orm 990-PF

EXTENDED TO NOVEMBER 15, 2017 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. epartment of the Treasury ternal_Revenue Service For calendar year 2016 or tax year beginning , and ending A Employer identification number Name of foundation 74-2385761 THE CAMPANA FOUNDATION, INC Number and street (or P O box number if mail is not delivered to street address Room/suite B Telephone number 361-566-2244 3501 HWY. 59 S City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending check here GEORGE WEST, TX78022 Initial return of a former public charity G Check all that apply Initial return D 1 Foreign organizations, check here 」 Fınal return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust (1) Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 924,499. (Part I, column (d) must be on cash basis) Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 25,000 (Š, : N/A Contributions, gifts, grants, etc., received 23.11 if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 2,769. 2,769 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of b Gross sales price for all assets on line 6a σ. 7 Capital gain net income (from 8 Net short-term capital gai Income modifications GUDEN! 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 54.721. 54,721. STATEMENT 11 Other income 82.490. 57,490 12 Total Add lines 1 through 11 13 Compensation of officers directors trustees etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 5,500. 2,750. 2,750. STMT 3 b Accounting fees c Other professional fees Operating and Administrative 17 Interest 5,211 STMT 4 0. 18 Taxes 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 2,229. 112. 2,117. 23 Other expenses 24 Total operating and administrative 12,940. 2,862 4,867. expenses Add lines 13 through 23 43,495. 43,495. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 56,435 2,862. 48,362. Add lines 24 and 25

26,055

54,628.

N/A

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

27 Subtract line 26 from line 12

& Excess of revenue over expenses and disbursements

b Net investment income (if negative enter 0)

c Adjusted net income (if negative enter 0)

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1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30
(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ►

5 Oo.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6 824,999.

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income					
		nd(s) of property sold (e.g. or common stock, 200 shs			(b) I	How acquired - Purchase - Donation		acquired ay, yr)	(d) Date sold (mo., day, yr.)
1a					1				
b NO	NE								
С					<u> </u>				
<u>d</u>		<u> </u>		,	ļ				L
<u>e</u>					<u>l</u>				
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss) s (f) minus (
a						<u></u>			
b						<u> </u>			
<u>c</u>					\longrightarrow				
<u>d</u>									
Complete only for assets showi	00.000.00.0	column (h) and owned by	he foundation	on 12/21/60			1) 0 (0	Val. (%) ====	
Complete only for assets shown					\dashv	(CO	i) Gains (C l. (k), but i	iol (h) gain not less thai	minus n -0-) or
(i) F M V as of 12/31/69		as of 12/31/69		cess of col. (1) col. (1), if any				(from col. (
<u>a</u>	ļ				\dashv				
<u>b</u>	_							. ,	
<u> </u>	 								
<u>d</u>	 								
<u>e</u>	1		<u>. </u>		$\overline{}$				
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2			
3 Net short-term capital gain or (lo	ss) as defir	ned in sections 1222(5) an	d (6):						
If gain, also enter in Part I, line 8)			1	1			
If (loss), enter -0- in Part I, line 8		ection 4940(e) for	Dodugod	Toy on Ned		3			
L		·_···					come		
(For optional use by domestic privat	e foundatio	ons subject to the section 2	1940(a) tax on	net investment ir	icome	€)			
If section 4940(d)(2) applies, leave	this part bla	ınk.							
Man the foundation liable for the on	stion 4040 :	toy on the distributable am	aunt of any w	or in the base se	dO				Yes X No
Was the foundation liable for the sec If "Yes," the foundation does not qua				•	iiou r				L Tes LALINO
1 Enter the appropriate amount in					entries	 S-			
(a)		(b)		-	(c)				(d) oution ratio
Base periód years Calendar year (or tax year beginn	ເຄດ ເກ)	Adjusted qualifying dis	tributions	Net value of no		, ritable-use assets	;	Distrib (col. (b) div	oution ratio rided by col. (c))
2015	····•	10	7,360.			888,890		` `./	.120780
2014		10	3,739.			693,210		<u>-</u>	.149650
2013			0,491.			418,333			.288028
2012			5,314.			218,226			.390943
2011			4,600.			42,28			.345260
2 Total of line 1, column (d)							2		1.294661
3 Average distribution ratio for the	5-year bas	e period - divide the total of	on line 2 by 5,	or by the number	of ye	ars			
the foundation has been in existe	ence if less	than 5 years	•	,			3		.258932
		•							
4 Enter the net value of noncharita	ble-use ass	sets for 2016 from Part X, I	ine 5				4		895,784.
		·							
5 Multiply line 4 by line 3							5		231,947.
, ,							_	_	_
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		546.
	,								
7 Add lines 5 and 6							7		232,493.
8 Enter qualifying distributions fro			at .				8_		48,362.
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, ch	eck the box in Part VI, line	10, and comp	lete that part usin	ıga 1º	% tax rate			
Occurs at vi manuchona		·							

FORM 990-PF (2016) THE CAMPANA POUNDATION, INC		14-230			Page 4	<u>.</u>
Part VI Excise Tax Based on Investment Income (Section 494		1948 - sec	e instru	ıctio	ns)	_
1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and	enter "N/A" on line 1.					
Date of ruling or determination letter (attach copy of letter if ne	ecessary-see instructions)	1 1				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		1,0	93.	
of Part I, line 27b		e	if hose in			•
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49					_	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	2			<u>0.</u>	_
3 Add lines 1 and 2		3		1,0	93.	_
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1,0	<u>93.</u>	_
6 Credits/Payments:			: ;	., e.	يخهم	
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a		•		به در است. مهمورت ما ما	1
b Exempt foreign organizations - tax withheld at source	6b	1	·	,		į
c Tax paid with application for extension of time to file (Form 8868)	6c 2,200.] [.	, , , , ,	77	100	7
d Backup withholding erroneously withheld	6d	1				1
7 Total credits and payments. Add lines 6a through 6d		7	,	2,2	ÕÕ.	•
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8			32.	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				•
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		1,0	75.	•
11 Enter the amount of line 10 to be Credited to 2017 estimated tax	1,075. Refunded	11		- / -	0.	-
Part VII-A Statements Regarding Activities						•
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	islation or did it participate or intervene		T	Yes	No	-
any political campaign?	islanding of the repair of into-rone	, ,,,	1a		X	•
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	oses (see instructions for the definition	1)2	1b	 -	$\frac{1}{X}$	-
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	•	•	1.5			-
distributed by the foundation in connection with the activities	and copies of any materials publis	160 01				,
c Did the foundation file Form 1120-POL for this year?			1c		. X	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	na vear		10	.—	\vdash	-
(1) On the foundation \blacktriangleright \$ 0 • (2) On foundation manager	•			`a' 	E.	t.
e Enter the reimbursement (if any) paid by the foundation during the year for political expend		-	1	李	,3. ,3.	
	ulture lax imposed on foundation		-		,	•
managers ► \$ 0 . 2 Has the foundation engaged in any activities that have not previously been reported to the	IDC2		2		x	
	inor					•
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	unatrumped estudes of many protein		1		ĺ	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chance		וע			х	
	-		3 4a		X	•
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye	di'	N/A			<u> </u>	-
b If "Yes," has it filed a tax return on Form 990-T for this year?	.a	14 / FA	4b		X	-
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year If "Yes," attach the statement required by General Instruction T	•		3			-
	a.dh.o.a					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied 6	eimei				ł	
By language in the governing instrument, or		•				
By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict with the state	e iaw		7.7		
remain in the governing instrument?			6	X	_	•
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col (c), and Part X\	/	7	Х		
On Enter the states to which the foundation reports or with which it is reported (for instruction)					ĺ	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons)	·	-			
TX			-		1	
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)				1	
of each state as required by General Instruction G? If "No," attach explanation			8b	X		
9 Is the foundation claiming status as a private operating foundation within the meaning of s		endar				
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			9		Х	. I
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sched	dule listing their names and addresses		10		X	

Form 990-PF (2016) THE CAMPANA FOUNDATION, INC
Part VII-A Statements Regarding Activities (continued)

	at the first of the first the feet that the			
11	At any time during the year, did the foundation, directly or indirectly, and a controlled earth within the magning of	•	Yes	No
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)	1,		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		<u> </u>
12	If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► N/A			L
14	The books are in care of ► T.J. MARTIN, JR. Telephone no. ► 361-56	6-2	244	
• •	Located at ▶ 3501 HIGHWAY 59 S, GEORGE WEST, TX ZIP+4 ▶78			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	· 100	1	多例
	foreign country	2	ANC.	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	i 7	Yes	No
1 8	a During the year did the foundation (either directly or indirectly):	*	. 3	14.0°
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		4	A 18
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	177		
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1 45 1 49	No.	
		1	100	T. 4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?		·	1
	(6) Agree to pay money or property to a government official? (Exception Check "No"	ļ		,
	if the foundation agreed to make a grant to or to employ the official for a period after			13
	termination of government service, if terminating within 90 days.) Yes X No		1 5	
	of the any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ı	1	÷
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1 b		٠
	Organizations relying on a current notice regarding disaster assistance check here			
(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?	10		X
2	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))			
	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? Yes X No			
	If "Yes," list the years \blacktriangleright ,,,			
1	Are there any years listed in 2a for which the foundation is not 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) N/A	2b		
(of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3				
	during the year? L Yes X No 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		1	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b	- 1	
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	J	Х
			-PF	

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955), (or to carry on, directly or indire	ectly,	ļ	
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Ye	es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization				22.0
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses, or t			
the prevention of cruelty to children or animals?	, or caucational purposes, or i		s X No	1:1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the eventions described		3 <u>21</u> NO	
	*	iii negulations	N/A	
section 53.4945 or in a current notice regarding disaster assistance (see instri	· ·		N/A	30
Organizations relying on a current notice regarding disaster assistance check l				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to				
expenditure responsibility for the grant?		I/A L Ye	es L No	.
If "Yes," attach the statement required by Regulations section 53 494	15-5(d)		^	조심 경우
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗓 No 📗	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870			[7 "
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No	1.2
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly	v	
Paid Employees, and Contractors	,			
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
ANGELA MARTIN	DIRECTOR/PRES		compensation	
3501 HWY. 59 S		1]
GEORGE WEST, TX 78022	1.00	0.	0.	0.
MELAINE M MARTIN	DIRECTOR	ļ- <u>-</u> -	•	
3501 HWY. 59 S	DIRECTOR			}
GEORGE WEST, TX 78022	1.00	0.	0.	0.
	SECRETARY/TRE			ļ
T.J. MARTIN, JR. 3501 HWY. 59 S	SECKETAKI/TKE	ASURER		1
	1 00			
GEORGE WEST, TX 78022	1.00	0.	0.	0.
T.J. MARTIN, III	DIRECTOR			
3501 HWY. 59 S		_	_	}
GEORGE WEST, TX 78022	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in		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	adverse to position	 	Compensation	
ATVATA	†			
	-			
	 	 		
	1			
	 	 		<u> </u>
	_			
		<u> </u>		
	1			
	<u></u>			
Total number of other employees paid over \$50,000				0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		,
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produce	d, etc.	Expenses
1 N/A		
2		
<u> </u>		
3		
4		
· 		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

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Total. Add lines 1 through 3

F	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	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	0.
	Average of monthly cash balances	1b	807,925.
	Fair market value of all other assets	1c	101,500.
	Total (add lines 1a, b, and c)	1d	909,425.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	909,425.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,641.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	895,784.
6	Minimum investment return Enter 5% of line 5	6	44,789.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	44,789.
28	Tax on investment income for 2016 from Part VI, line 5		
t			
c	Add lines 2a and 2b	2c	1,093.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,093. 43,696.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	43,696.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	43,696.
_	Part XII Qualifying Distributions (see Instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		40 202
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	48,362.
_	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	a Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	40.260
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	48,362.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	48,362.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for	the section

Form **990-PF** (2016)

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Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) 2015 2016 Corpus Years prior to 2015 1 Distributable amount for 2016 from Part XI, saraa - z ... 43,696. line 7 2 Undistributed income, if any, as of the end of 2016 0 a Enter amount for 2015 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2016: 16,439. a From 2011 **b** From 2012 c From 2013 76,517. dFrom 2014 65,094. e From 2015 158,050 f Total of lines 3a through e 4 Qualifying distributions for 2016 from 48,362. Part XII, line 4 ►\$ a Applied to 2015, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 43,696. d Applied to 2016 distributable amount 4,666. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a)) 0. 0. 6 Enter the net total of each column as indicated below 162,716 a Corpus Add lines 3f, 4c and 4e Subtract line 5 b Prior years' undistributed income Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2015. Subtract line 0 4a from line 2a Taxable amount - see instr. f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2011 16,439 not applied on line 5 or line 7 9 Excess distributions carryover to 2017 146,277 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2012 b Excess from 2013 76,517. c Excess from 2014 65,094. dExcess from 2015

e Excess from 2016

4,666.

	PANA FOUNDA			74-23	85761 Page 10
Part XIV Private Operating For	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a 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 t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	942(1)(5)/
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	/
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	→" (e) Total
investment return from Part X for				/	
each year listed				, '	
b 85% of line 2a	-			1	
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				1	
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:			Į.		
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		,,			
b "Endowment" alternative test - enter		<u>"</u>			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					·
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					-
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	/				
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t		ructions.)			
1 Information Regarding Foundatio	-	Ab 00/ - f Ab - 4-4-1 A		to all the state of the state of	,
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the	toundation before the clos	se of any tax
NONE	(000 0	00 007 (0)(2):7			
b List any managers of the foundation who	n own 10% or more of th	e stock of a cornoration (or an equally large portic	on of the ownership of a pa	artnershin or
other entity) of which the foundation has			or arr oqually large portre	on or the entitle of a pe	a anoromp or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🔲 if the foundation o	nly makes contributions t	to preselected charitable o	organizations and does n	ot accept unsolicited requ	ests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indiv	riduals or organizations u	nder other conditions, co	omplete items 2a, b, c, and	d.
a The name, address, and telephone number	per or e-mail address of t	he person to whom appli	cations should be addres	ssed	
SEE STATEMENT 7					
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include		
c Any submission deadlines			<u> </u>		
d Any restrictions or limitations on awards	such as by geographics	al areas, charitable fields	kinds of institutions or o	other factors	
, . com on a mandrono on a warde	., _ 20 ac o, goograpinot		oo o, montanono, or c		

Amount
Amount
2,475
4,221
500
500
500
1 662
1,662
45,455
0

nter gross amounts unless otherwise indicated	Unrelated t	ousiness income		d by section 512, 513 or 514	(e)
The gross directing biness office was indicated	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
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	2,769.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:		`*	٠ ٢/	海 ・ が養物です	<u> </u>
a Debt-financed property					
b Not debt-financed property		<u>\</u>			
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					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:	l				
a CHESAPEAKE		<u></u>	15	54,561.	
b OTHER INCOME	_		01	160.	
c					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0	•	57,490.	0
13 Total Add line 12, columns (b), (d), and (e)				13	57,490
See worksheet in line 13 instructions to verify calculations)				
Part XVI-B Relationship of Activities	to the Accon	nplishment of I	Exempt	Purposes	
			<u> </u>		
Line No Explain below how each activity for which in the foundation's exempt purposes (other th	•	' '	-A contribu	ted importantly to the accom	plishment of

 1	 	<u> </u>	

SAN ANTONIO, TX 78259

Port YVII		AMPANA F					4365/61		ge 13
Part XVII	Information Re Exempt Organ		insters to a	and Transactions	and Helations	nips With Nor	ncharitable	В	
1 Did the o	rganization directly or indi	rectly engage in an	y of the followin	g with any other organizati	on described in secti	on 501(c) of		Yes	No
the Code	(other than section 501(c	c)(3) organizations)	or in section 52	7, relating to political orgai	nizations?				
a Transfers	s from the reporting found	lation to a nonchari	ıtable exempt org	ganization of					
(1) Cast	า						1a(1)		X
(2) Othe	er assets						1a(2)		Х
b Other tra	nsactions.								
(1) Sale	s of assets to a noncharita	able exempt organi	zation				1b(1)		X
(2) Puro	chases of assets from a no	oncharitable exemp	t organization				1b(2)		X
(3) Reni	tal of facilities, equipment,	or other assets					1b(3)		X
(4) Rein	nbursement arrangements	3					1b(4)		X
(5) Loai	ns or Ioan guarantees						1b(5)		X
(6) Perf	ormance of services or me	embership or fundr	raising solicitatio	ns			1b(6)		Х
c Sharing	of facilities, equipment, ma	ailing lists, other as	sets, or paid emp	ployees			1c		Х
d If the ans	swer to any of the above is	s "Yes," complete th	e following sche	dule. Column (b) should a l	ways show the fair n	narket value of the g	oods, other ass	sets,	
				ed less than fair market val	ue in any transaction	or sharing arranger	ment, show in		
column ((d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name		exempt organization	(d) Description	of transfers, transaction	ns, and sharing ar	rangeme	nts
			N/A			<u></u>			
	· · · · · · · · · · · · · · · · · · ·								
		ļ			_ .				
		1		 					
	,		·	or more tax-exempt organ	izations described			77	٦
	n 501(c) of the Code (other		(c)(3)) or in sect	ion 52/7			Yes	LX	No
	complete the following sch (a) Name of or			(b) Type of organization	Т	(c) Description of re	lationehin		
	N/A	gamzanon	-	(b) Type of organization		(c) Description of re			
 .	N/A				ļ				
							·		
				<u></u>					
Unde	er penalties of perjury. I declare	that I have examined	this return includin	g accompanying schedules and	statements, and to the	best of my knowledge			
Sign and	belief, it is true correct and co	mplete Declaration of	preparer (other than	n taxpayer) is based on all inform	mation of which preparer	has any knowledge	May the IRS of return with the	e prepar	er
Here		Mars		119/20/18	DIRECT	OR	shown below X Yes		No No
Sig	nature of officer or Muster	e		Date	Title	. 010			3 140
	Print/Type proparer's n		Preparer's si	anature	Date	Check if	PTIN		
			1			self- employed			
Paid	JOSIE BEHF	REND	Joseph	in Bahrad	09/19/2018	. ,	P00715	390	
Preparer	1		\mathcal{U}^{\cdot}		<u>. </u>	Firm's EIN ► 4			
Use Only			-						
•	Firm's address > 1 C	1026 RIDG	EWOOD P	ARKWAY SIITT	TE 400	1			

Supplementary Information Grants' and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or Amount status of contribution Name and address (home or business) recipient TEXAS HISTORICAL FOUNDATION NONE SUPPORT PROGRAMS AND PC P.O. BOX 50314 OPERATIONS AUSTIN, TX 78763 500. UC CUMBERLAND COLLEGE-MOUNTAIN NONE PC SUPPORT PROGRAMS AND OPERATIONS OUTREACH 6191 COLLEGE STATION DRIVE WILLIAMSBURG, KY 10769 10,000. GEORGE WEST PRIMARY SCHOOL NONE PC SUPPORT PROGRAMS AND OPERATIONS. 1013 HOUSTON STREET GEORGE WEST, TX 78022 844. GEORGE WEST ELEMENTARY SCHOOL NONE PC SUPPORT PROGRAMS AND OPERATIONS 1013 HOUSTON STREET GEORGE WEST, TX 78022 7,400. THE LENNY ZAKIM FUND NONE PC SUPPORT PROGRAMS AND 33 ARCH STREET, 26TH FLOOR OPERATIONS BOSTON, MA 02110 1,000. NATIONAL TRUST FOR HISTORICAL NONE PC SUPPORT PROGRAMS AND OPERATIONS PRESERVATIONS 2600 VIRGINIA AVE NW, SUITE 1000 350. WASHINGTON, DC 20078 NONE PC SUPPORT PROGRAMS AND CHRISTINE CITY CEMETERY ASSOCIATION OPERATIONS P.O. BOX 354 250. CHRISTINE, TX 78012 CREATIVE SANTA FE NONE PC SUPPORT PROGRAMS AND OPERATIONS 314 READ STREET SANTA FE, NM 87501 5,000. GEORGE WEST STORYFEST NONE PC SUPPORT PROGRAMS AND OPERATIONS P.O. BOX 660 GEORGE WEST, TX 78022 1,500. THE SALVATION ARMY OF GEORGE WEST NONE PC SUPPORT PROGRAMS AND 1221 RIVER BEND DRIVE OPERATIONS 1,000. DALLAS, TX 75247 34,137. Total from continuation sheets

CLEGG CEMETERY CLEGG CEMETERY CLEGG CEMETERY GEORGE WEST, TX 78022 CONSUMERS REPORTS FOUNDATION NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE AMBASSADOR COMPANY P,O. BOX 890287 CHARLOTTE, NC 28289 THE SALVATION ARMY 1221 RIVER BEND DRIVE DALLAS, TX 75247 ST. JUDES CHILDRENS RESEARCH HOSPITAL NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 SUPPORT PROGRAMS AND OPERATIONS 2,5	Part XV Supplementary Information	1			
Name and address (home or business) Show any relationship to status of recipient stat	3 Grants and Contributions Paid During the Y	ear (Continuation)			
Or Substantial contributor recipient COASTAL BEND COLLEGE NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 CLEGG CEMETERY NONE CLEGG CEMETERY GEORGE WEST, TX 78022 CONSUMERS REPORTS FOUNDATION NONE PC SUPPORT PROGRAMS AND OPERATIONS 2 CONSUMERS REPORTS FOUNDATION NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE AMBASSADOR COMPANY P.O. BOX 890287 CHARLOTTE, NC 28289 NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE SALVATION ARMY NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE SALVATION ARMY NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE SALVATION ARMY NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE SALVATION ARMY NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE SALVATION ARMY NONE PC SUPPORT PROGRAMS AND OPERATIONS 3 THE SALVATION ARMY NONE PC SUPPORT PROGRAMS AND OPERATIONS 5 T. JUDES CHILDRENS RESEARCH HOSPITAL NONE PC SUPPORT PROGRAMS AND OPERATIONS	Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
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		NONE	1		
					2,50

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2016

Name of the organization

Employer identification number

THE CAMPANA FOUNDATION, INC 74-2385761 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 contributors 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

THE CAMPANA FOUNDATION, INC

74-2385761

Part I	Contributors (See instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS J. MARTIN, JR. 3501 HWY. 59 S GEORGE WEST, TX 78022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10		\$Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

THE CAMPANA FOUNDATION, INC

74-2385761

Part II	Noncash Property (See instructions) Use duplicate copies of F	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	(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
_			

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Name of organization Employer identification number THE CAMPANA FOUNDATION, 74-2385761 INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	INGS AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT	1	
SOURCE	REV	A) ENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	Е	
FROST BANK CD INTEREST INCOME	3	2,769.		2,769.			
TOTAL TO PART I, LINE 3		2,769.	,	2,769.			
FORM 990-PF	OTHER	INCOME			STATEMENT	2	
DESCRIPTION		(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCOI		
CHESAPEAKE OTHER INCOME	_	54	1,561.	54,561 160			
TOTAL TO FORM 990-PF, PART I,	, LINE 11 =	54	1,721.	54,721	•		
FORM 990-PF	ACCOUNT	ING FEES	5		STATEMENT	3	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN					
ACCOUNTING FEES	5,500	<u> </u>	2,750	•	2,7	50.	
TO FORM 990-PF, PG 1, LN 16B	5,500		2,750	•	2,7	50.	
FORM 990-PF	TA	XES			STATEMENT	4	
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN		(C) ADJUSTED NET INCOM			
TAXES	5,211	. •	0	•		0.	
-		_			0		
TO FORM 990-PF, PG 1, LN 18	5,211	· •	0	•		0.	

FORM 990-PF	OTHER E	XPENSES		STATEMENT					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE		(C) ADJUSTED NET INCOM					
BANK SERVICE FEE PHARMACY MISCELLANEOUS EXPENSE	112. 1,617. 500.		112. 0. 0.		0. 1,617. 500.				
TO FORM 990-PF, PG 1, LN 23	2,229.	112.			2,117.				
FORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR	INVES	тмент	STATEMENT 6				
DESCRIPTION		T OR BASIS		ULATED CIATION	BOOK VALUE				
CASE PRINTER MACHI COMPUTER COMPUTER PROGRAM COMPUTER PROGRAM ANSWER MACHINE CHAIR COMPUTER & PRINTER 10 CHAIRS OFFICE CHAIR CHAIR BIOFEED MACH CHAIRS 2 TAPE PLAYS FURNITURE MIND MIRROR		61. 3,351. 525. 243. 106. 64. 4,334. 580. 140. 92. 6,403. 797. 233. 1,737. 705.		61. 3,000. 525. 243. 106. 64. 3,900. 580. 125. 92. 5,760. 720. 233. 1,564. 705.	0. 351. 0. 0. 0. 434. 0. 15. 0. 643. 77. 0. 173.				
LIBRARY BOOK LIBRARY TAPE COMPUTER DESK SAMADHI CUSH CHAIR LIBRARY BOOK TOTAL TO FM 990-PF, PART II,	 LN 14	297. 76. 380. 309. 90. 86.		297. 76. 342. 309. 90. 86.	0. 0. 38. 0. 0. 0.				

THE CAMPANA FOUNDATION, INC

74-2385761

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANGELA K. MARTIN 3493 HWY 59 S. GEORGE WEST, TX 78022

TELEPHONE NUMBER

361-566-2244

FORM AND CONTENT OF APPLICATIONS

NO SET FORM-DIRECTORS DECIDE WHEN, WHERE, AND TO WHOM TO GIVE BASED ON NEED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

FORM 95	90-PF PAGE 1							990-P	F						
Asset No	Description	Date Acquired	Method	Life	Oors	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CASE PRINTER	01/02/86	PRE	7 00	НУ	16	61				61.	61.		0.	61
4, 2, 2	MACEI COMPUTER	01/17/86	PRE	7.00	нх	16	3,351.	· 	• 1	, , , , , , , , , , , , , , , , , , , ,	3,351	3,000	4	0	3,000.
	COMPUTER PROGRAM	03/28/86	PRE	7 00	нү	16	525.			• ,	525.	525.	u7."	0.	525.
***	COMPUTER PROGRAM	06/25/86	PRE	7.00	ну	16	243		,	, , ,	243.	243.	顿", 艾.	· 0.	243.
5	ANSWER MACHINE	08/22/86	200DB	7.00	нч	17	106		-		106	106.	 	0	106
٠. 6 شد.	+ i i i j	12/15/86	200DB	7.00	нч	17	64.			·	64.	64.	-	٥.	64.
7	COMPUTER & PRINTER	04/11/87	200DB	7.00	нч	17	4,334.		-		4,334	3,900,		0	3,900
8	10-CHAIRS	07/03/87	200DB	7.00	НА	17	580.				580.	580.		0.	580
9	OFFICE CHAIR	11/04/87	200DB	7 00	нч	17	140.				140	125,		0.	125.
'10	CHAIR	11/03/87	200DB	7.00	нч	17	92.	:			92,	92		0.	92.
11	BIOPEED MACH	01/08/88	200DB	7 00	нч	17	6,403	ı :			6,403,	5,760.]	0	5,760
12	CHAIRS	01/24/88	200DB	7.00	нч	17	797.				797	720.		0	720
13	2 TAPE PLAYS	02/12/88	200DB	7 00	нч	17	233	1	}		233	233		0.	233
14	FURNITURE	02/15/88	200DB	7 00	нч	17	1,737				1,737.	1,564		0.	1,564.
15	MIND MIRROR	03/20/88	200DB	7 00	нү	17	705	ı			705	705		0	705
16	LIBRARY BOOK	10/08/88	200DB	7 00	ну	17	297				297	297.		0.	297
17	LIBRARY TAPE	10/15/88	200DB	7 00	НУ	17	76		}		76	76		0.	76
18	COMPUTER DESK	01/09/89	200DB	7.00	нч	17	380				380.	342.		0	342,

628111 04-01-18

(D) Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zono

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

ORM 99	0-PF PAGE 1							990-P	F						
Asset No	Description	Date Acquired	Method	Life	Cprv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	SAMADHI CUSH	02/22/89	200DB	7 00	нч	17	309	,		- ×- ×,	309	309.	ati - Azəmin -	0	309.
20	CHAIR	03/11/89	200DB	7,00	нч	17	90.	.ī.:	- · · · · ·		90	90.		0.	90.
21 (1)	LIBRARY BOOK	07/01/90	200DB	7.00	нч	17	86.	<u>-</u>	, , , ,	. `	86.	86.	· (福祉 - 1-3	0.	. 86
1	TOTAL 990-PF PG 1 DEPR						20,609		1. 38°		20,609.	18,878		. 0	18,878.
	d .									\$2.34 - Tag	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 3 to		
									7, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		ر شر مستند ا		i Ion Indi	 - -	
	• •			:				,		- 5°	-		-		
	-							90							
	·			<u> </u>					l	<u> </u>	<u> </u>		L		İ

626111 04-01 16

(D) Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone