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Form, 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ 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.

For calendar year 2016 or tax year beginning 06/06/16, and ending 12/31/16

N	me of fou	indation	A Empl	loyer identification number				
τ.	דדדת	'S PLACE, INC.			01	-4192175		
		d street (or P O box number if mail is not delivered to street address)		Room/suite	+	phone number (see instruction:		
		MMOCK VIEW LN				2-354-5357	•	
Cı	ty or town	, state or province, country, and ZIP or foreign postal code			C If exe	emption application is pending,	chack hare	
SAVANNAH GA 31411						implion application is pending,	ulear liele	
G	Check a	all that apply 🗓 Initial return 🔲 Initial retu	rn of a former public	charity	D 1 F	oreign organizations, check he	ere b	
		Final return Amended	return		2. F	oreign organizations meeting t	he	
		Address change Name cha	ange		8	5% test, check here and attach	computation >	
Н	Check t	type of organization \mathbf{X} Section 501(c)(3) exempt private	foundation		E If priv	rate foundation status was term	ninated under	
	Section	1 4947(a)(1) nonexempt charitable trust Other taxable	le private foundation	1	section	on 507(b)(1)(A), check here	▶	
I F	aır mar	ket value of all assets at J Accounting method	X Cash A	ccrual	F If the	foundation is in a 60-month te	mination	
e	nd of ye	ear (from Part II, col (c), Other (specify)			unde	r section 507(b)(1)(B), check h	nere •	
	ne 16) l	▶ \$ 200,935 (Part I, column (d) must	be on cash basis)		<u>L</u>		·	
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable	
		amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a) (see instructions))	expenses per books		ncome income purposes			
	1	Contributions, gifts, grants, etc , received (attach schedule)	202,00	00			(cash basis only)	
	2	Check ► If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities						
	5a	Gross rents						
Revenue	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10						
Ş	b	Gross sales price for all assets on line 6a						
8	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
	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)						
	12	Total. Add lines 1 through 11	202,00		0	0		
Se	13	Compensation of officers, directors, trustees, etc	<u></u>	_0				
Expenses	14	Other employee salaries and wages					 	
be	15	Pension plans, employee Ceneritts					 	
Ä	16a	Legal fees (attach schedule)				 	 	
\ Ve	C	Accounting fees (attach schedule) Other professional fees (attach schedule)						
ati	17	Interest /		1				
str	18	Taxes (attach schedule) (see) instructions) STMT 1	93	35		 	935	
<u>=</u>	19	Depreciation (attach schedule rann-dementor)						
틍	20	Occupancy						
Ā	21	Travel, conferences, and meetings						
Operating and Administrative	22	Printing and publications						
9	23	Other expenses (att sch) STMT 2	13	30			130	
ţ	24	Total operating and administrative expenses.] - · - 					
era		Add lines 13 through 23	1,06	55	0	0	1,065	
þ	25	Contributions, gifts, grants paid	<u> </u>	0			0	
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	1,00	55	0	0	1,065	
	27	Subtract line 26 from line 12]					
	a	Excess of revenue over expenses and disbursements	200,93	35				
	Ь	Net investment income (if negative, enter -0-)	<u> </u>		0			
	1 6	Adjusted net income (if negative lenter -0-)	1	1		1 0	ł	

SCANNIET AND CENTA

				Beginning of year	End	of year
P	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash – non-interest-bearing			200,93	5 200,935
	2	Savings and temporary cash investments				
ļ	3	Accounts receivable				
Ì	3	Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
	4	Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
ı	o	disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
ı	•	Less allowance for doubtful accounts	0			
	8	Inventories for sale or use	_			
5	9	Prepaid expenses and deferred charges				
2	10a	Investments – U.S. and state government obligations (attach schedule)				
`	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				
İ	••	Less accumulated depreciation (attach sch.)		[
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis				
1	• •	Less accumulated depreciation (attach sch.)				
١	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the				
		instructions Also, see page 1, item I)		0	200,93	200,935
T	17	Accounts payable and accrued expenses				_
1	18	Grants payable				
cies	19	Deferred revenue				_
	20	Loans from officers, directors, trustees, and other disqualified persons				_
apil	21	Mortgages and other notes payable (attach schedule)				4
1	22	Other liabilities (describe ▶)			
1	23	Total liabilities (add lines 17 through 22)	. ()	0		<u>0</u>
		Foundations that follow SFAS 117, check here	► X			
S		and complete lines 24 through 26 and lines 30 and 31.			200 03	. =
띪	24	Unrestricted			200,93	<u>,'2 </u>
<u>ğ</u>	25	Temporarily restricted				
9	26	Permanently restricted				-
튀		Foundations that do not follow SFAS 117, check here				
or Fund Balanc		and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			<u> </u>	-
Se	28	Paid-in or capital surplus, or land, bldg , and equipment fund				-
3	29	Retained earnings, accumulated income, endowment, or other funds		0	200,93	5
Net Assets	30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see			,	7
1	31	instructions)		0	200,93	35
	Part I		ices	<u>-L</u>	<u> </u>	
		net assets or fund balances at beginning of year – Part II, column (a), lir		ust agree with		
•		of-year figure reported on prior year's return)	-			
2		r amount from Part I, line 27a				200,935
		r increases not included in line 2 (itemize)			<u> </u>	3
4		lines 1, 2, and 3			<u>_</u>	200,935
		eases not included in line 2 (itemize) ▶			<u> </u>	5
		net assets or fund balances at end of year (line 4 minus line 5) – Part II,	, column	(b), line 30		200,935
						Form 990-PF (2016)

Part IV Capital Gains an	nd Losses for Tax on Investm	nent Income	· · · · · · · · · · · · · · · · · · ·			
	be the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr)
1a N/A						
b						
С						
<u>d</u>						
<u>e</u>			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	((h) Gain e) plus (f)	or (loss) minus (g)
a						
b						
С						· —
						- -
e		5 10/04/				
Complete only for assets showing	gain in column (h) and owned by the	1				(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	, ,		less than -0-) or om col (h))
a			·····-			
<u>b</u>						····
С						
<u>d</u>		ļ				
е		<u></u>				
2 Capital gain net income or (net ca	Ipital loss) If gain, also enter in If (loss), enter -0- ii	n Part I, line 7 n Part I, line 7		2		
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and	(6)				
If gain, also enter in Part I, line 8,	column (c) (see instructions) If (loss),	, enter -0- ın				
Part I, line 8				3		
Part V Qualification Un	der Section 4940(e) for Redu	ced Tax on Net	Investment Inco	me		
(For optional use by domestic private	foundations subject to the section 494	l0(a) tax on net invest	ment income)			
If section 4940(d)(2) applies, leave thi	s part blank					N/A
Was the foundation liable for the cost	on 4042 tay on the distributable amou	int of any year in the l	naca nagad?			
if "Yes," the foundation does not quali	on 4942 tax on the distributable amou	• •	base period?			Yes No
	<u> </u>	<u>.</u>				
	ach column for each year, see the ins	tructions before maki	ng any entries			(d)
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value	(c) e of noncharitable-use asse	ts		bution ratio ivided by col (c))
2015						
2014						
2013			·			
2012						
2011						
2 Total of line 1, column (d)				2		· · · - · · - ·
	i-year base period – divide the total on					
number of years the foundation ha	as been in existence if less than 5 yea	rs		3		
4 Enter the net value of noncharitab	le-use assets for 2016 from Part X, Iir	ne 5		4		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6		
	•					
7 Add lines 5 and 6				7		
8 Enter qualifying distributions from	Part XII, line 4			8		
	line 7, check the box in Part VI, line 1	b, and complete that	part using a 1% tax r	ate See the		

	otatements Regarding Activities (community)			
11	. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	j	Ye	s No
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	.	x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	⊢ '	' -	 -
-	person had advisory privileges? If "Yes," attach statement (see instructions)	1	2	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1		
	Website address ► N/A	_		
14	The books are in care of ▶ RAUL BUELVAS Telephone no ▶ 912	-354	-53	57
	1 HAMMOCK VIEW LANE			
	Located at ▶ SAVANNAH GA ZIP+4 ▶ 314	11		
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			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	_	Ye	1
	over a bank, securities, or other financial account in a foreign country?	10	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
P	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.	-	Ye	s No
1a				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X N	٥		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X N	_		
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X N Yes X N	I I		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	,		
b	If any answer is "Yes" to 1a(1)–(6), did any 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)?	A 1	<u>. </u>	⊥
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected 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))			
а	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?	٥		
_	If "Yes," list the years ► 20 , 20 , 20 , 20			
þ	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)	A 21	, 1	1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	· -	1	
•	► 20 , 20 , 20 , 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 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? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	A 31	<u> </u>	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	46	<u> </u>	X
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?	41		<u> </u>
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orm	990-PF (2016) RAUL'S P			11921/5			Pa	age 6
Pa	rt VII-B Statements Re	garding Activities for Which For	m 4720 May Be F	Required (cont	inued)			
5a	During the year did the foundation	pay or incur any amount to						
	(1) Carry on propaganda, or othe	rwise attempt to influence legislation (section	on 4945(e))?		res 🗓 No			
	(2) Influence the outcome of any	specific public election (see section 4955),	or to carry on,					
	directly or indirectly, any votei	registration drive?			res 🛚 X No			
	(3) Provide a grant to an individua	al for travel, study, or other similar purpose	s?		res 🛚 X No			
	(4) Provide a grant to an organiza	ation other than a charitable, etc , organizat	ion described in	_	_		-	
	section 4945(d)(4)(A)? (see in				res 🗓 No			
	(5) Provide for any purpose other	than religious, charitable, scientific, literary	, or educational			1		
		n of cruelty to children or animals?			res 🛚 X No	1		
b		, did any of the transactions fail to qualify ι	inder the exceptions d	lescribed in		1	l	
	Regulations section 53 4945 or in	a current notice regarding disaster assista	nce (see instructions)?	>	N/A	5b		_
	=	notice regarding disaster assistance check			▶ □			
С		5a(4), does the foundation claim exemption				1		
	because it maintained expenditure			N/A 🗌	res No	- 1		
	·	ired by Regulations section 53 4945–5(d)				1		
6a		r, receive any funds, directly or indirectly, to	pay premiums					
	on a personal benefit contract?				res 🗓 No			
b	•	r, pay premiums, directly or indirectly, on a	personal benefit conti	ract?		6b		X
	If "Yes" to 6b, file Form 8870		•					
7a	At any time during the tax year, w	as the foundation a party to a prohibited tax	shelter transaction?		res 🛚 X No			
b	If "Yes," did the foundation receive	e any proceeds or have any net income attr	butable to the transac	ction?	N/A	7b		
Pa	rt VIII Information Abo	ut Officers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employe	es,		
	and Contractors							
1 L	ist all officers, directors, trustee	s, foundation managers and their comp	ensation (see instruc	tions).				
			(b) Title, and average	(c) Compensation	(d) Contributions to			
	(a) Na	me and address	hours per week	(If not paid,	employee benefit plans and deferred		ense ac allowan	
			devoted to position	enter -0-)	compensation			
RA	UL BUELVAS	SAVANNAH	PRESIDENT					
1	HAMMOCK VIEW LANE	GA 31411	1.00	0	0			0
KA	Y BUELVAS	SAVANNAH	VICE PRESIDE					
1	HAMMOCK VIEW LANE	GA 31411	1.00	0	0			0
OL	IVIA BUELVAS	SAVANNAH	SECRETARY					
1	HAMMOCK VIEW LANE	GA 31411	1.00	0	0			0
				<u> </u>	<u> </u>			
2		aid employees (other than those include	ed on line 1 – see ins	tructions). If non	e, enter			
	"NONE."			1		1		
			(b) Title, and average		(d) Contributions to employee benefit	(e) Exp	ense ac	count.
	(a) Name and address of each er	nployee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other	allowan	ices
					compensation			
NO	NE							
			1					
					 			
•			<u> </u>	<u> </u>				
ota	number of other employees paid of	over \$50,000		1	•			Ō
					F	m 99	0-PF	

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Part VIII Information About and Contractors (c		, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent con	tractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and addre	ss of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,0	100 for professional services		<u> </u>
	t Charitable Activities		
List the foundation's four largest direct charitable activi organizations and other beneficiaries served, conferen		information such as the number of	Expenses
1 N/A			
2			
3			
4			
			
	ram-Related Investments (se		,
Describe the two largest program-related investments in	hade 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			

Total. Add lines 1 through 3

Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fou	indations,
	, see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	ļ	
	purposes	ļ	
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	33,638
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	33,638
e	Reduction claimed for blockage or other factors reported on lines 1a and	<u> </u>	
	1c (attach detailed explanation)	}	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3_	33,638
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see	ĺ	
	instructions)	4_	505
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5_	33,133
6	Minimum investment return. Enter 5% of line 5	6	946
Pa	Irt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	dations
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	946
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)] ;	i
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	946
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	946
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	946
Pa	urt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
		1a	1,065
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1b	1,003
b	Program-related investments – total from Part IX-B	-10	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
•	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	2-	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	1 06E
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,065
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	1,065
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,065
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	auglifies for the section 4940(a) reduction of tay in those years		

Part	XIII Undistributed Income	(see instructions)			, 	
			(a)	(b)	(c)	(d)
1 C	istributable amount for 2016 from Part X	(I,	Corpus	Years prior to 2015	2015	2016
	ne 7	Ų.				946
	Indistributed income, if any, as of the en	d of 2016				
	inter amount for 2015 only	\				
	otal for prior years 20, 20					
3 E	excess distributions carryover, if any, to 2	2016				
a F	rom 2011					
b F	rom 2012					
c F	from 2013					
d F	rom 2014					
e F	rom 2015		i			
f T	otal of lines 3a through e	}				
4 (Qualifying distributions for 2016 from Par	t XII,				
k	ne 4 ▶ \$1,065					
a A	applied to 2015, but not more than line 2	a [
b A	applied to undistributed income of prior y	ears				
(1	Election required – see instructions)	<u> </u>				
c T	reated as distributions out of corpus (Ele	ection				
re	equired – see instructions)	L				
d A	applied to 2016 distributable amount	ļ				946
e F	Remaining amount distributed out of corp	us	119			
5 E	excess distributions carryover applied to	2016				
(lf an amount appears in column (d), the :	same	:			
а	mount must be shown in column (a))					
6 E	Enter the net total of each column as					
i	ndicated below:					
a (Corpus Add lines 3f, 4c, and 4e Subtrac	t line 5	119			
b F	Prior years' undistributed income Subtra	ct				
iı	ne 4b from line 2b	ļ	·····			
c E	Enter the amount of prior years' undistribit	uted				
17	ncome for which a notice of deficiency has	as				
b	een issued, or on which the section 494	2(a)	i		:	
ta	ax has been previously assessed					·····
d 8	Subtract line 6c from line 6b Taxable	ł			ļ.	
а	mount - see instructions	ļ				
еl	Indistributed income for 2015 Subtract I	ine				
4	a from line 2a Taxable amount - see					
K	nstructions					
fl	Indistributed income for 2016 Subtract I	ines				
4	d and 5 from line 1. This amount must b	e				_
d	listributed in 2017	}				0
7 /	Amounts treated as distributions out of co	orpus				
	o satisfy requirements imposed by section	J				
1	70(b)(1)(F) or 4942(g)(3) (Election may	be			İ	
	equired—see instructions)					
8 E	Excess distributions carryover from 2011	not				
	applied on line 5 or line 7 (see instruction	ľ				
9 E	Excess distributions carryover to 2017	' .				
5	Subtract lines 7 and 8 from line 6a	ļ	119			
10 /	Analysis of line 9	ſ	İ			
a E	Excess from 2012		1			
p E	Excess from 2013					
c E	Excess from 2014					
d E	Excess from 2015					
e E	xcess from 2016	119	<u> </u>	<u> </u>	<u> </u>	L

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount			
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION				
	any foundation manager	status of recipient	contribution	Amount			
Total			▶ 3a				
Total b Approved for future payment							
N/A							
Total		L	▶_3b				

ᅳᄃ	all AVEA	Analysis of income-Floudcing Ac	HAIRIES				
	-	ounts unless otherwise indicated	(a) Business code	d business income (b) Amount	Excluded (c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1	Program se	rvice revenue	\		ļ		(See Instructions)
			-		<u> </u>		
			-		 		
			-		 		
	d				ļi		
			-		ļi		
			-		<u> </u>		
	_	d contracts from government agencies	ļl		}		
	•	dues and assessments	1		}		
		savings and temporary cash investments	1		}		
		nd interest from securities					
5		come or (loss) from real estate.	<u> </u>		ļ		
		anced property	J		 		
		t-financed property	 		├		
		come or (loss) from personal property	 				
		ment income	 		 		
		s) from sales of assets other than inventory	 		 		
		or (loss) from special events	 		}		
	-	or (loss) from sales of inventory	 		}		
		ue a			 		
					}		
							
					1 1		
			·		<u> </u>		
	e						
12	e Subtotal Ad	ld columns (b), (d), and (e)		0		0	0
12 13	e Subtotal Add I Total Add I	ld columns (b), (d), and (e) ine 12, columns (b), (d), and (e)		C		0 13	C
12 13 (Se	eSubtotal Ad Total Add I e worksheet	ld columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)				13	
12 13 (Sec	eSubtotal Add I Total. Add I e worksheet art XVI-B	ld columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A	ccomplishme	ent of Exempt P	urpose	13 <u> </u>	C
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Part)	CVII	Information Reg	_	ansters	s Io an	ıa ıran	sactio	ns and Relation	onsnips W	ith Nonchari	table		
4 Did	the are	Exempt Organization directly or ind		de in any	of the fo	llowing	ith any	other organization	described			Yes	No
	-	anization directly or ind		-			_	-				105	140
	anizatio	, ,	or triair Scott	OII 30 1(C)	(O) Organ	iizations)	01 111 30	cuon 527, relating	to political				
_		rom the reporting found	lation to a ni	oncharita	ble exem	nt organi	zation o	f					
	Cash	rom the reporting rooms		•	J.O G/(G/)	.pt organi	2011011 0				1a(1)		x
	Other a	assets									1a(2)		X
	ner trans										1.5(2)		
		of assets to a noncharit	able exempt	t organiza	ition						1b(1)		x
		ses of assets from a no	•	-		ion					1b(2)		Х
٠,		of facilities, equipment		•	J						1b(3)		X
(4)	Reimbi	ursement arrangements	3								1b(4)		X
(5)	Loans	or loan guarantees									1b(5)		X
(6)	Perform	nance of services or mo	embership o	r fundrais	sing solic	atations					1b(6)		X
c Sha	aring of	facılıtıes, equipment, m	ailing lists, o	other asse	ets, or pa	ud emplo	yees				1c		X
d If th	ne answ	er to any of the above i	s "Yes," con	nplete the	following	g schedu	le Colu	mn (b) should alwa	ays show the f	aır market			
valı	ue of the	e goods, other assets, o	or services g	jiven by t	ne report	ıng found	ation If	the foundation red	eived less tha	n fair market			
valı	ue in an	y transaction or sharing	arrangeme	nt, show	in columi	n (d) the	value of	the goods, other a	assets, or serv	ices received			
(a) Lir	ne no	(b) Amount involved	(c) Nam	e of noncha	ritable exem	npt organizat	tion	(d) Descrip	otion of transfers, t	ansactions, and shar	ing arrangeme	nts	
N/A		<u> </u>											
		<u> </u>	<u> </u>										
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2a Isti	he found	dation directly or indirec	tly affiliated	with, or r	elated to	, one or n	nore tax	-exempt organizat	ions	-		_	
des	cribed i	n section 501(c) of the	Code (other	than sec	tion 501(c)(3)) or ı	n sectio	n 527?			Ye	s X	No
b If "\	Yes," co	mplete the following sc	hedule			_		 -		_			
		(a) Name of organization		<u> </u>	(b) Type of	organization			(c) Descri	otion of relationship			
<u>N/2</u>	<u> </u>			 -									
				 									
				┼									
	_			 									
	Under pe	nalties of perjury, I declare th	at i have exami	ned this reti	um. ıncludır	no accompa	nvina sch	edules and statements.	and to the best of	my knowledge and l	belief, it is true		
		and complete Declaration of p								·	S discuss this re		-
Sign		0									parer shown be		_
dere		/) 10-D	$I \wedge$,				ı		(see instruc	ctions)?	Yes	No
		Kaul 1015.	$N \setminus A$				12	20/17	PRES	SIDENT			
	Sign	nature of officer or trustee	<u> </u>		 -		Date	<u> </u>	Title				
	Print/T	ype preparer's name	-0			Prepare	r's signatu				ate		
		The brokers of training	_				signatu	, r	١.	_ "		Check self-em	
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			SBORO		304	58-07	716				12-76		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016

RAUL'S PLACE,	INC.	81-4192175					
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	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Obselvá voje oznavatenia o	arrand by the Connect Bulls or a Consid Bulls						
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See					
General Rule							
or more (in money or p							
Special Rules							
regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa at received from any one contributor, during the year, total contributions of the greater of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts	ort II, line of (1)					
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.							
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For it answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its					

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

RAUL'S PLACE, INC.

Employer identification number 81-4192175

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	RAUL & KAY BUELVAS 1 HAMMOCK VIEW LANE SAVANNAH GA 31411	\$ 202,000	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		
NO.	Name, address, and zir ++	\$	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 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 Noncash (Complete Part II for noncash contributions)		

81	41	92	17	5
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Federal Statements

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount	
RAUL AND KAY BUELVAS	\$	202,000	
TOTAL	\$	202,000	