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

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

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► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Fo	r cale	ndar ve	ar 2016 or tax year beginning	7/01 , <b>2016</b> ,	and ending 6/	/30	, 2017	
_		•					Employer identification num	ber
			OUNDATION, INC		-	<b>B</b> 1	20-5951571 Telephone number (see instri	uctions)
			S ROAD L, CA 95472			5	(707) 824-938	
	כווכם	10101	d, Ch 93472			C I	f exemption application is p	pending check here
_				11			i excliption application is t	Containing, critical training
G	Chec	k all th	lat apply Initial return	Initial return of a forn Amended return	ner public charity	D 1	Foreign organizations, checl	k here
			Address change	Name change		2	Foreign organizations meeti	ng the 85% test, check
H	Chec	k type		(c)(3) exempt private f	oundation	١	here and attach computation	
			n 4947(a)(1) nonexempt charitable tr	rust Other taxable p	private foundation		If private foundation status	
T				ounting method XC	ash Accrual		under section 507(b)(1)(A),	CHECK HEIE
	(trom ►\$	Part II, c		Other (specify)			If the foundation is in a 60- under section 507(b)(1)(B),	
Б		Ana		column (d) must be or				
<u> </u>	art I	Exp	lysis of Revenue and enses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investmen income	it	(c) Adjusted net income	(d) Disbursements for charitable
		colun	nns (b), (c), and (d) may not neces-	,				purposes (cash basıs only)
			equal the amounts in column (a) instructions) )					(cash basis only)
	"]	_	ntributions, gifts, grants, etc., received (attach schedule)	33,005.				
		2 Che	eck F if the foundation is not required to attach Sch. B					
		3 Inte	erest on savings and temporary cash investments					<u> </u>
	Ì		idends and interest from securities	2,025.	2,02	5.	2,025.	<u></u>
	İ	<b>b</b> Ne	oss rents et rental income	<u> </u>				
	R		(loss) t gain or (loss) from sale of assets not on line 10	18,435.				
	R E	<b>b</b> Gr	oss sales price for all sets on line 6a 123, 526.					
	V E N	<b>7</b> Ca	apital gain net income (from Part IV, line 2)		18,43	5.		
	N	-	et short term capital gain come modifications		<u> </u>	-+	0.	
	Ĕ	10 a Gr	ross sales less			-		
		all	lowances					
		go	iss, Cost of Society of Cost o			_		
		-11- PC						
		12	မြေ					ı
		1201	otal NAdy lines 2 th20gh711	53,465.	20,46	0.	2,025.	
		13 <sup>11</sup> Co	ompensation of officers, directors mustees, etc.	0.				
		14 0	ther employee salaries and wages easieoblans Lembioyee benefits				<u> </u>	
			egal fees (attach schedule)			+	<del> </del>	
	A D	<b>b</b> Ad	ccounting fees (attach sch)					
	M I N	<b>c</b> 0t	her professional fees (attach sch). SEE ST 1	30,047.				30,047.
(   			eterest					
	S E R R		axes (attach schedule)(see instrs) SEE STM 2	229.	17	19.	<del></del>	
4	A A		epreciation (attach chedule) and depletion		_			
!	N Y		ссирапсу					
	G È		ravel, conferences, and meetings rinting and publications.	<u> </u>				
2	A E X P E		other expenses (attach schedule)	<u> </u>				
	E	ļ	SEE STATEMENT 3	934.				
)	N S E S		otal operating and administrative xpenses. Add lines 13 through 23	31,210.	17	79.		30.047.
חרר	S		ontributions, gifts, grants paid PART XV	92,020.	1			30,047. 92,020.
		26 T	otal expenses and disbursements			,		
• _		<u> </u>	dd lines 24 and 25	123,230.	17	79.	0.	122,067.
ক — জ			subtract line 26 from line 12 excess of revenue over expenses					
9047		a	nd disbursements	-69,765.	1 22 22			
7		1	let investment income (if negative, enter 0)		20,28	31.	2,025.	<del></del>
		L C A	Adjusted net income (if negative, enter -0-)	<u> </u>			2,025.	<u> </u>

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 122,200. end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a -69,765. 3 Other increases not included in line 2 (itemize) 4 52,435 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 52,435. 6

122,200

(see instructions)

52,435

Par		osses for Tax on Investme					
	(a) List and describe 2-story brick wareh	the kind(s) of property sold (e.g., buse, or common stock, 200 share	real estate, s MLC Company)	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr )
1 a	150 UPS			D		12/22/11	8/16/16
b	200 UPS			D		12/22/11	12/06/16
	100 UPS		<del></del>	D		12/22/11	12/22/16
d	650 UPS			D		12/22/11	4/10/17
e	25_CVX		<del></del>	D		9/01/16	9/30/16
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
a			1	3,989.			2,493.
b			1	8,652.			4,635.
c				9,326.			2,342.
d				0,619.			9,095.
е		<u></u>		2 <u>,505</u> .			-130.
	Complete only for assets show	ing gain in column (h) and owned	<del> </del>	/69		(I) Gains (Col	(h)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		ga tha	ain minus col (k), b an -0-) <b>or</b> Losses (fi	rom col (h))
a							2,493.
b							4,635.
c							2,342.
d		<del></del>				<del></del> -	9,095.
e						<b>.</b>	<u>-130.</u>
2	Capital gain net income or (ne	t capital loss) — If gain, also	enter in Part I, line 7 lter -0- in Part I, line 7	-	2		18,435.
3	Net short-term capital gain or	(loss) as defined in sections 1222(	5) and (6)				
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions)	f (loss), enter -0-	-	3		-130.
Par	V Qualification Under	Section 4940(e) for Reduce	ed Tax on Net Investm	ent Inco	ome	<u> </u>	
		oundations subject to the section 4940					
If sec	tion 4940(d)(2) applies, leave t	his part blank					
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	amount of any year in the t	ase period	<u> </u>	☐Yes	X No
If 'Ye	s,' the foundation does not qua	lify under section 4940(e) Do not	complete this part				
1	Enter the appropriate amount in	each column for each year, see the ir	structions before making any	entries			
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use as	sets	(	<b>(d)</b> Distributior (col (b) divided	
	2015	50,845.	<del> </del>				
	2014	62,026.					<del>-</del>
	2013	98,310.				<del></del> -	<del></del>
	2012	46,725.					
	2011	65,141.		_			
		<del></del>				1	
2	Total of line 1, column (d).				2		
3		ne 5-year base period — divide the n has been in existence if less thar		he	3		
4	Enter the net value of nonchar	itable-use assets for 2016 from Pa	rt X, line 5		4		
5	Multiply line 4 by line 3	•			5	<u> </u>	
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)			6		203.
7	Add lines 5 and 6				7		203.
8	Enter qualifying distributions fr	om Part XII, line 4			8		122,067.
	If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line	e 1b, and complete that part of	using a 1%	tax ra	ate See the	

Form 990-PF (2016) ANTHILL FOUNDATION, INC 20-595157		Р	age <b>4</b>
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructi	ons)		
1 a Exempt operating foundations described in section 4940(d)(2), check here			!
Date of ruling or determination letter (attach copy of letter if necessary — see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,		2	<u> 203.</u>
check here ► X 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-)			0.
3 Add lines 1 and 2  4 Subtitle A (reserve) to y (demostra postran 4047(s)/1) trusts and toyoble foundations only. Others are subject to your			203.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			<u>0.</u> 203.
6 Credits/Payments			.03.
a 2016 estimated tax pmts and 2015 overpayment credited to 2016			i
b Exempt foreign organizations — tax withheld at source 6b			
c Tax paid with application for extension of time to file (Form 8868)			1
d Backup withholding erroneously withheld 6 d			1
7 Total credits and payments Add lines 6a through 6d 7	-		0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here  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			203.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded 11			
Part VII-A   Statements Regarding Activities			
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
participate or intervene in any political campaign?	1 a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		Х
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1) On the foundation  \$\ 0. (2) On foundation managers  \$\ (\) e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	<u> </u>		
foundation managers •\$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If 'Yes,' attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		_X_
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	4 ь	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If 'Yes,' attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1 1		
By language in the governing instrument, or		i	
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	6	_ <b>X</b>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	7	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)			
CA			
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	8 b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(	5) -	-	
for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part XI	V 9		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
BAA	Form <b>990</b>	)-PF (2	2016)

га	IL AII-W	Statements Regarding Activities (continued)						
11	At any t within th	time during the year, did the foundation, directly or indirectly, own a controlled he meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions)	entity	_		11	Yes	No X
12	Did the fadvisory	foundation make a distribution to a donor advised fund over which the foundation or a y privileges? If 'Yes,' attach statement (see instructions)	disqualified perso	n had		12		Х
13	Did the	foundation comply with the public inspection requirements for its annual return	is and exemption	applica	tion?	13	Х	
		e address <u>WWW.ANTHILLFOUNDATION</u>	.ORG					
14		oks are in care of FRANK MAYHEW	Telephone	no 🟲	<u>(707)</u>	824	-938	1
15	Located		ZIP + 4 ►	954	72	<u>ገ</u> ኒ ፲ / ፳		
15		i 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 104</b> ° ter the amount of tax-exempt interest received or accrued during the year	1 - Check here	_1	a- 1	N/A	•	
		- · ·		_	15		Yes	N/A No
16	bank, se	time during calendar year 2016, did the foundation have an interest in or a signature of ecurities, or other financial account in a foreign country?	Ť	ver a		16	163	X
	See the enter the	e instructions for exceptions and filing requirements for FinCEN Form 114. If 'Ye e name of the foreign country	es,'					
Par	rt VII-B	Statements Regarding Activities for Which Form 4720 May B	e Required				,	
		rm 4720 if any item is checked in the 'Yes' column, unless an exception applie	S.				Yes	No
1 a		the year did the foundation (either directly or indirectly)		_				
	(1) Eng	gage in the sale or exchange, or leasing of property with a disqualified person?	Į	Yes	X No			
	(2) Bord	row money from, lend money to, or otherwise extend credit to (or accept it fron qualified person?	n) a [	Yes	X No			
	(3) Furi	nish goods, services, or facilities to (or accept them from) a disqualified person	17	Yes	XNo			
	<b>(4)</b> Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?		Yes	X No			
	<b>(5)</b> Train for the	nsfer any income or assets to a disqualified person (or make any of either avail the benefit or use of a disqualified person)?	lable [	Yes	X No			
	(6) Agre four of g	ree to pay money or property to a government official? ( <b>Exception.</b> Check 'No' indation agreed to make a grant to or to employ the official for a period after termination government service, if terminating within 90 days.)	f the on [	Yes	XNo			
t		answer is 'Yes' to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the content of the	ons described in see instructions)?			1 b	N	/A
	-	zations relying on a current notice regarding disaster assistance check here		_				
(	that wer	foundation engage in a prior year in any of the acts described in 1a, other than re not corrected before the first day of the tax year beginning in 2016?	excepted acts,			1 c		X
2	Taxes o private	on failure to distribute income (section 4942) (does not apply for years the found operating foundation defined in section 4942(j)(3) or 4942(j)(5))	dation was a					
ā	and 6e,	end of tax year 2016, did the foundation have any undistributed income (lines 60, Part XIII) for tax year(s) beginning before 2016?	d [	Yes	XNo			
		list the years ► 20 _ , 20 _ , 20 _ , 20		<del>-</del>	<del></del>			
t	(relating	re any years listed in 2a for which the foundation is <b>not</b> applying the provisions g to incorrect valuation of assets) to the year's undistributed income? (If applying listed, answer 'No' and attach statement — see instructions.)	of section 4942(ang section 4942(a	a)(2) )(2) to		2 b	N.	
C		rovisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a , 20 , 20 , 20	a, list the years he	ere				
3 a		foundation hold more than a 2% direct or indirect interest in any business use at any time during the year?	[	Yes	X No			
ŀ	or disque by the C	did it have excess business holdings in 2016 as a result of (1) any purchase by allified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Fune if the foundation had excess business holdings in 2016)	period approved			3 b	N	/A
4 a		foundation invest during the year any amount in a manner that would jeopardiz ole purposes?	e its			4 a		Х
t	jeopardiz	foundation make any investment in a prior year (but after December 31, 1969) ze its charitable purpose that had not been removed from jeopardy before the first day year beginning in 2016?	that could y of			4 b		X
ВАА					Fo	rm <b>99</b> (	)-PF (	
								-,

Part VII-B   Statements Regarding Activity		1720 May Ro Bog		9515/	1		age <b>o</b>
5a During the year did the foundation pay or incu		14/20 May De Req	uneu (continueu)	' 	т	<del></del> 1	
(1) Carry on propaganda, or otherwise attempt	-	in (section 4945(e))?	Yes	X No	1		
(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?  Yes X No							
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc , organi s)	zation described	Yes	X No			
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	X No		!	
<b>b</b> If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exce ding disaster assistance	ptions	_	5 b	N	Ā
Organizations relying on a current notice rega	rdıng disaster assistand	ce check here	► [				
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?		N/A Yes	_ ☐ No		!	
6 a Did the foundation, during the year, receive an on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium	s Yes [	∏No			
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene		==	6ь	-	X
If 'Yes' to 6b, file Form 8870  7 a At any time during the tax year, was the found	dation a party to a proh	ıbıted tax shelter transa	action? Yes	X No			
<b>b</b> If 'Yes,' did the foundation receive any proceed				N/A	7 b		]
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	Empl	oyees	5,	
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	tructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefi plans and deferre compensation	(e) t	Expens other al	e accellowar	ount, nces
FRANK MAYHEW	TREASURER	0.	0.				0.
3160 HICKS RAOD	10.00						
SEBASTOPOL, CA 95472	2222222						
KATHLEEN MAYHEW	PRESIDENT	0.	0.	.			0.
3160 HICKS ROAD SEBASTOPOL, CA 95472	10.00			_			
				-	<u>_</u>		
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instruction	ns). If none, enter 'NON	IE.'			
(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) t	Expens other al	e acco llowar	ount, nces
NONE							
				+			
							,
					,	·	
				-			
Total number of other employees paid over \$50,000				<b>P</b>			0

and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
	<del></del>	
~		
Total number of others receiving over \$50,000 for professional services		0
Pantix A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 BUILT CLASSROOMS IN KAKIRA, UGANDA TO PROMOTE E	DUCATION FOR GIRLS.	
· ————————————————————————————————————		92,020.
2		
3		
4		
Partix B Summary of Program-Related Investments (see instru-	ctions)	
Describe the two largest program-related investments made by the foundation during the		Amount
1 N/A		<del></del>
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0.
BAA		Form <b>990-PF</b> (2016)

Form 990-PF (2016) ANTHILL FOUNDATION, INC 20	)-5951571	Page <b>8</b>
Minimum Investment Return (All domestic foundations must complete this part Forse 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.	1 a	
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	-
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	iting foundatio	ns
1 Minimum investment return from Part X, line 6	1	
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)		
c Add lines 2a and 2b	2 c	203.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	-203.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	-203.
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	0.
Rait:XIII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26		122,067.

**b** Program-related investments — total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)

**b** Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

1b
2
3a
3b
4
122,067.
5
203.
6
121,864.

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

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Form **990-PF** (2016)

## Part XIII .Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	rears prior to 2015	2015	2016
_	line /				0.
	Undistributed income, if any, as of the end of 2016				
	a Enter amount for 2015 only			0.	
3	b Total for prior years 20, 20, 20		0.		
	03,200.				
	40,010.				
	02,121.				
	<b>e</b> From 2015 51,014. <b>f Total</b> of lines 3a through e	202 716			
	Qualifying distributions for 2016 from Part	323,716.			
·	XII, line 4 \\$ 122,067.				
	a Applied to 2015, but not more than line 2a				
				0.	
	<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)				
	· ·		0.		
	c Treated as distributions out of corpus (Election required – see instructions)	0.			
	<b>d</b> Applied to 2016 distributable amount	0.	<del></del>		
	e Remaining amount distributed out of corpus	122,067.			0.
5		0.			
	(If an amount appears in column (d), the			<del></del> ·	0.
	same amount must be shown in column (a) )				
6	Enter the net total of each column as				
Ĭ	indicated below:				
	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	445,783.			
	Prior years' undistributed income Subtract	,			
	line 4b from line 2b		0.1		
(	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)			•	
	tax has been previously assessed		0.		
•	Subtract line 6c from line 6b Taxable				
	amount – see instructions		0.		
•	Undistributed income for 2015 Subtract line 4a from				<del></del>
	line 2a Taxable amount — see instructions			0.	
1	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2017				<u> </u>
′	Amounts treated as distributions out of corpus to satisfy requirements imposed by		İ		
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required – see instructions)	0.			
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	65.005			
_	·	65,200.	-		
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	200 502			
0	Analysis of line 9	380,583.			
	- 1				
_	Excess from 2012 46, 810. 98, 565.				
	Excess from 2014 62,127.				
	02,127.				
ΔA	Excess from 2016 122, 067.				E 000 DE (0015)

Form 990-PF (2016) ANTHILL FOUNDAT				20-5951571	L Page <b>10</b>
Part XIV Private Operating Founda	<del></del>				N/A
1 a If the foundation has received a ruling or de is effective for 2016, enter the date of the	e ruling		•		
<b>b</b> Check box to indicate whether the found		erating foundation of		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	<del></del>	(e) Total
investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed		ļ			
d Amounts included in line 2c not used directly for active conduct of exempt activities			<u> </u>	<del> </del>	
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					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>			<del> </del>		<u> </u>
section 4942(j)(3)(B)(i) <b>b</b> 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed				<u>د</u>	
c 'Support' alternative test — enter			į		
(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					
Rank Supplementary Information assets at any time during t	he year – see in	part only if the structions.)	foundation had	d \$5,000 or more	in 
Information Regarding Foundation Mana a List any managers of the foundation who hat close of any tax year (but only if they hat NONE	ve contributed more t	han 2% of the total c than \$5,000) (See	ontributions received section 507(d)(2))	by the foundation before	ore the
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which th NONE	n 10% or more of the e foundation has a 1	stock of a corporation 0% or greater inter	on (or an equally larg est	e portion of the owner	ship of
2 Information Regarding Contribution, Grant	Gift Loan Scholars	hip, etc. Programs	<del></del>		<del></del>
Check here  if the foundation only no requests for funds. If the foundation makes complete items 2a, b, c, and d	nakes contributions to	preselected charitab			
<b>a</b> The name, address, and telephone number	or e-mail address of t	he person to whom a	applications should be	e addressed	
, , , , , , , , , , , , , , , , , , , ,					
SEE_STATEMENT 4					
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should inclu	ude	
SEE STATEMENT FOR LINE 2A		-			
•		,			
SEE STATEMENT FOR LINE 2A d Any restrictions or limitations on awards	<del></del>	ohical areas, charita	able fields, kinds of	institutions, or other	factors
SEE STATEMENT FOR LINE 2A					
BAA		EA0310L 12/16/16		F	orm <b>990-PF</b> (2016)
		· = · • · •		•	

3 Grant's and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or contribution Amount any foundation manager or substantial contributor status of recipient Name and address (home or business) a Paid during the year ANTHILL FOUNDATION UGANDA CHARITABLE ORGEOF 92,020. PROVIDE PLOT 6 NAMIRO SWAMP ROAD SCHOLARSHIPS, AND ENTEBBE ENTEBBE PO BOX 725 BUILD CLASSROOMS TO **UGANDA** KEEP CHILDREN IN SCHOOL. ASSISTANCE WITH ALLEVIATING POVERTY. Total ► 3a 92,020. b Approved for future payment ► 3b **Total** 

nter gros	s amounts unless otherwise indicated		d business income		section 512, 513, or 514	(e)
1 Proa	· gram service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
a a	rain service revenue	<del></del>		code		
å		<del>  </del>		<del></del>	<del></del>	
с—		<del> </del>		<del>  -</del>		
ď		<del> </del>		+ - + -		<del></del>
ē		<del>                                     </del>				
f		<del>  </del>		1		
q Fees	and contracts from government agencies	1		<del>                                     </del>		
<b>2</b> Mem	bership dues and assessments					
3 Intere	est on savings and temporary cash investments					
4 Divid	dends and interest from securities			14	2,025.	
5 Net i	rental income or (loss) from real estate					
<b>a</b> Debt	-financed property					
<b>b</b> Not (	debt-financed property					
6 Net re	ental income or (loss) from personal property					
7 Othe	er investment income					
	or (loss) from sales of assets other than inventory			18	18,435.	
	income or (loss) from special events	LI				
	ss profit or (loss) from sales of inventory					
I1 Othe	er revenue	L				
a						
<b>L</b>		<u> </u>				
b		<u></u>				
р	<del></del>					
· <del></del>		ļ				
c d e						
c d e 12 Subt	total Add columns (b), (d), and (e)				20,460.	
c	II. Add line 12, columns (b), (d), and (e)				20,460.	20,460
c d e Subt	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.		ohmont of From		13	20,460
c d e 12 Subt 13 Tota See work	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e Subt 13 Tota See work	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated Relationship of Activities to the	Accompli		·	13 es	
c d e Subtilis Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota see work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota Gee work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 2 Subt 3 Tota see work 2 art XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	
c d e 12 Subt 13 Tota See work Part XV Line No.	al. Add line 12, columns (b), (d), and (e) isheet in line 13 instructions to verify calculated [I-B] Relationship of Activities to the	Accompli		·	13 es	

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

							res	NO
de	d the organization directly scribed in section 501(c) ating to political organiza	of the Code (other the	e in any of the following than section 501(c)(3) org	with any other organizations) or in	ganization section 527,			!
	ansfers from the reporting		ncharitable exempt organ	nzation of				
(1	Cash					1 a (1)	-	Х
(2	Other assets					1 a (2)		X
<b>b</b> O	her transactions							
(1	Sales of assets to a nor	ncharitable exempt o	rganization			1 b (1)		_X_
(2	Purchases of assets from	m a noncharitable e:	kempt organization			1 b (2)		<u>X</u>
•	Rental of facilities, equip		ets			1 b (3)		X
•	Reimbursement arrange					1 b (4)		<u>X</u> _
•	Loans or loan guarantee					1 b (5)		_X_
•	Performance of services	•	•			1 b (6)		X
c SI	naring of facilities, equipm	ient, mailing lists, ot	her assets, or paid empl	oyees		1 c	L	X
<b>d</b> If th ar	the answer to any of the a goods, other assets, or se y transaction or sharing a	above is 'Yes,' comp rvices given by the re arrangement, show ii	lete the following schedu porting foundation If the for a column <b>(d)</b> the value of	ule Column <b>(b)</b> sloundation received the goods, other	hould always show the fa less than fair market value r assets, or services rece	ır market val e in ived	ue of	
(a) Line	no (b) Amount involved	(c) Name of noncl	naritable exempt organization	(d) Descrip	otion of transfers, transactions, a	nd sharing arrar	ngement	is
N/A								
		<u> </u>				<del></del>		
		<del></del>						
		<del></del>			<del></del>			
		<del>                                     </del>						_
		<u> </u>						
		<del> </del>						
		<del> </del>	<del> </del>					
		<del>                                     </del>		<del></del>				
	<del></del>	<del> </del>						
	<del></del>	<del> </del>	<del></del>	<del></del>	<del></del>			
		-						
	<del></del>	<del> </del>						
de	the foundation directly or in- scribed in section 501(c) 'Yes,' complete the follow	of the Code (other the control of the Code (other the code)	nan section 501(c)(3)) or	ın section 527?		Yes	×	No
N7 / 7	(a) Name of organizat	ion	(b) Type of organization	on	(c) Description of i	relationship		
N/A	<del></del>					<del></del>		
					<del></del>			
		<del></del>		<del></del>	<del></del>			
Sian	Under penalties of perjury, I decla correct, and complete Declaration	ore that I have examined this n of preparer (other than ta	s return, including accompanying xpayer) is based on all information	g schedules and statem on of which preparer ha	nents, and to the best of my knowledge			
Sign Here	Signature of officer or drustee		11 / ( / )	TREAS	SURER	May the this retur preparer (see inst	n with th shown t	ne below
	Print/Type preparer's na	ime	Preparer's signature	Date	Check	DTIN		
Paid	ROBERT THOM	PSON	1 Prom		/- /- / self-employed	P00109	9272	
repa	<del></del>	BOYLE & STOLL	CPA'S			-2901944		
Jse O	_	3755 BRICKWAY						
	- ·		A 95403	<del></del>	Phone no 70	7 571-19	51	
BAA	<del></del>					Form <b>99</b>		(2016)
							'	/

### 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, 990-PF) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

2016

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

Marile of the organization		Limployer racinalication number
ANTHILL FOUNDATION, INC		20-5951571
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 pi	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>General</b>	al Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a	Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-E property) from any one contributor Compl	Z, or 990-PF that received, during the year, contributions to ete Parts I and II. See instructions for determining a contri	otaling \$5,000 or more (in money or outor's total contributions
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% su that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 the year, total contributions of the greater of (1) \$5,000 or 90-EZ, line 1 Complete Parts I and II	3. 16a. or 16b. and that
For an organization described in section 5 during the year, total contributions of more purposes, or for the prevention of cruelty t	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive than \$1,000 <i>exclusively</i> for religious, charitable, scientific o children or animals. Complete Parts I, II, and III	d from any one contributor, literary, or educational
during the year, contributions exclusively fi \$1,000 If this box is checked, enter here the charitable, etc., purpose Don't complete a	O1(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive or religious, charitable, etc., purposes, but no such contribute total contributions that were received during the year foing of the parts unless the <b>General Rule</b> applies to this orgible, etc., contributions totaling \$5,000 or more during the year.	utions totaled more than r an <i>exclusively</i> religious, anization becayse
990-PF), but it must answer 'No' on Part IV, II	the General Rule and/or the Special Rules doesn't file Sch ne 2, of its Form 990, or check the box on line H of its For filing requirements of Schedule B (Form 990, 990-EZ, or 9	n 990-EZ or on its Form 990-PF,

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

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part
Name of org	anization LL'FOUNDATION, INC		er identification number 951571
	Contributors (see instructions) Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANK & KATHLEEN MAYHEW	-	Person X Payroll
	3160 HICKS ROAD	\$10,000.	Noncash 🗍
	SEBASTOPOL, CA 95472	-	(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(Complete Part II for noncash contributions )  (d)  Type of contribution
		contributions	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Payroll For
BAA		Cohol La Diffe	(Complete Part II for noncash contributions )
DAA	TEEA0702L 08/09/16	achequie & (Form 99	U. 33U-E.L. UT 33U-FF)(/UIN)

1 of Part I

Page

Employer identification number

1 of Part II

ANTHILL FOUNDATION, INC

20-5951571

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		]	
		1	
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		าร	
		ſ- <b>-</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		] Is	
		√	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	-
		]	
		] Is	
		\ <sup>9</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		]	
		16	
		{ <sup>9</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		]	
	<u></u>	1,	
		P	
BAA	Scho	l edule B (Form 990, 990-E	Z. or 990-PF) (2016
		· · · · · · · · · · · · · · · · · · ·	,

l to

of Part III

Name of organization Employer identification number 20-5951571 ANTHILL. FOUNDATION, Panille Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 information once See instructions) Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (c) Use of gift N/A (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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (d) Description of how gift is held (a) No. from (c) Use of gift Part I (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 Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2016	FEDERAL STATEMENTS	PAGE 1
	ANTHILL FOUNDATION, INC	20-5951571
STATEMENT 1 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
SCHOOL DIRECTOR	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 30,047. \$ 30,047. \$ 0.	(D) CHARITABLE PURPOSES \$ 30,047. \$ 30,047.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
FTB IRS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 10. \$ 10. 169. 169.	(D) CHARITABLE PURPOSES
SECRETARY OF STATE	TOTAL $\frac{50.}{\$}$ $\frac{229.}{\$}$ $\frac{\$}{179.}$ $\frac{\$}{\$}$ 0	<u>\$</u> 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	
BANK FEES OFFICE SUPPLIES	\$ 13. 809.	

#### STATEMENT 4 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME:

UGANDA RELIEF

TOTAL \$

CARE OF:

OTHER FEES

KATHLEEN MAYHEW - PRESIDENT

809. <u>112.</u>

934.

STREET ADDRESS:

CITY, STATE, ZIP CODE: TELEPHONE:

3160 HICKS ROAD SEBASTOPOL, CA 95472

707 824-9381

E-MAIL ADDRESS:

WWW.ANTHILLFOUNDATION.ORG

FORM AND CONTENT:

WRITTEN OR BY EMAIL.

SUBMISSION DEADLINES:

CONTACT ABOVE

RESTRICTIONS ON AWARDS:

EDUCATIONAL, RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY PURPOSES WITHIN TGHE MEANING OF IRC 501(C)(3)

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