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0425869705 May 15, 2017 LTR 2697C 201612 44 81-4575715 00023269

GODCHOSETHEM NON PROFIT INC **30 WINCREST FALLS DRIVE** CYPRESS TX 77429



030658

## **DECLARATION**

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

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

Deadline is September 30 of the current year for which the donation is requested.

None other than requests must meet the objectives of the foundation.

factors:

Form **990-PF** (2016)

## 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

2016

**Employer Identification number** 

GODCHOSETHEM NON PROFIT INC.			81-4575715			
Organization type (check one):						
Filers of:	Section	:				
Form 990 or 990	)-EZ	c)( ) (enter number)	organization			
	<b>4947</b>	(a)(1) nonexempt charitable	e trust <b>not</b> treated as a private for	undation		
	□ 527	political organization	•			
Form 990-PF	<b>☑</b> 501(	c)(3) exempt private founda	ition			
	<b>4947</b>	(a)(1) nonexempt charitable	e trust treated as a private founda	ation		
	☐ <b>50</b> 1(	c)(3) taxable private founda	tion			
Check if your or	ganization is covered b	y the <b>General Rule</b> or a <b>S</b>	pecial Rule.			
Note: Only a se- instructions.	ction 501(c)(7), (8), or (1	0) organization can check	boxes for both the General Rule	and a Special Rule. See		
General Rule						
- or more	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						
regulat 13, 16a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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.					
contrib	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.					
contrib contrib during <b>Gene</b> ra	utor, during the year, c utions totaled more tha the year for an exclusiv at <b>Rule</b> applies to this c	ontributions exclusively for in \$1,000. If this box is che ely religious, charitable, etc organization because it rec	religious, charitable, etc., purpos cked, enter here the total contrib c., purpose. Don't complete any c eived nonexclusively religious, ch	utions that were received of the parts unless the		
Caution: An org	anization that isn't cov	ered by the General Rule a	nd/or the Special Rules doesn't f	ile 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 Employer identification number GODCHOSETHEM NON PROFIT INC. 81-4575715

Part 1	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		
	MARK & ELAINE TREVITHICK  30 WINCREST FALLS DRIVE  CYPRESS, TX 77429	\$	Person Payroli Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		. \$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		<b>\$</b>	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Name of organization **Employer identification number GODCHOSETHEM NON PROFIT INC.** 81-4575715 Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions) NONE 0 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I