

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



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

Employer identification number

Nàme of	the organization	TANST	FOUNDATION	ر پر ار پر	Employer identification number	
Organiz	ation type (check o		100000	<u> </u>		
Filers o	f:	Section:				
Form 99	00 or 990-EZ	☐ 501(c)() (enter number) organizatio	n		
		4947(a)(1) no	onexempt charitable trust not t	treated as a private for	undation	
		☐ 527 political	organization			
Form 990-PF		501(c)(3) exe	empt private foundation			
		4947(a)(1) no	onexempt charitable trust treat	ed as a private founda	ation	
		☐ 501(c)(3) taxa	able private foundation			
instruction General	ons.	(r), (o), or (10) organ	nization can check boxes for b	om me General Hule a	and a Special Hule. See	
General (A	For an organization or more (in money	or property) from a	90-EZ, or 990-PF that received iny one contributor. Complete i			
contributor's total		contributions.		OCT 23	20:3	
Special	Rules				: •	
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
			y the General Rule and/or the S n Part IV, line 2, of its Form 99		ot file Schedule B (Form 990, n line H of its Form 990-EZ or on its	

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of or	ganization FOST FOWDING	Employer identification number 58-227 1767			
Part (
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	JACK FRUST PUBUX 3400 GATKSUILLE, GA 30503	\$ 40,000 -	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 Payro!! Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		