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Department of the Treasury

Internal Revenue Service

#### DLN: 93491123004296

OMB No 1545-0052

### **Return of Private Foundation** 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 instructions is at  $\underline{www.irs.gov/form990pf}$ .

Open to Public Inspection

For	caler	ndar year 2015, or tax y	, and ending 12-31-2015							
	e of four	ndation ardship Foundation			A Employer i	dentification numb	er			
Οp	en stew	arasiip i oariaation			45-3682002					
		street (or P O box number if mail is	not delivered to street address)	Room/suite	<b>B</b> Telephone nu	ımber (see ınstruction	ıs)			
10	00 Wilshi	ire Blvd Ste 500			(213) 593-488	5				
		state or province, country, and ZIP c CA 90017	or foreign postal code	1	C If exemption application is pending, check here					
<b>G</b> Cl	neck all	I that apply     Initial return	Initial return of a fo	ormer public charity	D 1 Foreign (	organizations, check h	ere 🕨 🖵			
		Final return Address chang	☐Amended return ge ☐Name change		2. Foreign	organizations, check in organizations meeting ck here and attach co	the 85%			
		pe of organization Section				oundation status was ton 507(b)(1)(A), chec				
		1947(a)(1) nonexempt charital et value of all assets at end	JAccounting method		<del></del>	ation is in a 60-mont				
of	ear <i>(fr</i>	rom Part II, col. (c),	Other (specify)	be on cash basis.)		on 507(b)(1)(B), chec				
		\$ 492,875		Je 6.7 eus.7 zus.6.7		1	T 5			
(The total of amounts in columns necessarily equal the amounts in o instructions))		Analysis of Revenue a (The total of amounts in columns in necessarily equal the amounts in constructions)	), (c), and (d) may not expenses per		Net investment ( <b>b)</b> income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)			
	1	Contributions, gifts, grants, e	etc , received (attach							
		schedule)		792,385						
	2	Check 🟲 🦵 If the foundation	is <b>not</b> required to attach							
	3	Interest on savings and temp	· ·				_			
	4	Dividends and interest from s Gross rents	securities							
	5a   b	Net rental income or (loss)								
Ф	6a	Net gain or (loss) from sale of		0						
Revenue	b	Gross sales price for all asse								
	7	Capital gain net income (from	n Part IV, line 2)			0				
	8	Net short-term capital gain .								
	9	Income modifications								
	10a	Gross sales less returns and allowances	0							
	Ь	Less Cost of goods sold .								
	C	Gross profit or (loss) (attach		0			_			
	11	Other income (attach schedu	·	0	(					
	12	Total.Add lines 1 through 11		792,385	(	0				
	13	Compensation of officers, dir								
	14 15	Other employee salaries and Pension plans, employee ben	- h			1				
Ř	16a	Legal fees (attach schedule).	ļ	0	(		0			
Expenses	ь	Accounting fees (attach sche		1,150	(		1,150			
Ë		Other professional fees (atta		0	(	) (				
₹	17	Interest	·	-			-			
rat	18	Taxes (attach schedule) (see	ŀ	0	(	) (	0			
Administrative	19	Depreciation (attach schedul	·	0	(	) (				
Ē	20	Occupancy								
Ac	21	Travel, conferences, and mee	<b>-</b>	10,201			10,201			
and	22	Printing and publications								
	23	Other expenses (attach sche	edule)	38,119	(	) (	38,119			
Operating	24	Total operating and administ	rative expenses.							
Ž		Add lines 13 through 23		49,470	(		49,470			
0	25	Contributions, gifts, grants p	aıd	262,000			262,000			
	26	Total expenses and disburser 25		311,470	(	)	311,470			
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expe		480,915						
	b   с	Net investment income (if ne Adjusted net income(if negat	- '			,				
	۱ ۲	jasesa net meenike(n negat				_				

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	·
	1	Cash—non-interest-bearing	(a) Book Value 11,960	<b>(b)</b> Book Value 492,875	(c) Fair Market Value 492,875
	2	Savings and temporary cash investments		.,,,,,	,
	3	Accounts receivable			
	3	Less allowance for doubtful accounts	٥	0	0
			o l	0	0
	4	Pledges receivable		0	
	_	Less allowance for doubtful accounts -		U	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		U	0
	7	Other notes and loans receivable (attach schedule)	_		
		Less allowance for doubtful accounts ▶0	0	0	0
۷	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)	0	0	
	b	Investments—corporate stock (attach schedule)	•	0	
	С	Investments—corporate bonds (attach schedule)	0	<b>%</b> 0	0
	11	Investments—land, buildings, and equipment basis $\blacktriangleright$ 0			
		Less accumulated depreciation (attach schedule) $\blacktriangleright$ 0	0	<b>*5</b>	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	<b>6</b>	0
	14	Land, buildings, and equipment basis 🕨0			
		Less accumulated depreciation (attach schedule) ▶ 0	0	•	0
	15	Other assets (describe 🟲)	0	0	0
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	11,960	492,875	492,875
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ę.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule)	0	0	
コ	22	<u> </u>	0	<b>%</b> 0	
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
φ		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			
Ĭ	20	Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets		Paid-in or capital surplus, or land, bldg, and equipment fund			
Š	28	Retained earnings, accumulated income, endowment, or other funds	11,960	492,875	
Net	29	Total net assets or fund balances(see instructions)	11,960	492,875	
Ž	30	· · · · · · · · · · · · · · · · · · ·	11,960	492,875	
	31	Total liabilities and net assets/fund balances(see instructions)	11,900	492,673	
	rt III			1 1	
1		Total net assets or fund balances at beginning of year—Part II, column	• • • • • • • • • • • • • • • • • • • •	· I I	,
_		with end-of-year figure reported on prior year's return)			11,960
2		Enter amount from Part I, line 27a			480,915
3		Other increases not included in line 2 (itemize)		_ 3	0
4		Add lines 1, 2, and 3			492,875
5		Decreases not included in line 2 (itemize)		_ 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), lı	ne 30 <b>. 6</b>	492,875

the Part VI instructions

	the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	ט ן	Date acquired Date sold (d) (mo , day, yr )			
1a								
b								
С								
d								
e								
(e) Gross sales price	Deprectation allowe <b>(f)</b> (or allowable)		t or other basıs expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)				
a								
b								
С								
d								
e								
Complete only for assets	showing gain in column (h) and owne	ed by the foundation	n on 12/31/69		Gains (Col (h) gain minus			
(i) F M V as of 12/31/69	A djusted basis (j) as of 12/31/69		cess of col (ı) r col (յ), ıf any	(I)	ol (k), but not less than -0-) <b>or</b> Losses (from col (h))			
a								
b								
с								
d								
e								
3 Net short-term capit	me or (net capital loss)		- in Part I, line 7	2	0			
ın Part I, line 8 .	Part I, line 8, column (c) (see instru		· · j	3	0			
Part V Qualification	Under Section 4940(e) for R	Reduced Tax or	Net Investme	nt In	icome			
(For optional use by domestic If section 4940(d)(2) applies,	private foundations subject to the se leave this part blank	ection 4940(a) tax	on net investment	ıncom	e )			
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?	┌ Yes ✔ No			
<b>1</b> Enter the appropriate amo	ount in each column for each year, so	ee instructions befo	ore making any ent	ries				
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets		(d) Distribution ratio (col (b) divided by col (c))			
2014	329,705		49,173		6 705001			
2013	229,525		50,278		4 565118			
2012	10,132		35,406		0 286166			
2011	14,660		25,502		0 574857			
2010					0			
<b>3</b> Average distribution	n (d)	vide the total on lin	ie 2 by 5, or by	2	12 131142			
	the foundation has been in existence of noncharitable-use assets for 2015		_	3	3 032786			
			<u> </u>	4	485,491			
	e 3		<u> </u>	5	1,472,390			
	stment income (1% of Part I, line 2	-		6	0			
				7	1,472,390			
8 Enter qualifying disti	ributions from Part XII, line 4			8	311,470			

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	040(a)	or 4948—se	e nag	a 18 of	the inst	ructio		age <b>4</b>	
			, 01 4540 30	.c pag	10 01	the mat	ractio	113)		
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			- }						
<b>L</b>	(attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V	chack			1					
Ь	here F and enter 1% of Part I, line 27b	, check		ļ						
c	•	otions s	ntor 40% of	•						
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations Part I, line 12, col (b)	ations t	Sincer 4 70 Or							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndatıon	s only Othe	rs	2					
3										
4										
	enter -0 -) <b>4</b>									
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter - 0	)	•	5				0	
6	Credits/Payments	6-	l							
a b	2015 estimated tax payments and 2014 overpayment credited to 2015  Exempt foreign organizations—tax withheld at source	6a 6b								
C	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				7				0	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2				8					
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				0	
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	nt over	paid	F	10					
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				0	
Par	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or d	d			Yes	No	
	it participate or intervene in any political campaign?						1a	igsquare	No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	l purposes (	see In	structi	ons				
	for definition)?					•	1b		No	
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities published or distributed by the foundation in connection with the activities.	s ana co	pres or any r	nateria	IS					
С	Did the foundation file <b>Form 1120-POL</b> for this year?						<b>1</b> c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			r						
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers	<b>&gt;</b> \$ _								
e	Enter the reimbursement (if any) paid by the foundation during the year for pol	litical e	xpenditure t	ax ımp	osed					
	on foundation managers 🕨 \$									
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No	
	If "Yes," attach a detailed description of the activities.									
3	Has the foundation made any changes, not previously reported to the IRS, in i	_	_	-		S				
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a cont						3	$\vdash$	No	
4a b	Did the foundation have unrelated business gross income of \$1,000 or more of "If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_					4a 4b	$\vdash$	No	
5	Was there a liquidation, termination, dissolution, or substantial contraction du						5		No	
	If "Yes," attach the statement required by General Instruction T.	g c		•						
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	945)sa	tisfied eithe	r						
	By language in the governing instrument, or					'				
	By state legislation that effectively amends the governing instrument so the	nat no n	nandatory d	rectio	ns					
	that conflict with the state law remain in the governing instrument?						6	Yes		
7	Did the foundation have at least \$5,000 in assets at any time during the year	?If "Yes	s," complete	Part II	, col. (c	),	_			
0-							7	Yes		
8a	Enter the states to which the foundation reports or with which it is registered (	(see ins	scructions)							
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9	90-PF	to the Attor	nev						
-	General (or designate) of each state as required by General Instruction G? If				2		8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the	•	•							
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	ructions for	Part X	(IV)?					
	If "Yes," complete Part XIV						9	$\sqcup \sqcup$	No	
10	Did any persons become substantial contributors during the tax year? If "Yes,	," attach	n a schedule	listing	their n	ames				
	and addresses.						10		No	

Par	Statements Regarding Activities (continued)			
11	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶www openstewardship com			
14	The books are in care of ▶Jaehyun Park  Telephone no ▶(213)	) 593·	-4865	
	Located at ► 1000 Wilshire Blvd Ste 500 Los Angeles CA ZIP+4 ► 90017			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year		·	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Par	t 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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
L	after termination of government service, if terminating within 90 days ) Yes V No			
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 section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.	10		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
·	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			110
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years 🕨 20			
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 <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
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			
	<b>▶</b> 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 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 foundation had excess business holdings in 2015.)	3b	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b	1	No

Pal	Lt ATT-B	Statements Rega	iraing Activi	ties for w	nich Form 4	720 Ma	y be kequirea (C	оптіпи	ea)		
5a	During the	year did the foundation	n pay orıncuraı	ny amount to	1						
	<b>(1)</b> Carry	on propaganda, or othe	rwise attempt to	ınfluence le	gıslatıon (section	on 4945(	e)) <sup>?</sup>	s 🔽 No			
	(2) Influer	nce the outcome of any	specific public	election (see	e section 4955)	, or to ca	rry				
	on, dır	ectly or indirectly, any	voter registration	on drive?				s 🔽 No			
	(3) Provid	e a grant to an individu	al for travel, stu	ıdy, or other	sımılar purpose	s?	ΓYe	s 🔽 No			
	(4) Provid	e a grant to an organiza	ation other than	a charitable	, etc , organızatı	ion descri	ibed				
	ın sect	tion 4945(d)(4)(A)? (s	ee instructions)				<b>┌</b> Y∈	s 🔽 No			
	(5) Provid	e for any purpose other	than religious,	charitable, s	cientific, literar	y, or					
	educat	tional purposes, or for t	s 🔽 No								
b	If any ans	d ın									
	Regulation	ns section 53 4945 or i	ın a current notı	ce regarding	disaster assist	ance (see	e instructions)?		5b	No	
	O rganızatı	ions relying on a curren	it notice regardi	ng disaster a	assistance chec	k here.		. ▶□			
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?										
	If "Yes," at	tach the statement requ	ured by Regulation	ons section 5.	3.4945-5(d).						
6a	Did the foi	undation, during the yea	ar, receive any f	unds, dırectl	y or indirectly, t	o pay pre	miums on				
	a personal	l benefit contract?					Г Ү е	s 🗸 No	,		
b	Did the for	undation, during the yea	ar, pay premium	s, directly or	ndirectly, on a	personal	benefit contract?		6b	No	
	If "Yes" to	6b, file Form 8870.									
7a	At any tım	e during the tax year, v	vas the foundatı	on a party to	a prohibited ta:	x shelter	transaction?   T Ye	s 🔽 No	,		
b	If yes, dıd	the foundation receive	any proceeds o	r have any n	et income attrib	utable to	the transaction?		7b		
=		Information Abou	t Officers, D	irectors, 1	Trustees, Fo	undatio	n Managers, Hig	hly Pai	id Emp	loyees,	
		and Contractors									
1	List all offi	cers, directors, trustee	s, foundation m	anagers and	their compensa	tion (see					
			Title, and		<b>c)</b> Compensatio		(d) Contributions to		Evnens	se account,	
	<b>(a)</b> Nan	ne and address	hours per week (b) devoted to position		not paid, enter -0-)		employee benefit plan	s <b>(e</b> )		allowances	
			(b) devoted to	position	a		d deferred compensat	ıon			
See	Additional [	Data Table									
2	Compensat	ion of five highest-paid	l employees (ot	her than tho	se included on li	ine 1—see	instructions). If non-	e, enter	"NONE.	,,	
	-	(a)	Tutlo	and average			Contributions	to			
Nar	ne and addr	ress of each employee ;		rs per week	(c) Compe	nsation	employee bene			se account,	
	mor	e than \$50,000	(b) devot	ed to positio	n		plans and defer (d) compensatio		) other	allowances	
							(2)				
			+		+		+	-			
					1						
					1						
					-						
					1						
Tata	I number of	other employees hald of	War # 50 000				<b>.</b>	1		^	

Part VIII Information About Officers, Directors, True and Contractors (continued)	stees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). 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 service	es	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers in		Expenses
<b>1</b> N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investment	ss (see instructions)	
Describe the two largest program-related investments made by the foundation dur	ing the tax year on lines 1 and 2	A mount
1 NONE		
2		
All other program-related investments See instructions		
3		
	_	
Total. Add lines 1 through 3		1 0

# Form 990-PF (2015) Part X Minimum Investment Return

ΓŒ	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	492,884
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	492,884
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	492,884
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	7,393
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	485,491
6	Minimum investment return. Enter 5% of line 5	6	24,275
Paı	tixi Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	24,275
2a	Tax on investment income for 2015 from Part VI, line 5 2a 0		, 
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	24,275
4	Recoveries of amounts treated as qualifying distributions	4	, 
5	Add lines 3 and 4	5	24,275
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	24,275
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 🕏	1a	311,470
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	311,470
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	311,470
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the	foundation qualifies for

P	art XIII Undistributed Income (see ins	tructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d</b> ) 2015
1	Distributable amount for 2015 from Part XI, line 7	·			24,27
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only				
ь	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010	0			
b	From 2011	5			
c	From 2012 8,36	2			
d	From 2013	1			
е	From 2014	6			
f	<b>Total</b> of lines 3a through e	576,004			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 311,470				
а	Applied to 2014, but not more than line 2a			0	
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 2015 distributable amount				24,275
	Remaining amount distributed out of corpus	287,195			
5	Excess distributions carryover applied to 2015				(
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	863,199			
	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				
d	Subtract line 6c from line 6b Taxable amount				
_	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			0	
t	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				(
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	0			
_	be required - see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2016.				
-	Subtract lines 7 and 8 from line 6a	863,199			
10	Analysis of line 9				
а	Excess from 2011 13,38				
b	Excess from 2012 576,00				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015 287,19	5			

	m 990-PF (2015) Part XIV Private Operating Founda	tions (see unstru	ictions and Dart	VII A quaction	. 0)	Page <b>10</b>
	•	•		· · ·	1 9)	
	If the foundation has received a ruling or determined foundation, and the ruling is effective for 2015	, enter the date of t	he ruling	▶ ∟		
	Check box to indicate whether the organizatio		ting foundation de:		4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(-,
	year listed	0				0
b	85% of line 2a	0				0
c	Qualifying distributions from Part XII, line 4 for each year listed	0				0
d	A mounts included in line 2c not used directly for active conduct of exempt activities					0
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0				0
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)					
b	,					
	of minimum investment return shown in					
_	Part X, line 6 for each year listed "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					
Pa	ort XV Supplementary Information (	(Complete this	part only if th	e organizatio	n had \$5,000 o	r more in
<u> </u>	assets at any time during the Information Regarding Foundation Managers:		tructions.)			
_	List any managers of the foundation who have before the close of any tax year (but only if the	contributed more th				ation
	O pen Bank Substantial Contributor	,	, ,	, ,	, ,	
b	List any managers of the foundation who own 1	.0% or more of the :	stock of a corpora	tion (or an equally	large portion of th	e
	ownership of a partnership or other entity) of w	hich the foundation	has a 10% or gre	eater interest		
_						
2	Information Regarding Contribution, Grant, Gi	ft, Loan, Scholarshi	p, etc., Programs:			
	Check here T if the foundation only makes of unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and	n makes gifts, gran				
_						
а	The name, address, and telephone number or	e-mail address of th	ne person to whom	n applications sho	uld be addressed	
	Stewardship Program		·			
	c/o Open Stewardship Foundation					
	1000 Wilshire Blvd 500					
	Los Angeles, CA 90017					
	(213)593-4885 N/A					
_	·			ala a a a a a a a a a a a a a a a a a a		
b	The form in which applications should be subr			-		
	Applications are accepted by mail or hand del letter, signed tax returns for the prior two yea					
	detailed description of organization overview,					
	and projected budgets	a a comprehensi	. 5 aa actanea de	cparon or propo	Programs, proj	
	: Any submission deadlines					
_	All applications must be received or postmark	ced by November 30	<b>1</b>			
	applications must be received or postillar	5, 11010111001 50	-			

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

The following entities are ineligible political organizations and organizations attempting to influence legislation, for-profit organizations, churches, seminaries, individual and group missionaries, public media, and organizations that will use grants for loans, investments, fundraising events

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 262,000 **b** Approved for future payment

	ing Activitie	5			Page <b>1</b> 2	
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt function income	
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	(See instructions)	
a b						
c						
e f						
<ul> <li>g Fees and contracts from government agencies</li> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul>						
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate						
a Debt-financed property b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory .						
Dother revenue a b						
c d						
e 2 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e)		0		.3	•	
(See worksheet in line 13 instructions to verify of Part XVI-B Relationship of Activities to		olishment of E	xempt Purpos	es		
Line No. Explain below how each activity for whi the accomplishment of the foundation's	ch income is rep	oorted in column (	e) of Part XVI-A c	ontributed importa		
instructions )						
the accomplishment of the loundation's						
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Par	t XVI.	Noncharitable					nsactio	ns and	Keiationsnips	with			
		rganization directly or in	ndırectly e	engage	ın any of	the following v						Yes	No
	ganızat	• •			(0)(0) 0	, ga <u>2</u>	0 00.		relating to politic				
_	•	s from the reporting four	ndation to	a nonch	narıtable (	exempt organ	ızatıon o	f					
(1)	) Cas	h									1a(1)		No
(2	) Oth	erassets									1a(2)		No
<b>b</b> Ot	:her tra	insactions											
(1)	) Sale	s of assets to a noncha	rıtable ex	empt or	ganızatıoı	n					1b(1)		No
		hases of assets from a									1b(2)		No
(3	) Rent	tal of facilities, equipme	nt, or othe	rasset	s						1b(3)		No
		nbursement arrangemer									1b(4)		No
		ns or loan guarantees.									1b(5)		No
		rmance of services or m									1b(6)		No
	-	of facilities, equipment, i			=						1c		No
		swer to any of the above										lue	
of '	the go any tra	ods, other assets, or se ansaction or sharing arr (b) Amount involved	rvices giv angement	en by th , show i	ne reporti n column	ng foundation	If the foot of the go	oundation of the	received less thai	n fair marko ces receivo	et value ed	!	nts
(4)	- 110	(D) ranount arrowed	(c) Hame	01 11011011	arrable ext	singe organization	. (	, Description	or transfers, transact	ions, and she	ining arra	ngee.	
							_						
de	scribe	undation directly or indi d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule		an sectio		or in sect			otion of relati		es 🔽	No
Sign Here	the Info	der penalties of perjury, best of my knowledge a rmation of which prepar *****  Signature of officer or t	nd belief, er has an	ıt ıs tru	e, correct		te Decla			May t May t return with t below	r) is ba: he IRS di he prepa	sed on scuss th	all nis wn
		1		I			In-t-		Ch 1 6 16		nstr )? 🗸	resi	NO
		Print/Type preparer's Kristin D Rasmusse		Prepai	rer's Sıgn	ature	Date		Check if self- employed ►	PTIN	004444	147	
Use	arer		LP				•		Firm's EIN ► 3	5-092168	0		
Only	•	Firm's address ►  15233 Ventura BoulevardNinth FloorSherman Oaks, CA 914032250							Phone no (818	3)501-520	00		

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account,  (e) other allowances
Brian Choi	Chairman	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Ernest Dow	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Jason Hwang	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Soo Hun Jung	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Mın J Kım	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Ock Hee Kım	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Susan Park	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Yong Sın Shın	Director	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Christine Oh	President	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Jaehyun Park	Chief Financial Officer	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			
Jay Jehwan Seong	Secretary	0	0	0
1000 Wilshire Blvd Ste 500 Los Angeles, CA 90017	1 000			

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
<b>a</b> Paid during the year				
America Wheat (Milal) Mission in Southern California 12235 Beach Blvd ste 100 Stanton,CA 90680	none	PC	Summer A gape Camp	10,000
Asian American Job Training Center 1543 W Olympic Blvd suite 328 Los Angeles, CA 90015	none	PC	Upgrading Educational Equipments	8,000
Blessed Sacrament Sisters of Charity Inc 248 S Mariposa Ave Los Angeles, CA 90004	none	PC	Maintenance facilities	3,000
Christian Counseling Services 3600 Wilshire Blvd Ste 820 Los Angeles, CA 90010	none	PC	Seminar and Counseling	4,000
Cırcle of Friends in Love 20506 E Meghan Ct Walnut, CA 91789	none	PC	Summer Camp, 5k/10k Run, Insurance, Concert	12,000
Communities Actively Living Independent & Free (CALIF) 634 South Spring St Los Angeles, CA 90014	none	PC	Disabled & Senior Supporting Program / Wheel Chair	5,000
Gilgal Recovery Ministry 9926 Birchdale Ave Downey,CA 90240	none	PC	O peration House of Thanksgiving	5,000
Hanmı Famıly Counseling Center 12362 Beach blvd Stanton,CA 90680	none	PC	Antı-drug program	10,000
Happy Village-The Korea Daily 690 Wilshire Pl Los Angeles, CA 90005	none	PC	jumper distribution for homeless	5,000
Home on the Green Pastures 705 W La Veta Ave 204C Orange,CA 92868	none	PC	Social rehabilitation Program /preparing 2nd home	10,000
Hope Sight Mission Association 1029 S Normandie Ave Los Angeles, CA 90006	none	PC	Upgrading Educational Equipments	10,000
Jesus Love World Mission 700 S San Pedro St 102 Los Angeles, CA 90014	none	PC	Homeless Ministry	3,000
Joy Center for the Disabled 201 Aquila Ave Fullerton, CA 92831	none	PC	Saturday school & Summer school	8,000
Koinonia Mission 20907 Normandie Ave Torrance,CA 90501	none	PC	Seniors and nusing home Ministry	4,000
Korean American Family Services (KFAM) 3727 W 6th St ste 320 Los Angeles, CA 90020	none	PC	Foster Program	16,000
Total			▶ 3a	262,000

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Korean American Mission Center for Addiction Recovery 19763 Valley Blvd Walnut, CA 91789	none	PC	Addiction Recovery Program	2,000
Korean American Special Education Center 13353 Alondra Blvd ste 110 Santa Fe Springs, CA 90670	none	PC	Intellectual/Developmental Disabilities Program	8,000
Korean Community Services 7212 Orangethorpe Ave Buena Park, CA 90620	none	PC	Health Navigation Program	8,000
Korean Resource Center 3660 Wilshire Blvd 408 Los Angeles, CA 90010	none	PC	Senior Health Program	8,000
Korean Senior Citizen's Association of San Fernando Valley 18531 Gresham St Northridge, CA 91324	none	POF	Free Lunch for Seniors	3,000
Koreatown Senior and Community Center Inc 965 S Normandie Ave 200 Los Angeles, CA 90006	none	PC	Senior Education	3,000
Koreatown Youth and Community Center (KYCC) 3727 West 6th St ste 300 Los Angeles, CA 90020	none	PC	Mentoring After school Program	5,000
LA Mom and Dad Mission 1711 W 3rd St 305 Los Angeles, CA 90017	none	PC	Seniors and nusing home Ministry	3,000
Love In Music 680 Wilshire Place suite 412 Los Angeles, CA 90005	none	PC	Music lesson for Low-income family students	5,000
Mental Health Family Mission 9778 Katela Ave Suite 102 Anaheim, CA 90804	none	PC	Intellectual Disabilities' family program	3,000
Mid-Cities Korean American Senior Assciation 19411 Pearl Ct F Cerritos, CA 90703	none	PC	Computer / English class	3,000
Oaks of Righteousness Ministry 515 Crocker st Los Angeles,CA 90013	none	PC	Walk-ın Cooler & Freezer	35,000
Pacific Bridge Housing Corp 500 S McPherrin Ave Monterey Park, CA 91754	none	PC	General Operation / Van Operating	5,000
Shalom Center For TREE of Life 2975 Wilshire Blvd ste 415 Los Angeles, CA 90010	none	PC	Programs for the low-income family	3,000
Shalom Disability Ministries 2869 W Pico Blvd Los Angeles, CA 90006	none	PC	Programs for Disabled / Wheel Chair	5,000
Total			▶ 3a	262,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution		
<b>a</b> Paid during the year					
Shalom Life Line PO Box 741077 Los Angeles,CA 90004	none	PC	Counselor education	5,000	
Siloam Healing Mission Center 939 S Gramercy Dr Los Angeles, CA 90019	none	PC	Homeless Ministry	3,000	
Somang Society 17211 Valley View Ave Cerritos, CA 90703	none	PC	Emergency Card / General O peration	8,000	
South Bay Ko-Am Senior Center 1047 W 164th St Gardena,CA 90247	none	PC	Computer / English class	3,000	
The Angels Dream Foundation 125 N Western Ave Suite 109 Los Angeles, CA 90004	none	PC	Giving Tree Shop and Education for Disabilities	3,000	
The Little Jesus Family LA Inc 1137 Arapahoe St Los Angeles, CA 90006	none	PC	Maintenance facilities	5,000	
The Street Mission Los Angeles (Precious People) 1856 W 11th Pl Los Angeles, CA 90274	none	PC	Homeless Ministry	4,000	
The Well Mission 4708-4710 W Adams Blvd Los Angeles, CA 90016	none	PC	Homeless Ministry	4,000	
Vision Care Service West 630 W 6th St ste 608 Los Angeles, CA 90017	none	PC	Vision Camp	10,000	
Watered Garden Mission for Physically Challenged 1335 W Valencia Dr A Fullerton, CA 92833	none	PC	Program for Disabled / Nanta class / New Van	5,000	
Total			▶ 3a	262,000	

## **TY 2015 Accounting Fees Schedule**

Name: Open Stewardship Foundation

**EIN:** 45-3682002

**Software ID:** 15000238

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting Fees	1,150			1,150

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491123004296

#### **TY 2015 Investments - Land Schedule**

Name: Open Stewardship Foundation

**EIN:** 45-3682002

**Software ID:** 15000238

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land				
Building			0	
LeasholdImprovement			0	
Equipment			0	
Other			0	

Tellie GKAPHIC	print - DO NOT PROCESS	AS FILEU Data -	DLN: 934911230	ノロチとラリ

# TY 2015 Land, Etc. Schedule

Name: Open Stewardship Foundation

**EIN:** 45-3682002

**Software ID:** 15000238

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land				
Building			0	
LeasholdImprovement			0	
Equipment			0	
Other			0	

## **TY 2015 Other Expenses Schedule**

Name: Open Stewardship Foundation

**EIN:** 45-3682002

**Software ID:** 15000238

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advertising	31,361			31,361
Filing Fees	85			85
Miscellaneous	6,673			6,673

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As Filed Data -

#### DLN: 93491123004296

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Open Stewardship Foundation

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

**Employer identification number** 

		45-3682002
Organi	zation type (check o	ne)
Filers	of:	Section:
Form 99	90 or 990-EZ	☐ 501(c)( ) (enter number) organization
		☐ 527 political organization
Form 99	90-PF	501(c)(3) exempt private foundation
		□ 501(c)(3) taxable private foundation
Genera	al Rule  For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions
Specia		
	under sections 509(a received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the regulations (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 e contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990-EZ, line 1 Complete Parts I and II
	during the year, total o	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III
·	during the year, contr this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ibutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., olete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
Open Stewardship Foundation

Employer identification number 45-3682002

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
1	Open Bank		Person	<u>্</u>
	1000 Wilshire Blvd Suite 500	\$ 792,385	Payroll	Г
	Los Angeles, CA 90017		Noncash	Γ
	Los Angeles, emperi		(Complete Part II f contributions )	or noncash
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Г
		· · · · · · · · · · · · · · · · · · ·	Noncash	Γ
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Γ
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
	_		Person	Γ
		\$	Payroll	Г
	-		Noncash	Γ
			(Complete Part II f contributions )	or noncash

Name of organization O pen Stewardshıp Foundatıon		Employer identification n	Employer identification number	
		45-3682002		
	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	
		\$		
(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	
(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	

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)
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l undation		Employer identification number 45-3682002	
e than \$1,000 for the year from any o	one contributor. Complete columns III, enter the total of <i>exclusively</i> relig rmation once. See instructions.) ►	(a) through (e) and the following gious, charitable, etc., contributions	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
(e) Transfer of gift Transferee's name, address, and ZIP4 Relatio		onship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address, an	(e) Transfer of gift ad ZIP4 Relati	ionship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
(e) Transfer of gift  Transferee's name, address, and ZIP4  Relation		ionship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name, address, an	(e) Transfer of gift ad ZIP4 Relati	ionship of transferor to transferee	
	// religious, charitable, etc., contribute than \$1,000 for the year from any of for organizations completing Part or less for the year. (Enter this informate copies of Part III if additional space is  (b) Purpose of gift  Transferee's name, address, and the copies of gift	### Address and ZIP4    Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and ZIP4   Transferee's name, address, and	