

Form 990-PF

Department of the Treasury  
Internal Revenue Service

## 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 separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2016

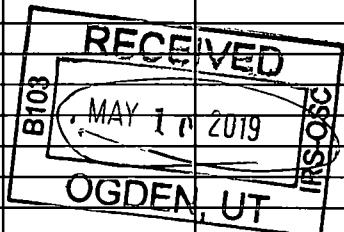
Open to Public Inspection

For Calendar year 2016 or tax year beginning

, and ending

|                                                                                                                           |                               |                                                                                                                       |                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>THE SWAMINATHAN AND GARG FOUNDATION</b>                                                          |                               |                                                                                                                       | A Employer identification number<br>30-0405066                                                                                                                                                                                                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>28853 WOODMILL DRIVE</b>           |                               |                                                                                                                       | Room/suite                                                                                                                                                                                                                                                                             |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>WESTLAKE OH 44145</b>                      |                               |                                                                                                                       |                                                                                                                                                                                                                                                                                        |
| Foreign country name                                                                                                      | Foreign province/state/county | Foreign postal code                                                                                                   |                                                                                                                                                                                                                                                                                        |
| <b>G Check all that apply</b>                                                                                             |                               |                                                                                                                       | <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |
| <b>H Check type of organization</b>                                                                                       |                               |                                                                                                                       | <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                    |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 285,348                            | J Accounting method           | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) |                                                                                                                                                                                                                                                                                        |
| <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/> |                               |                                                                                                                       |                                                                                                                                                                                                                                                                                        |

| <b>Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</b> |                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>Revenue</b>                                                                                                                                                            | 1 Contributions, gifts, grants, etc., received (attach schedule)                     | 31,849                             |                           |                         |                                                             |
|                                                                                                                                                                           | 2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 3 Interest on savings and temporary cash                                             | 932                                | 932                       |                         |                                                             |
|                                                                                                                                                                           | 4 Dividends and interest from securities                                             | 2,105                              | 2,105                     |                         |                                                             |
|                                                                                                                                                                           | 5a Gross rents                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | b Net rental income or (loss)                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 6a Net gain or (loss) from sale of assets not on line 10                             | 5,372                              |                           |                         |                                                             |
|                                                                                                                                                                           | b Gross sales price for all assets on line 6a                                        | 5,372                              |                           |                         |                                                             |
|                                                                                                                                                                           | 7 Capital gain net income (from Part IV, line 2)                                     |                                    | 5,372                     |                         |                                                             |
|                                                                                                                                                                           | 8 Net short-term capital gain                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 9 Income modifications                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 10a Gross sales less returns and allowances                                          |                                    |                           |                         |                                                             |
| b Less Cost of goods sold                                                                                                                                                 |                                                                                      |                                    |                           |                         |                                                             |
| c Gross profit or (loss) (attach schedule)                                                                                                                                |                                                                                      |                                    |                           |                         |                                                             |
| 11 Other income (attach schedule)                                                                                                                                         |                                                                                      |                                    |                           |                         |                                                             |
| <b>12 Total. Add lines 1 through 11</b>                                                                                                                                   | <b>40,258</b>                                                                        | <b>8,409</b>                       | <b>0</b>                  |                         |                                                             |
| <b>Operating and Administrative Expenses</b>                                                                                                                              | 13 Compensation of officers, directors, trustees, etc                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 14 Other employee salaries and wages                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 15 Pension plans, employee benefits                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 16a Legal fees (attach schedule)                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | b Accounting fees (attach schedule) <b>05/10/19</b>                                  | 310                                | 310                       |                         |                                                             |
|                                                                                                                                                                           | c Other professional fees (attach schedule)                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 17 Interest                                                                          | 64                                 |                           |                         |                                                             |
|                                                                                                                                                                           | 18 Taxes (attach schedule) (see instructions)                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 19 Depreciation (attach schedule) and depletion                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 20 Occupancy                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 21 Travel, conferences, and meetings                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 22 Printing and publications                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                           | 23 Other expenses (attach schedule)                                                  | 100                                | 100                       |                         |                                                             |
|                                                                                                                                                                           | <b>24 Total operating and administrative expenses.</b>                               | <b>474</b>                         | <b>410</b>                | <b>0</b>                | <b>0</b>                                                    |
| 25 Contributions, gifts, grants paid                                                                                                                                      | 24,500                                                                               |                                    |                           | 24,500                  |                                                             |
| <b>26 Total expenses and disbursements. Add lines 24 and 25</b>                                                                                                           | <b>24,974</b>                                                                        | <b>410</b>                         | <b>0</b>                  | <b>24,500</b>           |                                                             |
| <b>27 Subtract line 26 from line 12</b>                                                                                                                                   |                                                                                      |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                                       | 15,284                                                                               |                                    |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                                          |                                                                                      | 7,999                              |                           |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                            |                                                                                      |                                    | 0                         |                         |                                                             |



|                             | Part II<br>Balance Sheets | Attached schedules and amounts in the description column<br>should be for end-of-year amounts only (See instructions )     | Beginning of year | End of year    |                       |
|-----------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                           |                                                                                                                            | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1                         | Cash—non-interest-bearing                                                                                                  | 28,701            | 27,479         | 27,479                |
|                             | 2                         | Savings and temporary cash investments                                                                                     | 42,330            | 41,835         | 41,835                |
|                             | 3                         | Accounts receivable ►                                                                                                      |                   |                |                       |
|                             |                           | Less allowance for doubtful accounts ►                                                                                     |                   |                |                       |
|                             | 4                         | Pledges receivable ►                                                                                                       |                   |                |                       |
|                             |                           | Less allowance for doubtful accounts ►                                                                                     |                   |                |                       |
|                             | 5                         | Grants receivable                                                                                                          |                   |                |                       |
|                             | 6                         | Receivables due from officers, directors, trustees, and other<br>disqualified persons (attach schedule) (see instructions) |                   |                |                       |
|                             | 7                         | Other notes and loans receivable (attach schedule) ►                                                                       |                   |                |                       |
|                             |                           | Less allowance for doubtful accounts ►                                                                                     |                   |                |                       |
|                             | 8                         | Inventories for sale or use                                                                                                |                   |                |                       |
|                             | 9                         | Prepaid expenses and deferred charges                                                                                      |                   |                |                       |
|                             | 10a                       | Investments—U S and state government obligations (attach schedule)                                                         |                   |                |                       |
|                             | b                         | Investments—corporate stock (attach schedule)                                                                              | 145,526           | 190,213        | 216,034               |
|                             | c                         | Investments—corporate bonds (attach schedule)                                                                              |                   |                |                       |
| Liabilities                 | 11                        | Investments—land, buildings, and equipment basis ►                                                                         |                   |                |                       |
|                             |                           | Less accumulated depreciation (attach schedule) ►                                                                          |                   |                |                       |
|                             | 12                        | Investments—mortgage loans                                                                                                 |                   |                |                       |
|                             | 13                        | Investments—other (attach schedule)                                                                                        |                   |                |                       |
|                             | 14                        | Land, buildings, and equipment basis ►                                                                                     |                   |                |                       |
|                             |                           | Less accumulated depreciation (attach schedule) ►                                                                          |                   |                |                       |
|                             | 15                        | Other assets (describe ► )                                                                                                 |                   |                |                       |
|                             | 16                        | <b>Total assets</b> (to be completed by all filers—see the<br>instructions Also, see page 1, item I)                       | 216,557           | 259,527        | 285,348               |
| Net Assets or Fund Balances | 17                        | Accounts payable and accrued expenses                                                                                      |                   |                |                       |
|                             | 18                        | Grants payable                                                                                                             |                   |                |                       |
|                             | 19                        | Deferred revenue                                                                                                           |                   |                |                       |
|                             | 20                        | Loans from officers, directors, trustees, and other disqualified persons                                                   |                   |                |                       |
|                             | 21                        | Mortgages and other notes payable (attach schedule)                                                                        |                   |                |                       |
|                             | 22                        | Other liabilities (describe ► )                                                                                            | 0                 | 0              |                       |
|                             | 23                        | <b>Total liabilities</b> (add lines 17 through 22)                                                                         | 0                 | 0              |                       |
|                             |                           | Foundations that follow SFAS 117, check here ► <input type="checkbox"/>                                                    |                   |                |                       |
|                             |                           | and complete lines 24 through 26 and lines 30 and 31.                                                                      |                   |                |                       |
|                             | 24                        | Unrestricted                                                                                                               |                   |                |                       |
|                             | 25                        | Temporarily restricted                                                                                                     |                   |                |                       |
|                             | 26                        | Permanently restricted                                                                                                     |                   |                |                       |
|                             |                           | Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>                                  |                   |                |                       |
|                             |                           | and complete lines 27 through 31.                                                                                          |                   |                |                       |
|                             | 27                        | Capital stock, trust principal, or current funds                                                                           |                   |                |                       |
|                             | 28                        | Paid-in or capital surplus, or land, bldg , and equipment fund                                                             |                   |                |                       |
|                             | 29                        | Retained earnings, accumulated income, endowment, or other funds                                                           | 216,557           | 259,527        |                       |
|                             | 30                        | <b>Total net assets or fund balances</b> (see instructions)                                                                | 216,557           | 259,527        |                       |
|                             | 31                        | <b>Total liabilities and net assets/fund balances</b> (see<br>instructions)                                                | 216,557           | 259,527        |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |                                                                                                                                                             |   |         |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with<br>end-of-year figure reported on prior year's return) | 1 | 216,557 |
| 2 | Enter amount from Part I, line 27a                                                                                                                          | 2 | 15,284  |
| 3 | Other increases not included in line 2 (itemize) ► <b>GAIN ON INVESTMENTS</b>                                                                               | 3 | 27,686  |
| 4 | Add lines 1, 2, and 3                                                                                                                                       | 4 | 259,527 |
| 5 | Decreases not included in line 2 (itemize) ►                                                                                                                | 5 |         |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30                                                         | 6 | 259,527 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)                                                             |                                                                                     |                                                 | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo., day, yr) | (d) Date sold<br>(mo., day, yr)                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------|
| 1a                                                                                                                                                                                            |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| b                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| c                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| d                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| e Capital Gains Distributions                                                                                                                                                                 |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| (e) Gross sales price                                                                                                                                                                         | (f) Depreciation allowed<br>(or allowable)                                          | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |                                     |                                                                                        |
| a                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| b                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| c                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| d                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| e                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     | 5,372                                                                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                                                                                   |                                                                                     |                                                 |                                              |                                     | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
| (i) FMV as of 12/31/69                                                                                                                                                                        | (j) Adjusted basis<br>as of 12/31/69                                                | (k) Excess of col (i)<br>over col (j), if any   |                                              |                                     |                                                                                        |
| a                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| b                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| c                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| d                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     |                                                                                        |
| e                                                                                                                                                                                             |                                                                                     |                                                 |                                              |                                     | 5,372                                                                                  |
| 2 Capital gain net income or (net capital loss)                                                                                                                                               | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } |                                                 |                                              | 2                                   | 5,372                                                                                  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | { }                                                                                 |                                                 |                                              | 3                                   | 0                                                                                      |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2015                                                                 | 37,500                                   | 216,096                                      | 0 173534                                                  |
| 2014                                                                 | 24,250                                   | 179,028                                      | 0 135454                                                  |
| 2013                                                                 | 18,250                                   | 132,755                                      | 0 137471                                                  |
| 2012                                                                 | 19,900                                   | 98,779                                       | 0 201460                                                  |
| 2011                                                                 | 16,500                                   | 54,745                                       | 0 301397                                                  |

- 2 Total of line 1, column (d) 2 0 949316
- 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0 189863
- 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 4
- 5 Multiply line 4 by line 3 5
- 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 0
- 7 Add lines 5 and 6 7 0
- 8 Enter qualifying distributions from Part XII, line 4 8 0

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 the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

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 3/27/2007 (attach copy of letter if necessary—see instructions)

1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 27b

1c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5 **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-

6 Credits/Payments

a 2016 estimated tax payments and 2015 overpayment credited to 2016

b Exempt foreign organizations—tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments Add lines 6a through 6d

8 Enter any **penalty** for underpayment of estimated tax Check here  if Form 2220 is attached

9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**

10 **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**

11 Enter the amount of line 10 to be **Credited to 2017 estimated tax** ► Refunded ►

|    |     |
|----|-----|
| 1  | N/A |
| 2  | 0   |
| 3  | 0   |
| 4  |     |
| 5  | 0   |
| 6a |     |
| 6b |     |
| 6c |     |
| 6d |     |
| 7  | 0   |
| 8  |     |
| 9  | 0   |
| 10 | 160 |
| 11 | 160 |

**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 intervene in any political campaign?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?  
*If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*

1c Did the foundation file Form 1120-POL for this year?

1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  
(1) On the foundation ► \$ \_\_\_\_\_ (2) On foundation managers ► \$ \_\_\_\_\_

1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ \_\_\_\_\_

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?  
*If "Yes," attach a detailed description of the activities*

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?  
*If "Yes," attach the statement required by General Instruction T*

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► OH  
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*

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*

10 Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 1c | X   |    |
| 2  | X   |    |
| 3  | X   |    |
| 4a | X   |    |
| 4b | N/A |    |
| 5  | X   |    |
| 6  | X   |    |
| 7  | X   |    |
| 8b | X   |    |
| 9  | X   |    |
| 10 | X   |    |

**Part VII-A 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)                                                                                                                                      | <input type="checkbox"/> Yes                   | <input checked="" type="checkbox"/> 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)                                                                                                                                     | <input type="checkbox"/> 12                    | <input checked="" type="checkbox"/> X                                            |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►                                                                                                                                                                                        | <input type="checkbox"/> 13                    | <input checked="" type="checkbox"/> X                                            |
| 14 | The books are in care of ► SANJAY GARG<br>Located at ► 28853 WOODMILL DRIVE WESTLAKE OH                                                                                                                                                                                                                                      | Telephone no ► (440) 892-1317<br>ZIP+4 ► 44145 |                                                                                  |
| 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 ► <input type="checkbox"/> 15                                                                                                      |                                                |                                                                                  |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► | <input type="checkbox"/> 16                    | <input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> X |

**Part 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>1a</b>                                                                               | 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?                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2)                                                                                     | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3)                                                                                     | Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4)                                                                                     | Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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)?                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6)                                                                                     | Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</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)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>                                                                                                                                                               | <b>1b</b>                    | <b>N/A</b>                             |
| <b>c</b>                                                                                | 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 2016?                                                                                                                                                                                                                                                                                                                 | <b>1c</b>                    | <input checked="" type="checkbox"/> X  |
| <b>2</b>                                                                                | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                           |                              |                                        |
| <b>a</b>                                                                                | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|                                                                                         | If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                        |
| <b>b</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 statement—see instructions )                                                                                                                                                                                          | <b>2b</b>                    | <b>N/A</b>                             |
| <b>c</b>                                                                                | 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 ► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                 |                              |                                        |
| <b>3a</b>                                                                               | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b>                                                                                | If "Yes," did it have excess business holdings in 2016 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016</i> ) | <b>3b</b>                    | <b>N/A</b>                             |
| <b>4a</b>                                                                               | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b>                    | <input checked="" type="checkbox"/> X  |
| <b>b</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 2016?                                                                                                                                                                                                                                                                       | <b>4b</b>                    | <input checked="" type="checkbox"/> X  |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |    |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|-----|
| 5a | During the year did the foundation pay or incur any amount to<br>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?<br>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?<br>(3) Provide a grant to an individual for travel, study, or other similar purposes?<br>(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions)<br>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |     |
| b  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?<br>Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | 5b | N/A |
| 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?<br><i>If "Yes," attach the statement required by Regulations section 53 4945–5(d)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |     |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?<br>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br><i>If "Yes" to 6b, file Form 8870</i>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6b | X   |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?<br>b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 7b | N/A |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-----------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SANJAY GARG<br>28853 WOODMILL DR WESTLAKE, OH 44145 | DIRECTOR<br>2 00                                          | 0                                         |                                                                       |                                       |
| -----                                               |                                                           |                                           |                                                                       |                                       |
| -----                                               |                                                           |                                           |                                                                       |                                       |
| -----                                               |                                                           |                                           |                                                                       |                                       |
| -----                                               |                                                           |                                           |                                                                       |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (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                                                          |                                                           |                  |                                                                       |                                       |
| -----                                                         |                                                           |                  |                                                                       |                                       |
| -----                                                         |                                                           |                  |                                                                       |                                       |
| -----                                                         |                                                           |                  |                                                                       |                                       |
| -----                                                         |                                                           |                  |                                                                       |                                       |

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



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (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                                                        |                     |                  |
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#### **Part IX-A. Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of beneficiaries, the amount of money spent, and the type of organization receiving the funds.

|                                                                                                   |                                         |
|---------------------------------------------------------------------------------------------------|-----------------------------------------|
| organizations and other beneficiaries served, conferences convened, research papers produced, etc |                                         |
| <b>1</b>                                                                                          | <b>SIX SCHOLARSHIP TOTALING \$24500</b> |
| 2                                                                                                 |                                         |
| 3                                                                                                 |                                         |
| 4                                                                                                 |                                         |

**Part IX-B      Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

|                                                        |      |  |
|--------------------------------------------------------|------|--|
| 1                                                      | NONE |  |
| 2                                                      |      |  |
| 3                                                      |      |  |
| All other program-related investments See instructions |      |  |
| 3                                                      |      |  |

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see instructions )

|   |                                                                                                            |      |
|---|------------------------------------------------------------------------------------------------------------|------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes |      |
| a | Average monthly fair market value of securities                                                            | 1a   |
| b | Average of monthly cash balances                                                                           | 1b   |
| c | Fair market value of all other assets (see instructions)                                                   | 1c   |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                      | 1d 0 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | 1e   |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                       | 2    |
| 3 | Subtract line 2 from line 1d                                                                               | 3    |
| 4 | Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)     | 4    |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 0  |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                       | 6 0  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part )

|    |                                                                                                         |     |
|----|---------------------------------------------------------------------------------------------------------|-----|
| 1  | Minimum investment return from Part X, line 6                                                           | 1   |
| 2a | Tax on investment income for 2016 from Part VI, line 5                                                  | 2a  |
| b  | Income tax for 2016 (This does not include the tax from Part VI )                                       | 2b  |
| c  | Add lines 2a and 2b                                                                                     | 2c  |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1                                    | 3   |
| 4  | Recoveries of amounts treated as qualifying distributions                                               | 4   |
| 5  | Add lines 3 and 4                                                                                       | 5 0 |
| 6  | Deduction from distributable amount (see instructions)                                                  | 6   |
| 7  | <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 0 |

**Part XII Qualifying Distributions** (see instructions)

|   |                                                                                                                                                     |           |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes                                                           |           |
| a | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26                                                                         | 1a 24,500 |
| b | Program-related investments—total from Part IX-B                                                                                                    | 1b        |
| 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                                                                                 |           |
| a | Suitability test (prior IRS approval required)                                                                                                      | 3a        |
| b | Cash distribution test (attach the required schedule)                                                                                               | 3b        |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                    | 4 24,500  |
| 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 (see instructions) | 5         |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                               | 6 24,500  |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2015 | (c)<br>2015 | (d)<br>2016 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2016 from Part XI, line 7                                                                                                                       |               |                            |             |             |
| 2 Undistributed income, if any, as of the end of 2016                                                                                                                      |               |                            |             |             |
| a Enter amount for 2015 only                                                                                                                                               |               |                            | 0           |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                             |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2016.                                                                                                                         |               |                            |             |             |
| a From 2011 13,377                                                                                                                                                         |               |                            |             |             |
| b From 2012 14,961                                                                                                                                                         |               |                            |             |             |
| c From 2013 11,642                                                                                                                                                         |               |                            |             |             |
| d From 2014 15,373                                                                                                                                                         |               |                            |             |             |
| e From 2015 26,759                                                                                                                                                         |               |                            |             |             |
| f Total of lines 3a through e 82,112                                                                                                                                       |               |                            |             |             |
| 4 Qualifying distributions for 2016 from Part XII, line 4 ► \$ 24,500                                                                                                      |               |                            |             |             |
| a Applied to 2015, but not more than line 2a                                                                                                                               |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required—see instructions)                                                                                      |               |                            |             |             |
| c Treated as distributions out of corpus (Election required—see instructions)                                                                                              |               |                            |             |             |
| d Applied to 2016 distributable amount                                                                                                                                     |               |                            |             |             |
| e Remaining amount distributed out of corpus 24,500                                                                                                                        |               |                            |             |             |
| 5 Excess distributions carryover applied to 2016 (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:                                                                                                                   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 106,612                                                                                                                  |               |                            |             |             |
| 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 |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount—see instructions                                                                                                            |               |                            |             |             |
| e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions                                                                              |               |                            |             |             |
| f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 0                                                              |               |                            |             |             |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)         |               |                            |             |             |
| 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) 13,377                                                                       |               |                            |             |             |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a 93,235                                                                                       |               |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                      |               |                            |             |             |
| a Excess from 2012 14,961                                                                                                                                                  |               |                            |             |             |
| b Excess from 2013 11,642                                                                                                                                                  |               |                            |             |             |
| c Excess from 2014 15,373                                                                                                                                                  |               |                            |             |             |
| d Excess from 2015 26,759                                                                                                                                                  |               |                            |             |             |
| e Excess from 2016 24,500                                                                                                                                                  |               |                            |             |             |

**Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**

|     |                                                                                                                                                                                 |  |  |  |                                                                            |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------|
| 1a  | If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ► |  |  |  | 3/27/2007                                                                  |
| b   | Check box to indicate whether the foundation is a private operating foundation described in section                                                                             |  |  |  | <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) |
| 2a  | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                                                       |  |  |  |                                                                            |
| 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                                                                                                                                                   |  |  |  |                                                                            |
| 3   | Complete 3a, b, or c for the alternative test relied upon                                                                                                                       |  |  |  |                                                                            |
| a   | "Assets" alternative test—enter                                                                                                                                                 |  |  |  |                                                                            |
| (1) | Value of all assets                                                                                                                                                             |  |  |  | 0                                                                          |
| (2) | Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                       |  |  |  | 0                                                                          |
| 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)                                   |  |  |  | 0                                                                          |
| (2) | Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                                                        |  |  |  | 0                                                                          |
| (3) | Largest amount of support from an exempt organization                                                                                                                           |  |  |  | 0                                                                          |
| (4) | Gross investment income                                                                                                                                                         |  |  |  | 0                                                                          |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

**Part XV . Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                                       | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount      |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|-------------|
| <b>Name and address (home or business)</b>                                      |                                                                                                                    |                                      |                                     |             |
| <i>a Paid during the year</i>                                                   |                                                                                                                    |                                      |                                     |             |
| TEACHER FOR AMERICA<br>3500 LORAIN SUITE 4<br>CLEVELAND, OH 44113               | NONE                                                                                                               | PC                                   | EDUCTION                            | 5,000       |
| SHIKSHA DAAN<br>PO BOX 39474<br>SOLON, OH 44139                                 | CHAIR                                                                                                              | PC                                   | EDUCTION                            | 1,000       |
| SOS CHILDRENS VILLAGES<br>1620 I STREET NW SUITE 900<br>WASHINGTON, DC 20006    | NONE                                                                                                               | PC                                   | EDUCTION                            | 4,200       |
| ST EDWARD HIGH SCHOOL<br>13500 DETROIT AVENUE<br>LAKEWOOD, OH 44107             | NONE                                                                                                               | PC                                   | EDUCATION SCHOLARSHIP               | 2,000       |
| COLLEGE NOW<br>50 PUBLIC SQ SUITE 1800<br>CLEVELAND, OH 44113                   | NONE                                                                                                               | PC                                   | EDUCATION SCHOLARSHIP               | 2,300       |
| UNIVERSITY OF MINNESOTA<br>200 OAK STREET SE SUITE 500<br>MINNEAPOLIS, MN 55455 | NONE                                                                                                               | PC                                   | EDUCTION FELLOWSHIP                 | 10,000      |
| <b>Total</b>                                                                    |                                                                                                                    |                                      |                                     | ► 3a 24,500 |
| <i>b Approved for future payment</i>                                            |                                                                                                                    |                                      |                                     |             |
| <b>Total</b>                                                                    |                                                                                                                    |                                      |                                     | ► 3b 0      |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

|                                                            | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                            | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| 1 Program service revenue                                  |                           |               |                                      |               |                                                                    |
| a                                                          |                           |               |                                      |               |                                                                    |
| b                                                          |                           |               |                                      |               |                                                                    |
| c                                                          |                           |               |                                      |               |                                                                    |
| d                                                          |                           |               |                                      |               |                                                                    |
| e                                                          |                           |               |                                      |               |                                                                    |
| f                                                          |                           |               |                                      |               |                                                                    |
| g Fees and contracts from government agencies              |                           |               |                                      |               |                                                                    |
| 2 Membership dues and assessments                          |                           |               |                                      |               |                                                                    |
| 3 Interest on savings and temporary cash investments       |                           |               | 14                                   |               |                                                                    |
| 4 Dividends and interest from securities                   |                           |               | 14                                   |               |                                                                    |
| 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                                  |                           |               |                                      |               |                                                                    |
| 8 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |                                                                    |
| 9 Net income or (loss) from special events                 |                           |               |                                      |               |                                                                    |
| 10 Gross profit or (loss) from sales of inventory          |                           |               |                                      |               |                                                                    |
| 11 Other revenue a CG FROM 1099 DIV                        | 900001                    | 5,372         | 14                                   |               |                                                                    |
| b                                                          |                           |               |                                      |               |                                                                    |
| c                                                          |                           |               |                                      |               |                                                                    |
| d                                                          |                           |               |                                      |               |                                                                    |
| e                                                          |                           |               |                                      |               |                                                                    |
| 12 Subtotal Add columns (b), (d), and (e)                  |                           | 5,372         |                                      | 0             | 0                                                                  |
| 13 Total Add line 12, columns (b), (d), and (e)            |                           |               | 13                                   |               | 5,372                                                              |

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|   |                                                                                                                                                                                                                                                                                                                                                                                              | Yes   | No |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 1 | 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                                                                                                                                                                                                                                                                                                            |       |    |
|   | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | 1a(1) | X  |
|   | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | 1a(2) | X  |
| b | Other transactions                                                                                                                                                                                                                                                                                                                                                                           |       |    |
|   | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                   | 1b(1) | X  |
|   | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                             | 1b(2) | X  |
|   | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                         | 1b(3) | X  |
|   | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                               | 1b(4) | X  |
|   | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                 | 1b(5) | X  |
|   | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                       | 1b(6) | X  |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    | X  |
| d | 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. |       |    |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Sign Here</b> | <p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge</p> <p>► <b>8/17/2017</b> ► <b>DIRECTOR</b></p> <p>Signature of officer or trustee _____ Date _____ Title _____</p> |  |  |
|                  | <p>May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                 |  |  |

|                                       |                                                             |                                             |                         |                                |                                                            |                          |
|---------------------------------------|-------------------------------------------------------------|---------------------------------------------|-------------------------|--------------------------------|------------------------------------------------------------|--------------------------|
| Signature of filer or trustee         |                                                             | Date                                        | File                    |                                |                                                            |                          |
| <b>Paid<br/>Preparer<br/>Use Only</b> | Pnnt/Type preparer's name<br><b>ANITA PESHEK</b>            | Preparer's signature<br><b>ANITA PESHEK</b> | Date<br><b>5/6/2019</b> |                                | Check <input checked="" type="checkbox"/> if self-employed | PTIN<br><b>P00091637</b> |
|                                       | Firm's name ► <b>ANITA PESHEK, EA</b>                       |                                             |                         | Firm's EIN ► <b>65-1239276</b> |                                                            |                          |
|                                       | Firm's address ► <b>3665 W PARK RD, CLEVELAND, OH 44111</b> |                                             |                         | Phone no <b>(216) 671-7160</b> |                                                            |                          |

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

OMB No 1545-0047

**2016**

► 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](http://www.irs.gov/form990).**Name of the organization**

THE SWAMINATHAN AND GARG FOUNDATION

**Employer identification number**

30-0405066

**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 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % 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. Don't 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

► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 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 Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

## Name of organization

THE SWAMINATHAN AND GARG FOUNDATION

## Employer identification number

30-0405066

**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|---------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | SANJAY GARG<br>28853 WOODMILL ROAD<br>WESTLAKE OH 44145<br>Foreign State or Province _____<br>Foreign Country _____ | \$ 20,000                  | <input checked="" type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions ) |
|            | Foreign State or Province _____<br>Foreign Country _____                                                            | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions )            |
|            | Foreign State or Province _____<br>Foreign Country _____                                                            | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions )            |
|            | Foreign State or Province _____<br>Foreign Country _____                                                            | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions )            |
|            | Foreign State or Province _____<br>Foreign Country _____                                                            | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions )            |
|            | Foreign State or Province _____<br>Foreign Country _____                                                            | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions )            |

|                                                             |                                              |
|-------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>THE SWAMINATHAN AND GARG FOUNDATION | Employer identification number<br>30-0405066 |
|-------------------------------------------------------------|----------------------------------------------|

**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 |
|---------------------|-------------------------------------------|------------------------------------------|-------------------|
|                     | -----                                     | \$ -----                                 | -----             |
| (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 |
|                     | -----                                     | \$ -----                                 | -----             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE SWAMINATHAN AND GARG FOUNDATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                                 | <b>Employer identification number</b><br>30-0405066 |
| <b>Part III</b> <i>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.</i> Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively religious, charitable, etc., contributions of \$1,000 or less</i> for the year (Enter this information once. See instructions) ► \$ <u>0</u><br>Use duplicate copies of Part III if additional space is needed |                            |                                                 |                                                     |
| <b>(a) No. from Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b>          |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -----                      | -----                                           | -----                                               |
| <b>(e) Transfer of gift</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                 |                                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | <b>Relationship of transferor to transferee</b> |                                                     |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -----                      | -----                                           | -----                                               |
| For Prov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                    | -----                                           |                                                     |
| <b>(a) No. from Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b>          |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -----                      | -----                                           | -----                                               |
| <b>(e) Transfer of gift</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                 |                                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | <b>Relationship of transferor to transferee</b> |                                                     |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -----                      | -----                                           | -----                                               |
| For Prov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                    | -----                                           |                                                     |
| <b>(a) No. from Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b>          |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -----                      | -----                                           | -----                                               |
| <b>(e) Transfer of gift</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                 |                                                     |
| <b>Transferee's name, address, and ZIP + 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            | <b>Relationship of transferor to transferee</b> |                                                     |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -----                      | -----                                           | -----                                               |
| For Prov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                    | -----                                           |                                                     |

Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)

► Information about Form 4720 and its separate instructions is at [www.irs.gov/form4720](http://www.irs.gov/form4720).

2016

|                                                                                             |                                                 |                                      |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|
| For calendar year 2016 or other tax year beginning                                          | , 2016, and ending                              | , 20                                 |
| Name of organization or entity                                                              | Employer identification number                  |                                      |
| THE SWAMINATHAN AND GARG FOUNDATION                                                         | 30-0405066                                      |                                      |
| Number, street, and room or suite no (or PO box if mail is not delivered to street address) | Check box for type of annual return             |                                      |
| 28853 WOODMILL DRIVE                                                                        | <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-EZ |
| City or town, state or province, country, and ZIP or foreign postal code                    | <input checked="" type="checkbox"/> Form 990-PF |                                      |
| WESTLAKE, OH 44145                                                                          | <input type="checkbox"/> Form 5227              |                                      |

**A** Is the organization a foreign private foundation within the meaning of section 4948(b)? Yes  No  X

**B** Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) \_\_\_\_\_

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$ \_\_\_\_\_ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions)

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1))

|    |                                                                                            |    |   |
|----|--------------------------------------------------------------------------------------------|----|---|
| 1  | Tax on undistributed income—Schedule B, line 4                                             | 1  |   |
| 2  | Tax on excess business holdings—Schedule C, line 7                                         | 2  |   |
| 3  | Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)       | 3  |   |
| 4  | Tax on taxable expenditures—Schedule E, Part I, column (g)                                 | 4  |   |
| 5  | Tax on political expenditures—Schedule F, Part I, column (e)                               | 5  |   |
| 6  | Tax on excess lobbying expenditures—Schedule G, line 4                                     | 6  |   |
| 7  | Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)                  | 7  |   |
| 8  | Tax on premiums paid on personal benefit contracts                                         | 8  |   |
| 9  | Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) | 9  |   |
| 10 | Tax on taxable distributions—Schedule K, Part I, column (f)                                | 10 |   |
| 11 | Tax on a charitable remainder trust's unrelated business taxable income Attach statement   | 11 |   |
| 12 | Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2   | 12 |   |
| 13 | Total (add lines 1–12)                                                                     | 13 | 0 |

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

|                                                                                                                    |                                                                                            |                                                                                              |                                                                |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| (a) Name and address of person subject to tax City or town, state or province, country, ZIP or foreign postal code | (b) Taxpayer identification number                                                         |                                                                                              |                                                                |
| a                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| b                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| c                                                                                                                  |                                                                                            |                                                                                              |                                                                |
|                                                                                                                    |                                                                                            |                                                                                              |                                                                |
| (c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)                                        | (d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col (d)     | (e) Tax on taxable expenditures—Schedule E, Part II, col (d)                                 | (f) Tax on political expenditures—Schedule F, Part II, col (d) |
| a                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| b                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| c                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| Total                                                                                                              | 0                                                                                          | 0                                                                                            | 0                                                              |
|                                                                                                                    |                                                                                            |                                                                                              |                                                                |
| (g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)                                        | (h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d) | (i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col (d) | (j) Tax on taxable distributions—Schedule K, Part II, col (d)  |
| a                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| b                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| c                                                                                                                  |                                                                                            |                                                                                              |                                                                |
| Total                                                                                                              | 0                                                                                          | 0                                                                                            | 0                                                              |
|                                                                                                                    |                                                                                            |                                                                                              |                                                                |
| (k) Tax on prohibited benefits—Sch L, Part II, col (d), and Part III, col (d)                                      |                                                                                            |                                                                                              | (l) Total—Add cols (c) through (k)                             |
| a                                                                                                                  |                                                                                            |                                                                                              | 0                                                              |
| b                                                                                                                  |                                                                                            |                                                                                              | 0                                                              |
| c                                                                                                                  |                                                                                            |                                                                                              | 0                                                              |
| Total                                                                                                              | 0                                                                                          |                                                                                              | 0                                                              |

| Part II-B Summary of Taxes (See Tax Payments in the instructions ) |                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                                  | Enter the taxes listed in Part II-A, column (l), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (l) |
| 2                                                                  | <b>Total tax.</b> Add Part I, line 13, and Part II-B, line 1                                                                                                                                                                                |
| 3                                                                  | Total payments including amount paid with Form 8868 (see instructions)                                                                                                                                                                      |
| 4                                                                  | <b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions)                                                                                                                                                       |
| 5                                                                  | <b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund                                                                                                                                             |

**SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)**

| Part I Acts of Self-Dealing and Tax Computation                                                  |                 |                                                                                      |
|--------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------|
| (a) Act number                                                                                   | (b) Date of act | (c) Description of act                                                               |
| 1                                                                                                |                 |                                                                                      |
| 2                                                                                                |                 |                                                                                      |
| 3                                                                                                |                 |                                                                                      |
| 4                                                                                                |                 |                                                                                      |
| 5                                                                                                |                 |                                                                                      |
| (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act |                 | (e) Amount involved in act                                                           |
|                                                                                                  |                 | (f) Initial tax on self-dealer (10% of col (e))                                      |
|                                                                                                  |                 | (g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e)) |
|                                                                                                  |                 | 0                                                                                    |
|                                                                                                  |                 | 0                                                                                    |
|                                                                                                  |                 | 0                                                                                    |
|                                                                                                  |                 | 0                                                                                    |
|                                                                                                  |                 | 0                                                                                    |

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

| (a) Names of self-dealers liable for tax | (b) Act no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col (c)) (see instructions) |
|------------------------------------------|---------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
|                                          |                                 |                                                  | 0                                                                                 |
|                                          |                                 |                                                  | 0                                                                                 |
|                                          |                                 |                                                  | 0                                                                                 |
|                                          |                                 |                                                  | 0                                                                                 |
|                                          |                                 |                                                  | 0                                                                                 |

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Act no from Part I, col (a) | (c) Tax from Part I, col (g), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|-------------------------------------------------|---------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                 |                                 |                                                  | 0                                                                             |
|                                                 |                                 |                                                  | 0                                                                             |
|                                                 |                                 |                                                  | 0                                                                             |
|                                                 |                                 |                                                  | 0                                                                             |

**SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)**

|   |                                                                                                                                   |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Undistributed income for years before 2015 (from Form 990-PF for 2016, Part XIII, line 6d)                                        | 1 |
| 2 | Undistributed income for 2015 (from Form 990-PF for 2016, Part XIII, line 6e)                                                     | 2 |
| 3 | Total undistributed income at end of current tax year beginning in 2016 and subject to tax under section 4942 (add lines 1 and 2) | 3 |
| 4 | <b>Tax—Enter 30% of line 3 here and on Part I, line 1</b>                                                                         | 4 |

**SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)****Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

---

Employer identification number



Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)



|   |                                                                                                                                            | (a)<br>Voting stock<br>(profits interest or<br>beneficial interest) | (b)<br>Value | (c)<br>Nonvoting stock<br>(capital interest) |
|---|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------|----------------------------------------------|
| 1 | Foundation holdings in business enterprise                                                                                                 | 1 %                                                                 | %            |                                              |
| 2 | Permitted holdings in business enterprise                                                                                                  | 2 %                                                                 | %            |                                              |
| 3 | Value of excess holdings in business enterprise                                                                                            | 3                                                                   |              |                                              |
| 4 | Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement) | 4                                                                   |              |                                              |
| 5 | Taxable excess holdings in business enterprise—line 3 minus line 4                                                                         | 5 0                                                                 | 0            | 0                                            |
| 6 | Tax—Enter 10% of line 5                                                                                                                    | 6 0                                                                 | 0            | 0                                            |
| 7 | <b>Total tax</b> —Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2                                 | 7 0                                                                 |              |                                              |

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)****Part I Investments and Tax Computation**

| (a) Investment number | (b) Date of investment | (c) Description of investment | (d) Amount of investment | (e) Initial tax on foundation (10% of col (d)) | (f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col (d)) |
|-----------------------|------------------------|-------------------------------|--------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1                     |                        |                               |                          | 0                                              | 0                                                                                             |
| 2                     |                        |                               |                          | 0                                              | 0                                                                                             |
| 3                     |                        |                               |                          | 0                                              | 0                                                                                             |
| 4                     |                        |                               |                          | 0                                              | 0                                                                                             |
| 5                     |                        |                               |                          | 0                                              | 0                                                                                             |

**Total**—Column (e) Enter here and on Part I, line 3



**Total**—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below



0

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Investment no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|-------------------------------------------------|----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                 |                                        |                                                  | 0                                                                             |
|                                                 |                                        |                                                  | 0                                                                             |
|                                                 |                                        |                                                  | 0                                                                             |
|                                                 |                                        |                                                  | 0                                                                             |

**SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)**

| <b>Part I Expenditures and Computation of Tax</b>                                                               |                   |                                                               |                                          |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>(a) Item number</b>                                                                                          | <b>(b) Amount</b> | <b>(c) Date paid or incurred</b>                              | <b>(d) Name and address of recipient</b> | <b>(e) Description of expenditure and purposes for which made</b>                                           |
| 1                                                                                                               |                   |                                                               |                                          |                                                                                                             |
| 2                                                                                                               |                   |                                                               |                                          |                                                                                                             |
| 3                                                                                                               |                   |                                                               |                                          |                                                                                                             |
| 4                                                                                                               |                   |                                                               |                                          |                                                                                                             |
| 5                                                                                                               |                   |                                                               |                                          |                                                                                                             |
| <b>(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure</b> |                   | <b>(g) Initial tax imposed on foundation (20% of col (b))</b> |                                          | <b>(h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col (b))</b> |
|                                                                                                                 |                   |                                                               |                                          | 0 0                                                                                                         |
|                                                                                                                 |                   |                                                               |                                          | 0 0                                                                                                         |
|                                                                                                                 |                   |                                                               |                                          | 0 0                                                                                                         |
|                                                                                                                 |                   |                                                               |                                          | 0 0                                                                                                         |
|                                                                                                                 |                   |                                                               |                                          | 0 0                                                                                                         |
| <b>Total—Column (g) Enter here and on Part I, line 4</b>                                                        |                   |                                                               |                                          | 0                                                                                                           |
| <b>Total—Column (h) Enter total (or prorated amount) here and in Part II, column (c), below</b>                 |                   |                                                               |                                          | 0                                                                                                           |

## Part II **Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (h), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|-------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                 |                                  |                                                  | 0                                                                             |
|                                                 |                                  |                                                  | 0                                                                             |
|                                                 |                                  |                                                  | 0                                                                             |

**SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)**

| Part I Expenditures and Computation of Tax        |            |                           |                                          |                                                                        |                                                                                           |
|---------------------------------------------------|------------|---------------------------|------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| (a) Item number                                   | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization or foundation (10% of col (b)) | (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col (b)) |
| 1                                                 |            |                           |                                          | 0                                                                      | 0                                                                                         |
| 2                                                 |            |                           |                                          | 0                                                                      | 0                                                                                         |
| 3                                                 |            |                           |                                          | 0                                                                      | 0                                                                                         |
| 4                                                 |            |                           |                                          | 0                                                                      | 0                                                                                         |
| 5                                                 |            |                           |                                          | 0                                                                      | 0                                                                                         |
| Total—Column (e) Enter here and on Part I, line 5 |            |                           |                                          | 0                                                                      |                                                                                           |

**Total—Column (f).** Enter total (or prorated amount)

**Part II. Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

**Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

| (a) Names of organization managers or foundation managers liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|--------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                          |                                  |                                                  |                                                                               |
|                                                                          |                                  |                                                  | 0                                                                             |
|                                                                          |                                  |                                                  | 0                                                                             |
|                                                                          |                                  |                                                  | 0                                                                             |
|                                                                          |                                  |                                                  | 0                                                                             |

**SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)**

|   |                                                                                                                                                                                          |   |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1 | Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See the instructions before making an entry) | 1 |   |
| 2 | Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry)            | 2 |   |
| 3 | Excess lobbying expenditures—enter the larger of line 1 or line 2                                                                                                                        | 3 | 0 |
| 4 | Tax—Enter 25% of line 3 here and on Part I, line 6                                                                                                                                       | 4 | 0 |

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)**

| <b>Part I Expenditures and Computation of Tax</b>                                               |            |                           |                                          |                                                 |                                                                          |
|-------------------------------------------------------------------------------------------------|------------|---------------------------|------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| (a) Item number                                                                                 | (b) Amount | (c) Date paid or incurred | (d) Description of lobbying expenditures | (e) Tax imposed on organization (5% of col (b)) | (f) Tax imposed on organization managers (if applicable)—(5% of col (b)) |
| 1                                                                                               |            |                           |                                          | 0                                               | 0                                                                        |
| 2                                                                                               |            |                           |                                          | 0                                               | 0                                                                        |
| 3                                                                                               |            |                           |                                          | 0                                               | 0                                                                        |
| 4                                                                                               |            |                           |                                          | 0                                               | 0                                                                        |
| 5                                                                                               |            |                           |                                          | 0                                               | 0                                                                        |
| <b>Total—Column (e) Enter here and on Part I, line 7</b>                                        |            |                           |                                          | 0                                               |                                                                          |
| <b>Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below</b> |            |                           |                                          |                                                 | 0                                                                        |

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

| (a) Names of organization managers liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|---------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                   |                                  |                                                  | 0                                                                             |
|                                                   |                                  |                                                  | 0                                                                             |
|                                                   |                                  |                                                  | 0                                                                             |
|                                                   |                                  |                                                  | 0                                                                             |

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)**

| <b>Part I Excess Benefit Transactions and Tax Computation</b> |                         |                                                                 |
|---------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|
| (a) Transaction number                                        | (b) Date of transaction | (c) Description of transaction                                  |
| 1                                                             |                         |                                                                 |
| 2                                                             |                         |                                                                 |
| 3                                                             |                         |                                                                 |
| 4                                                             |                         |                                                                 |
| 5                                                             |                         |                                                                 |
| <b>(d) Amount of excess benefit</b>                           |                         | <b>(e) Initial tax on disqualified persons (25% of col (d))</b> |
|                                                               |                         | 0                                                               |
|                                                               |                         | 0                                                               |
|                                                               |                         | 0                                                               |
|                                                               |                         | 0                                                               |
|                                                               |                         | 0                                                               |
|                                                               |                         | 0                                                               |

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued****Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

| (a) Names of disqualified persons liable for tax | (b) Trans. no from Part I, col (a) | (c) Tax from Part I, col (e), or prorated amount | (d) Disqualified person's total tax liability (add amounts in col (c)) (see instructions) |
|--------------------------------------------------|------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|
|                                                  |                                    |                                                  | 0                                                                                         |
|                                                  |                                    |                                                  | 0                                                                                         |
|                                                  |                                    |                                                  | 0                                                                                         |
|                                                  |                                    |                                                  | 0                                                                                         |
|                                                  |                                    |                                                  | 0                                                                                         |
|                                                  |                                    |                                                  | 0                                                                                         |

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

| (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax | (b) Trans. no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|-------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                               |                                    |                                                  | 0                                                                             |
|                                                                               |                                    |                                                  | 0                                                                             |
|                                                                               |                                    |                                                  | 0                                                                             |
|                                                                               |                                    |                                                  | 0                                                                             |
|                                                                               |                                    |                                                  | 0                                                                             |
|                                                                               |                                    |                                                  | 0                                                                             |

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)****Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)**

| (a) Transaction number | (b) Transaction date | (c) Type of transaction<br>1—Listed<br>2—Subsequently listed<br>3—Confidential<br>4—Contractual protection | (d) Description of transaction |
|------------------------|----------------------|------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1                      |                      |                                                                                                            |                                |
| 2                      |                      |                                                                                                            |                                |
| 3                      |                      |                                                                                                            |                                |
| 4                      |                      |                                                                                                            |                                |
| 5                      |                      |                                                                                                            |                                |

| (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No | (f) Net income attributable to the PTST | (g) 75% of proceeds attributable to the PTST | (h) Tax imposed on the tax-exempt entity (see instructions) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------|
|                                                                                                                                                   |                                         |                                              | 0                                                           |
|                                                                                                                                                   |                                         |                                              | 0                                                           |
|                                                                                                                                                   |                                         |                                              | 0                                                           |
|                                                                                                                                                   |                                         |                                              | 0                                                           |
|                                                                                                                                                   |                                         |                                              | 0                                                           |
| <b>Total—Column (h)</b> Enter here and on Part I, line 9                                                                                          |                                         |                                              | 0                                                           |

**Part II Tax Imposed on Entity Managers (Section 4965) Continued**

| (a) Name of entity manager | (b) Transaction number from Part I, col (a) | (c) Tax—enter \$20,000 for each transaction listed in col (b) for each manager in col (a) | (d) Manager's total tax liability (add amounts in col (c)) |
|----------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------|
|                            |                                             |                                                                                           | 0                                                          |
|                            |                                             |                                                                                           | 0                                                          |
|                            |                                             |                                                                                           | 0                                                          |
|                            |                                             |                                                                                           | 0                                                          |
|                            |                                             |                                                                                           | 0                                                          |
|                            |                                             |                                                                                           | 0                                                          |
|                            |                                             |                                                                                           | 0                                                          |

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966) See the instructions.**

| <b>Part I Taxable Distributions and Tax Computation</b>                                         |                                                            |                                                  |                                                                |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|
| (a) Item number                                                                                 | (b) Name of sponsoring organization and donor advised fund | (c) Description of distribution                  |                                                                |
| 1                                                                                               |                                                            |                                                  |                                                                |
| 2                                                                                               |                                                            |                                                  |                                                                |
| 3                                                                                               |                                                            |                                                  |                                                                |
| 4                                                                                               |                                                            |                                                  |                                                                |
| (d) Date of distribution                                                                        | (e) Amount of distribution                                 | (f) Tax imposed on organization (20% of col (e)) | (g) Tax on fund managers (lesser of 5% of col (e) or \$10,000) |
|                                                                                                 |                                                            | 0                                                | 0                                                              |
|                                                                                                 |                                                            | 0                                                | 0                                                              |
|                                                                                                 |                                                            | 0                                                | 0                                                              |
|                                                                                                 |                                                            | 0                                                | 0                                                              |
| <b>Total—Column (f)</b> Enter here and on Part I, line 10                                       |                                                            | 0                                                |                                                                |
| <b>Total—Column (g)</b> Enter total (or prorated amount) here and in Part II, column (c), below |                                                            |                                                  | 0                                                              |

**Part II Summary of Tax Liability of Fund Managers and Proration of Payments**

| (a) Name of fund managers liable for tax | (b) Item no. from Part I, col (a) | (c) Tax from Part I, col (g) or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|------------------------------------------|-----------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------|
|                                          |                                   |                                                 | 0                                                                             |
|                                          |                                   |                                                 | 0                                                                             |
|                                          |                                   |                                                 | 0                                                                             |
|                                          |                                   |                                                 | 0                                                                             |
|                                          |                                   |                                                 | 0                                                                             |

**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967)**

See the instructions

| <b>Part I Prohibited Benefits and Tax Computation</b> |                                |                                                                                            |                                                                                                    |
|-------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| (a) Item number                                       | (b) Date of prohibited benefit | (c) Description of benefit                                                                 |                                                                                                    |
| 1                                                     |                                |                                                                                            |                                                                                                    |
| 2                                                     |                                |                                                                                            |                                                                                                    |
| 3                                                     |                                |                                                                                            |                                                                                                    |
| 4                                                     |                                |                                                                                            |                                                                                                    |
| 5                                                     |                                |                                                                                            |                                                                                                    |
| (d) Amount of prohibited benefit                      |                                | (e) Tax on donors, donor advisors, or related persons (125% of col (d)) (see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions) |
|                                                       |                                | 0                                                                                          | 0                                                                                                  |
|                                                       |                                | 0                                                                                          | 0                                                                                                  |
|                                                       |                                | 0                                                                                          | 0                                                                                                  |
|                                                       |                                | 0                                                                                          | 0                                                                                                  |
|                                                       |                                | 0                                                                                          | 0                                                                                                  |

| <b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b> |                                   |                                                 |                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| (a) Names of donors, donor advisors, or related persons liable for tax                                        | (b) Item no. from Part I, col (a) | (c) Tax from Part I, col (e) or prorated amount | (d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col (c)) (see instructions) |
|                                                                                                               |                                   |                                                 | 0                                                                                                                 |
|                                                                                                               |                                   |                                                 | 0                                                                                                                 |
|                                                                                                               |                                   |                                                 | 0                                                                                                                 |
|                                                                                                               |                                   |                                                 | 0                                                                                                                 |
|                                                                                                               |                                   |                                                 | 0                                                                                                                 |

| <b>Part III Tax Liability of Fund Managers and Proration of Payments</b> |                                   |                                                 |                                                                                    |
|--------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------|
| (a) Names of fund managers liable for tax                                | (b) Item no. from Part I, col (a) | (c) Tax from Part I, col (f) or prorated amount | (d) Fund manager's total tax liability (add amounts in col (c)) (see instructions) |
|                                                                          |                                   |                                                 | 0                                                                                  |
|                                                                          |                                   |                                                 | 0                                                                                  |
|                                                                          |                                   |                                                 | 0                                                                                  |
|                                                                          |                                   |                                                 | 0                                                                                  |
|                                                                          |                                   |                                                 | 0                                                                                  |

**Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)) (See Instructions )**

| <b>Part I Failures to Meet Section 501(r)(3)</b> |                                      |                                       |                                                             |                                                                               |
|--------------------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>(a) Item number</b>                           | <b>(b) Name of hospital facility</b> | <b>(c) Description of the failure</b> | <b>(d) Tax year hospital facility last conducted a CHNA</b> | <b>(e) Tax year hospital facility last adopted an implementation strategy</b> |
| 1                                                |                                      |                                       |                                                             |                                                                               |
| 2                                                |                                      |                                       |                                                             |                                                                               |
| 3                                                |                                      |                                       |                                                             |                                                                               |
| 4                                                |                                      |                                       |                                                             |                                                                               |
| 5                                                |                                      |                                       |                                                             |                                                                               |

| <b>Part II Computation of Tax</b> |                                                                                                                                                                 |     |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1                                 | Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) | 1   |
| 2                                 | Tax-Enter \$50,000 multiplied by line 1 here and on Part I, line 12                                                                                             | 2 0 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Signature of officer or trustee

DIRECTOR

Title

5/6/2019

Date

**Sign  
Here**

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

May the IRS discuss this return with the preparer shown below? (see instructions)

 Yes  No

**Paid  
Preparer  
Use Only**

| Print/Type preparer's name                           | Preparer's signature | Date     | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|------------------------------------------------------|----------------------|----------|------------------------------------------------------------|-----------|
| ANITA PESHEK                                         | ANITA PESHEK         | 5/6/2019 |                                                            | P00091637 |
| Firm's name ► ANITA PESHEK, EA                       |                      |          | Firm's EIN ► 65-1239276                                    |           |
| Firm's address ► 3665 W PARK RD, CLEVELAND, OH 44111 |                      |          | Phone no (216) 671-7160                                    |           |

**General Explanation (990-PF)**

| Explanation |                                                                                                                                                      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.          | EXEMPT FROM FEDERAL INCOME TAX UNDER 501 (C) (3) IRC, SEE ATTACHED LETTER 1076 REQUESTING AMOUNT ORIGINALLY FILED WITH TAX RETURN REFUND OF \$160 00 |

**Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory**

|   |  | Totals                               |                    |                                 |             |             |                     | Cost or Other Basis, Expenses, Depreciation and Adjustments |                                          | Net Gain or Loss |                  |
|---|--|--------------------------------------|--------------------|---------------------------------|-------------|-------------|---------------------|-------------------------------------------------------------|------------------------------------------|------------------|------------------|
|   |  | Capital Gains/Losses                 |                    |                                 | Gross Sales |             |                     |                                                             |                                          |                  |                  |
|   |  | Other sales                          |                    |                                 | 5,372       |             |                     | 0                                                           |                                          | 5,372            |                  |
|   |  | Check "X" if Purchaser is a Business | Acquisition Method | Date Acquired                   | Date Sold   | Gross Sales | Cost or Other Basis | Valuation Method                                            | Expense of Sale and Cost of Improvements | Depreciation     | Net Gain or Loss |
|   |  | Purchaser                            |                    |                                 |             | Price       |                     |                                                             |                                          |                  |                  |
|   |  | Description                          | CUSIP #            | Check "X" to include in Part IV |             |             |                     |                                                             |                                          |                  |                  |
| 1 |  |                                      |                    |                                 |             |             |                     |                                                             |                                          |                  | 0                |
|   |  |                                      |                    |                                 |             |             |                     |                                                             |                                          |                  |                  |

**Part I, Line 11 (990-PF) - Other Income**

|             |                             | 0                              | 0                     | 0                   |
|-------------|-----------------------------|--------------------------------|-----------------------|---------------------|
| Description |                             | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income |
| 1           | CAPITAL GAINS FROM 1099-DIV |                                | 0                     | 0                   |

**Part I, Line 16a (990-PF) - Legal Fees**

|             |                  | 0                              | 0                     | 0                   | 0                                                       |
|-------------|------------------|--------------------------------|-----------------------|---------------------|---------------------------------------------------------|
| Description |                  | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | MCDONALD HOPLINS | 0                              |                       |                     | 0                                                       |

**Part I, Line 16b (990-PF) - Accounting Fees**

|             |              | 310                            | 310                   | 0                   | 0                                                       |
|-------------|--------------|--------------------------------|-----------------------|---------------------|---------------------------------------------------------|
| Description |              | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | ANITA PESHEK | 310                            | 310                   |                     | 0                                                       |

**Part I, Line 18 (990-PF) - Taxes**

|             |                                         | 64                             | 0                     | 0                   | 0                                     |
|-------------|-----------------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Description |                                         | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1           | Real estate tax not included in line 20 | 0                              |                       |                     |                                       |
| 2           | Tax on investment income                | 0                              |                       |                     |                                       |
| 3           | Income tax                              | 64                             |                       |                     |                                       |

**Part I, Line 23 (990-PF) - Other Expenses**

|             |                    | 100                            | 100                   | 0                   | 0                                     |
|-------------|--------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Description |                    | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1           | OHIO TREASURER FEE | 100                            | 100                   |                     |                                       |

**Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations**

|   | Description              | Num Shares/<br>Face Value | Book Value<br>Beg. of Year | Book Value<br>End of Year | FMV<br>Beg. of Year | FMV<br>End of Year | State/Local<br>Obligation<br>X |
|---|--------------------------|---------------------------|----------------------------|---------------------------|---------------------|--------------------|--------------------------------|
|   |                          |                           |                            |                           |                     |                    |                                |
| 1 | FIDELITY OHIO MUMI MONEY |                           |                            |                           |                     |                    |                                |

**Part II, Line 10b (990-PF) - Investments - Corporate Stock**

|          | Description               | Num Shares/<br>Face Value | Book Value<br>Beg. of Year | Book Value<br>End of Year | FMV<br>Beg. of Year | FMV<br>End of Year |
|----------|---------------------------|---------------------------|----------------------------|---------------------------|---------------------|--------------------|
| <b>1</b> | FIDELITY BALANCED FUND    | 2,347                     | 41,557                     | 46,083                    | 54,042              | 51,686             |
| <b>2</b> | FIDELITY FUND FFIDX       | 1,149                     | 35,350                     | 41,446                    | 42,091              | 47,283             |
| <b>3</b> | FIDELITY BLUE CHIP FUND   | 1,672                     | 17,572                     | 46,083                    | 25,955              | 51,686             |
| <b>4</b> | FIDELITY CONTRAFUND       | 599                       | 44,795                     | 49,947                    | 54,042              | 58,973             |
| <b>5</b> | FIDELITY NEW MARKETS FUND | 411                       | 6,252                      | 6,654                     | 5,585               | 6,406              |

**Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income**

|                              |         | Amount                     |                             |                    |               |           |                   |                     |             |                 |                       |                               |                                   |                                                      |
|------------------------------|---------|----------------------------|-----------------------------|--------------------|---------------|-----------|-------------------|---------------------|-------------|-----------------|-----------------------|-------------------------------|-----------------------------------|------------------------------------------------------|
|                              |         | Long Term CG Distributions | Short Term CG Distributions | Acquisition Method | Date Acquired | Date Sold | Gross Sales Price | Deprecation Allowed | Adjustments | Expense of Sale | F.M.V. as of 12/31/69 | Adjusted Basis as of 12/31/69 | Excess of FMV Over Adjusted Basis | Gains Minus Excess FMV Over Adjusted Basis on Losses |
| Description of Property Sold | CUSIP # |                            |                             |                    |               |           |                   |                     |             |                 | 0                     | 0                             | 0                                 | 0                                                    |
|                              |         |                            |                             |                    |               |           |                   |                     |             |                 | 0                     | 0                             | 0                                 | 0                                                    |

**Part VII-A, Line 10 (990-PF) - Substantial Contributors**

|   | Name        | Check "X" if Business | Street               | City     | State | Zip Code | Foreign Country |
|---|-------------|-----------------------|----------------------|----------|-------|----------|-----------------|
| 1 | SANJAY GARG |                       | 28853 WOODMILL DRIVE | WESTLAKE | OH    | 44145    |                 |

**Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers**

| Name        | Check "X" if Business | Street            | City     | State | Zip Code | Foreign Country | Title    | Avg Hrs Per Week | Compensation | Benefits | Expense Account |
|-------------|-----------------------|-------------------|----------|-------|----------|-----------------|----------|------------------|--------------|----------|-----------------|
| SANJAY GARG |                       | 28853 WOODMILL DR | WESTLAKE | OH    | 44145    |                 | DIRECTOR | 2.00             | 0            |          |                 |
| 1           |                       |                   |          |       |          |                 |          |                  |              |          |                 |

**General Explanation (990-PF)**

| Explanation |                                                                                                                                                      |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | EXEMPT FROM FEDERAL INCOME TAX UNDER 501 (C) (3) IRC, SEE ATTACHED LETTER 1076 REQUESTING AMOUNT ORIGINALLY FILED WITH TAX RETURN REFUND OF \$160 00 |