ECONOMIC SUPPORT DURING 5,000. ➤ 3a 55,000. Total b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activity
--

	1	business income		ed by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
·	3333				
					<del></del>
	1 1				
	i i				
Fees and contracts from government agencies	_		1 1		
tembership dues and assessments			+ +		
iterest on savings and temporary cash			++		
vestments			14	18.	
ividends and interest from securities			1 4	10.	
et rental income or (loss) from real estate:			+ +	`	<del></del>
		-			
Debt-financed property		_	+		
Not debt-financed property	<del>                                     </del>		+		
let rental income or (loss) from personal					
roperty			1 1		
Ither investment income	<del></del>		14	921.	<u>, , , , , , , , , , , , , , , , , , , </u>
ain or (loss) from sales of assets other					
an inventory			18	66,848.	·
et income or (loss) from special events		<del>-</del>			
ross profit or (loss) from sales of inventory			1 1		
Other revenue;					
	_		<u> </u>		
· · · · · · · · · · · · · · · · · · ·					
	_				
	1		$\perp$		
		^		67,787.	
					<i></i>
ubtotal. Add columns (b), (d), and (e)				13	67,78
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e)	s.)	<u> </u>		13	67,78
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation			Exempt		67,78
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie	es to the Acco	mplishment of I		Purposes	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  ort XVI-B  Relationship of Activities  e No  Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie e No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  rt XVI-B  Relationship of Activities  No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  rt XVI-B  Relationship of Activities  No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  rt XVI-B  Relationship of Activities  No  Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  rt XVI-B  Relationship of Activities  No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie e No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie e No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie e No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activitie e No Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
ubtotal. Add columns (b), (d), and (e)  otal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  ort XVI-B  Relationship of Activitie  e No  Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  THE XVI-B Relationship of Activities  Explain below how each activity for which	es to the Acco	mplishment of l		Purposes	

423621 11-24-14

Form 990-PF (2014) FERRONI FOUNDATION, 46-5292528 Page 13 INC. Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash 1a(2) (2) Other assets **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) 1b(6) X (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this ect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign return with the prepare Here X Yes PRESIDENT Signature of officer or trustee Title ıf Print/Type preparer's name Preparer's signature Date Check [

Paid
Print/Type preparer's name

Preparer's signature

BILL W. JOHNSON

Preparer
Use Only

Firm's address ▶ P.O. BOX 1968

ZEPHYR COVE, NV 89448

Date

Title

Check ☐ if self-employed

PO0175595

P00175595

Firm's EIN ▶ 88-0168251

Phone no. (775) 588-5672

Form **990-PF** (2014)

423622 11-24-14

**00240506 750050 2270** 

#### 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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name	of the	organization

Employer identification number

F	ERRONI FOUNDATION, INC.	46-5292528
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ition
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c	o is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a second or second or second or filling Form 990, 990-EZ, or 990-PF that received, during the year, contribution	
	ny one contributor. Complete Parts I and II See instructions for determining a c	
For an organization sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990·EZ that met the 33 1/39 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990·EZ), Part II, linitor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of IZ, line 1 Complete Parts I and II	ne 13, 16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receptations of more than \$1,000 exclusively for religious, charitable, scientific, literal foruelty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Do not d	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recens exclusively for religious, charitable, etc., purposes, but no such contributions rhere the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization ble, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000 If this box
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file son Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	. , , , , , , , , , , , , , , , , , , ,

LHA 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) (2014)

Name of organization

Employer identification number

FERRONI FOUNDATION, I	NC.	•
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46-5292528

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN FERRONI  2470 CATAMARAN DRIVE  RENO, NV 89519	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

TNIC

Name of organization

Employer identification number

### FERRONI FOUNDATION, INC.

46-5292528

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
1	RESIDENTIAL REAL ESTATE LOCATED AT 35 RIVERDALE CIRCLE, VERDI, NV 89439					
		\$ 400,000.	04/28/14			
(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 noncash property given	(c) 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			
<del></del>		\$				
(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 noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$	90, 990-EZ, or 990-PF) (			

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 **Employer identification number** Name of organization 46-5292528 FERRONI FOUNDATION, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CAS	SH II	NVESTMENTS	STATEMENT	_1 
SOURCE				(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	3
WELLS FARGO ADVISORS-INTEREST INCOME		18.		18.		
TOTAL TO PART I, LINE 3		18.		18.		
FORM 990-PF	OTHER I	NCOME	<del></del>		STATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	ADJUSTEI	
NOTE RECEIVABLE-INTEREST INCO	 ME	9:	21.	921	•	
MOTE RECEIVABLE INTEREST INCO						
TOTAL TO FORM 990-PF, PART I,		9:	21.	921	•	
			21.	921	STATEMENT	3
TOTAL TO FORM 990-PF, PART I,	LINE 11	NG FEES (B) NET INVE	======================================	(C) ADJUSTED	STATEMENT (D) CHARITA	BLE
TOTAL TO FORM 990-PF, PART I,  FORM 990-PF	ACCOUNTI  (A) EXPENSES	NG FEES (B) NET INVE	======================================	(C) ADJUSTED	STATEMENT (D) CHARITA	BLE
TOTAL TO FORM 990-PF, PART I,  FORM 990-PF  DESCRIPTION	ACCOUNTI  (A)  EXPENSES PER BOOKS	(B) NET INVE	ST-	(C) ADJUSTED	STATEMENT (D) CHARITA	BLE ES
TOTAL TO FORM 990-PF, PART I,  FORM 990-PF  DESCRIPTION ACCOUNTING FEES	ACCOUNTI  (A)  EXPENSES PER BOOKS  401.	(B) NET INVE	ST- OME 0.	(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITA	BLE ES
TOTAL TO FORM 990-PF, PART I,  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	ACCOUNTI  (A)  EXPENSES PER BOOKS  401.	(B) NET INVE	ST- OME 0.	(C) ADJUSTED NET INCOM	STATEMENT  (D)  CHARITAL E PURPOSI	0. 0.
TOTAL TO FORM 990-PF, PART I,  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B  FORM 990-PF  OTHER DECREASE	ACCOUNTI  (A)  EXPENSES PER BOOKS  401.  401.	(B) NET INVE	ST-OME 0. 0.	(C) ADJUSTED NET INCOM	STATEMENT  (D)  CHARITAL  E PURPOSI	0. 0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

5

NAME OF CONTRIBUTOR

ADDRESS

KAREN FERRONI

2470 CATAMARAN DRIVE

RENO, NV 89519

	FERRONI	FOUNDATION,	INC.	46-5292528
Part XV	Supplementary Information	7.1		
3a Grants	and Contributions Paid During the Yea	r Continuation of Purpo	se of Grant or Cont	ribution
NAME O	F RECIPIENT - COMPASS	FAMILY SERV	ICES	
CHARIT.	ABLE-HELPING HOMELESS	FAMILIES TO	ACHIEVE HO	OUSING STABILITY,
<u>FAMILY</u>	WELL-BEING, AND SELF	-SUFFICIENCY		
NAME O	F RECIPIENT - INTERNA	TIONAL RESQU	E COMMITTE	E
CHARIT.	ABLE-PROVIDES HEALTH	CARE, INFRAS	TRUCTURE,	LEARNING, AND ECONOMIC
SUPPOR	T DURING HUMANITARIAN	CRISES AND	HELPS PEOP	LE SURVIVE AND REBUILD
THEIR :	LIVES			
		· · · · · · · · · · · · · · · · · · ·		
		<del></del>		

10341506 750950 3379