

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 instructions is at www.irs.gov/form990pf.

2016**Open to Public
Inspection****For calendar year 2016, or tax year beginning 06-01-2016 , and ending 05-31-2017**

Name of foundation Kuskokwim Educational Foundation		A Employer identification number 92-0081529
% THE KUSKOKWIM CORPORATION		B Telephone number (see instructions) (907) 243-2944
Number and street (or P O box number if mail is not delivered to street address) 4300 B Street Suite 207		C If exemption application is pending, check here <input checked="" type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code Anchorage, AK 99503		D 1. Foreign organizations, check here <input checked="" type="checkbox"/> 2 Foreign organizations meeting the 85% <input checked="" type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return		

2013	31,750	28,321	1 121076
2012	27,000	22,059	1 22399
2011	32,000	42,301	0 756483

2 Total of line 1, column (d)	2	4 087401
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 81748
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	182,417
5 Multiply line 4 by line 3	5	149,122
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	149,122
8 Enter qualifying distributions from Part XII, line 4 , , , , ,	8	41,690

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

Form **990-PF** (2016)

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing		126,054	222,377	222,377
2	Savings and temporary cash investments		800	800	800
3	Accounts receivable ►	118			

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 ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	0
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		
c	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-)	2	
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ►	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ►	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ►	Refunded	11

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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?			
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials</i>				

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 produced, etc

	Expenses
1 30 EDUCATIONAL SCHOLARSHIPS WERE AWARDED AND PAID	38,750
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

	Amount
1	
2	
All other program-related investments See instructions	
3	

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).

11

No

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc. organization described.

Yes No

Yes No

Yes No

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".

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 produced, etc.

1 30 EDUCATIONAL SCHOLARSHIPS WERE AWARDED AND PAID	38,750
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.

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

All other program-related investments See instructions

3 _____

Total Add lines 1 through 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	0
b	Average of monthly cash balances.	1b	185,195
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	185,195

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 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

Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	

Part XIII Undistributed Income (see instructions)

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.

b Total for prior years 2014, 2013, 2012

3 Excess distributions carryover, if any, to 2016

a From 2011. 29,885

b From 2012. 25,897

c From 2013. 30,334

d From 2014. 49,862

e From 2015. 25,438

f **Total of lines 3a through e.**

4 Qualifying distributions for 2016 from Part XII, line 4 ► \$ 41,690

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

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

b Prior years' undistributed income Subtract line 4b from line 2b

c Enter the amount of prior years' undistributed income carryover applied to 2016

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
				9,121
			0	
		0		
		161,416		
				0
				9,121
		32,569		
		193,985		
			0	

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

SALLY HOFFMAN
PO BOX 227
ANIAK, AK 99557
(907) 675-4275

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

THE SCHOLARSHIP APPLICATION REQUESTS PERSONAL INFORMATION, HIGH SCHOOL AND OTHER EDUCATIONAL BACKGROUND, AS WELL AS THE ANTICIPATED BUDGET FOR THE STUDENT'S EXPENSES, INCLUDING ANY OTHER GRANTS OR SCHOLARSHIPS THE STUDENT HAS

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. ►			
b	Check box to indicate whether the organization 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 (2) Value of assets qualifying under section 4942(j)(3)(B)(i)			
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) (2) Support from general public and 5 or more exempt			

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> See Additional Data Table				
Total			► 3a	38,750
<i>b Approved for future payment</i>				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) 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					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
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				25	4,265
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).					4,265
13 Total. Add line 12, columns (b), (d), and (e).				13	4,265

(See worksheet in line 13 instructions to verify calculations)

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

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?	Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash.	1a(1)	No
(2)	Other assets.	1a(2)	No
b	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization.	1b(1)	No
(2)	Purchases of assets from a noncharitable exempt organization.	1b(2)	No
(3)	Rental of facilities, equipment, or other assets.	1b(3)	No
(4)	Reimbursement arrangements.	1b(4)	No
(5)	Loans or loan guarantees.	1b(5)	No
(6)	Performance of services or membership or fundraising solicitations	1b(6)	No

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Amanda Aloysius PO Box 191 Galena, AK 99741	NONE	I	TO ATTEND COLLEGE	500
Brandon Andrew PO Box 61 Tuluksak, AK 99679	NONE	I	TO ATTEND COLLEGE	500
Moses Bright PO BOX 145 Goodnews Bay, AK 99589	NONE	I	TO ATTEND COLLEGE	500
Melissa Burkey 508 W Boone Ave Chewelah, AK 99109	NONE	I	TO ATTEND COLLEGE	2,000
Kasila Carey 8701 Heavenly Circle ANCHORAGE, AK 99502	FAMILY OF BOARD MEMEBER	I	TO ATTEND COLLEGE	3,500
Total	►			38,750
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
RAFFLE/SILENT AUCTION	7,670		

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MATERIALS AND METHODS

[REDACTED]

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Melody Lowe 3200 Turnagain Blvd 10 ANCHORAGE, AK 99517	NONE	I	TO ATTEND COLLEGE	1,000
Shaun Morgan PO Box 90 Upper Kalskag, AK 99607	NONE	I	TO ATTEND COLLEGE	1,000
Jessica Murran Box 274 Hooper Bay, AK 99604	NONE	I	TO ATTEND COLLEGE	500
Kendel Peterson 140 Oklahoma St Apt 3 ANCHORAGE, AK 99504	NONE	I	TO ATTEND COLLEGE	750
Leigh Ripke 17595 Lake George Drive Palmer, AK 99645	NONE	I	TO ATTEND COLLEGE	1,000
Total			►	38,750
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Shelby Lee Simeon PO Box 326 Aniak, AK 99557	NONE	I	TO ATTEND COLLEGE	1,000
David Smart PO Box 117 Hooper Bay, AK 99604	NONE	I	TO ATTEND COLLEGE	500
Carlos Soto PO Box 211244 ANCHORAGE, AK 99521	NONE	I	TO ATTEND COLLEGE	1,000
Ryan Thorne 2513 Boniface Parkway ANCHORAGE, AK 99504	NONE	I	TO ATTEND COLLEGE	2,000
Cory Vaska 4556 Melbar Road Fairbanks, AK 99712	NONE	I	TO ATTEND COLLEGE	2,500
Total			►	38,750
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Amber Vaska PO Box 74667 Fairbanks, AK 99707	NONE	I	TO ATTEND COLLEGE	1,250
Dante Washington 8856 Brookridge Drive ANCHORAGE, AK 99504	FAMILY OF BOARD MEMBER	I	TO ATTEND COLLEGE	3,500
Amber Williams 1200 Columbine Court Apt 64 ANCHORAGE, AK 99508	NONE	I	TO ATTEND COLLEGE	1,500
Justis Wolf 2163 NE Lexington Drive Bremerton, WA 98311	NONE	I	TO ATTEND COLLEGE	500
Tierra Wolf PO Box 191 Aniak, AK 99557	NONE	I	TO ATTEND COLLEGE	1,250
Total ►				38,750
3a				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: Kuskokwim Educational Foundation

EIN: 92-0081529

TY 2016 Explanation of Non-Filing with Attorney General Statement

Name: Kuskokwim Educational Foundation

EIN: 92-0081529

Statement:

THE STATE OF ALASKA ONLY REQUIRES A COPY OF FORM 990-PF IF THE ORGANIZATION HAS TAXABLE INCOME.

TY 2016 Other Expenses Schedule

Name: Kuskokwim Educational Foundation**EIN:** 92-0081529**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RAFFLE/SILENT AUCTION COGS	3,405			
BOOK PROGRAM	1,879			1,879
BANK FEES	681			341
OFFICE SUPPLIES	158			79
POSTAGE	298			149
OFFICE SERVICES	983			492
TRAINING				

TY 2016 Other Income Schedule

Name: Kuskokwim Educational Foundation

EIN: 92-0081529

Other Income Schedule

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

OMB No 1545-0047

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

2016
Name of the organization
 Kuskokwim Educational Foundation

Employer identification number
 92-0081529
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

Form 990-PF

527 political organization
 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 other 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 33¹ 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization Kuskokwim Educational Foundation		Employer identification number 92-0081529	
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	The Kuskokwim Corporation PO BOX 104460	\$ 40,000	Person <input checked="" type="checkbox"/>
	ANCHORAGE, AK99510		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DONLIN GOLD 4720 BUSINESS PARK BLVD SUITE G-25	\$ 50,000	Person <input checked="" type="checkbox"/>
	ANCHORAGE, AK99503		Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			

Name of organization
Kuskokwim Educational Foundation

Employer identification number

92-0081529

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
		\$	

