Ť Form **990-PF** Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2018 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 Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

For	calen	dar year 2017 or tax year beginning		, and ending		<u> </u>	
Nai	ne of	foundation	A Employer identification	ı number			
、S	HA	RON E. SIGESMUND CHARIT					
F	OU.	NDATION, INC.			20-5898859	<u> </u>	
Nun	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number		
2	77	7 PARADISE ROAD	702-737-7352				
City	or to	own, state or province, country, and ZIP or foreign p	C If exemption application is p	ending, check here			
L	AS	VEGAS, NV 89109					
G	heck	all that apply: Initial return	Initial return of a for	rmer public charity	D 1. Foreign organizations	s, check here	
		Final return					
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation	
н	heck	type of organization: X Section 501(c)(3) ex	cempt private foundation	74	E If private foundation sta	tus was terminated	
	] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundate	tion U	under section 507(b)(1	)(A), check here	
I Fa	ur ma	irket value of all assets at end of year   J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination	
			ther (specify)		under section 507(b)(1	)(B), check here 🕨 🔲	
	\$		nn (d) must be on cash basis	;)			
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
		necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)	
	1	Contributions, gifts, grants, etc., received	210,000.		N/A		
	2	Check In the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	1,288.	1,288.		STATEMENT 1	
	4	Dividends and interest from securities	15,804.	15,804.		STATEMENT 2	
	5a	Gross rents					
<b>e</b>	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	10,237.				
Revenue	b	Gross sales price for all assets on line 6a 72,559.		40.00	F	ECEIVED	
ě	7	Capital gain net income (from Part IV, line 2)		10,237.		<u>မ</u>	
	8	Net short-term capital gain			[2]	OV 1 9 2018 👸	
	9	Income modifications Gross sales less returns			O '	2. T 0 5010 (8)	
	10a	and allowances					
	l	Less Cost of goods sold			0	GDEN, UT	
	l	Gross profit or (loss)					
	11	Other income	237,329.	27,329.		· · · · · · · · · · · · · · · · · · ·	
	12	Total, Add lines 1 through 11	231,329.	<u> </u>		0.	
	13 14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages	- 0.	<u> </u>			
		Pension plans, employee benefits				-	
es S	ı	Legal fees			-		
šuš	ı	Accounting fees		· · · · · · · · · · · · · · · · · · ·			
ž		Other professional fees					
é E	ı	Interest					
aţį	l	Taxes STMT 3	366.	366.		0.	
istr	19	Depreciation and depletion					
Operating and Administrative Expense	20	Occupancy					
Adi		Travel, conferences, and meetings					
2	ı	Printing and publications					
ē.	23	Other expenses STMT 4	2,431.	2,431.		0.	
atın	ı	Total operating and administrative					
oer		expenses Add lines 13 through 23	2,797.	2,797.		0.	
ō	25	Contributions, gifts, grants paid	51,800.			51,800.	
		Total expenses and disbursements					
		Add lines 24 and 25	54,597.	2,797.	•	51,800.	
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	182,732.				
	l	Net investment income (if negative, enter -0-)		24,532.			
	l	Adjusted net income (if negative, enter -0-)			N/A		



Beginning of year

(a) Book Value

195,365.

1 Cash - non-interest-bearing

3 Accounts receivable ▶

2 Savings and temporary cash investments

FOUNDATION, INC.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

20-5898

End of year

(b) Book Value

144,745.

_
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ır Market Value
-
1,377.
849,322.
205 444
995,444.
ı
•

		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	_		_
		Less: allowance for doubtful accounts ▶		į	
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	U				
	_	disqualified persons			
	1	Other notes and loans receivable	-		
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	1,529.	1,377.	1,377.
Ä	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 5	520,320.	753,824.	849,322.
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
	'''			-	-
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other	<u>.</u>		
	14	Land, buildings, and equipment basis			-
		Less accumulated depreciation			
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers - see the	•		
		instructions. Also, see page 1, item I)	717,214.	899,946.	995,444.
	17	Accounts payable and accrued expenses			
	18	Grants payable		···	
		· · ·		<u> </u>	
Liabilities	19	Deferred revenue			
Ę	20	Loans from officers, directors, trustees, and other disqualified persons			F.
iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	•		
		and complete lines 24 through 26, and lines 30 and 31			
es	24	Unrestricted	717,214.	899,946.	
ũ		F		0337310.	
a		Temporarily restricted	· · · · · · · · · · · · · · · · · · ·		
Fund Balances	26	Permanently restricted			•
٦		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31			
	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
let et	30	Total net assets or fund balances	717,214.	899,946.	
_			•	•	
	31	Total liabilities and net assets/fund balances	717,214.	899,946.	
=	`			0,0,0,0400	
P	<u>art</u>	III Analysis of Changes in Net Assets or Fund Ba	ılances		
_					
		I net assets or fund balances at beginning of year - Part II, column (a), line 3	iU		<b>717 014</b>
		st agree with end-of-year figure reported on prior year's return)		1	717,214.
2	Ente	r amount from Part I, line 27a		2	182,732.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	899,946.
5	Decr	eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	899,946.
_		The state of the s	<u> </u>		Form <b>990-PF</b> (2017)

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Part IV Capital Gains	and Losses for Tax on I	nvestment	Income					
(a) List and describe 2-story brick w	the kınd(s) of property sold (for exarehouse, or common stock, 200 sh	ample, real esta ns. MLC Co.)	te,	( <b>b)</b> Ho P - D -	ow acquired Purchase Donation	(c) Date (mo., c	acquired lay, yr )	(d) Date sold (mo, day, yr.)
1a SHORT TERM GAINS/(LOSSES)-SEE ATTACHED					P	01/0	1/17	12/31/17
b LONG TERM GAINS/(LOSSES)-SEE ATTACHED					P	01/0	1/16_	12/31/17
	F FRACTIONAL SHA	ARES-SE	E					<del></del>
d ATTACHED		<u></u> .		<u> </u>	P	01/0	1/17	12/31/17
e CAPITAL GAINS	DIVIDENDS	1		<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	(g))
a 27,114.			27,95					<u> </u>
b 43,360.			34,36	55.				8,995.
<u>c</u>				_				
d 67.				_				67.
e 2,018.	as as a saluma (h) and sweed by	the foundation	00 10/21/60			W On a 40	2-1 (b)	2,018.
Complete only for assets shown	ng gain in column (h) and owned by		•		C		Col. (h) gain not less tha	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)		•	Losses	(from col. (	h))
	40 01 1210 1700							<843.
<u>a</u> b								8,995.
C							· ·	
<u>d</u>				_				67.
e								2,018.
	∫ If gain, also ente	er in Part I line	7	)				
2 Capital gain net income or (net ca		0- in Part I. line	, 7	<b>}</b>	2			10,237.
3 Net short-term capital gain or (lo	•							
If gain, also enter in Part I, line 8,		and (0).		)				
If (loss), enter -0- in Part I, line 8				<u></u>	3		N/A	·
Part V   Qualification U	Inder Section 4940(e) fo	r Reduced	Tax on Net	Inve	stment Ir	ncome		
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation doesn't quality	tion 4942 tax on the distributable a			rıod?				Yes X No
	each column for each year; see the			entries	•	<del></del>		
(a)	(b)		, ,	(c)			D. ( )	(d)
Base periód years Calendar year (or tax year beginn	Admeted avalitions di	istributions	Net value of no	ncharit	able-use asse	ts	(col. (b) div	oùtion ratio vided by col. (c))
2016		20,248.		_	643,85	2.		.186763
2015		24,500.			756,62			.561046
2014	5.	30,500.		1,	500,00	0.		<u>.353667</u>
2013		0.				0.		.000000
2012		54,910.				0.		.000000
2 Total of line 1, column (d)						2		1.101476
3 Average distribution ratio for the	5-year base period - divide the total	l on line 2 by 5.0	0, or by the numb	er of ye	ears			
the foundation has been in existe	ince if less than 5 years					3		.220295
4 Enter the net value of noncharita	ble-use assets for 2017 from Part X	(, line 5				4		849,192.
5 Multiply line 4 by line 3				5		187,073.		
6 Enter 1% of net investment incom	me (1% of Part I, line 27b)					6		245.
7 Add lines 5 and 6						7		187,318.
8 Enter qualifying distributions from						8	<u> </u>	51,800.
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, check the box in Part VI, lin	ne 1b, and comp	olete that part usin	ng a 1%	tax rate			

SHARON E. SIGESMUND CHARITABLE

orm 990-P	FOUNDATION, INC.	20-	<u>-5898</u>	859		Page 4
Part VI	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	CTIOI	ns)
	t operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.	1				i
	ruling or determination letter: (attach copy of letter if necessary-see instructions)		-	-		
	stic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1			4	<u>91.</u>
	I, line 27b				•	1
	er domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	+			<del></del>
	es 1 and 2	3	+		4	91.
	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	<del> </del>			0.
	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del> </del>		4	91.
	/Payments:	.				1
	stimated tax payments and 2016 overpayment credited to 2017  6a 1,377	_		•		- 1
		<u>.                                    </u>				
		<u>.</u>				!
	, manuscring over the control of the	<u> </u>	-	-	٠. ،	- !
	redits and payments. Add lines 6a through 6d	7	┿		1,3	77.
	iny <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	- 8	┼			<u> </u>
	e If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>	_		
•	syment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>10</u>	<del></del>		8	86.
	he amount of line 10 to be. Credited to 2018 estimated tax   886. Refunded	<u> </u>	<del></del>			<u>0.</u>
	-A Statements Regarding Activities			<del></del>	V	I NI a
_	the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ene in			res	No
	litical campaign?			1a		X
	pend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the de	efinition		1b		X
	nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					;
	uted by the foundation in connection with the activities					<u></u> '
	foundation file Form 1120-POL for this year?			1c		X
	he amount (if any) of tax on political expenditures (section 4955) imposed during the year.					1
		<u>.</u>				
	he reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
-	ers. ▶ \$ 0 .					1 - 4
	e foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	" attach a detailed description of the activities					1
	e foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or				1
-	s, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	foundation have unrelated business gross income of \$1,000 or more during the year?		7/3	4a		X
	" has it filed a tax return on Form 990-T for this year?	1	A\N	4b		177
	ere a liquidation, termination, dissolution, or substantial contraction during the year?			5		X,
	" attach the statement required by General Instruction T					;
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	inguage in the governing instrument, or					
_	tate legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	tate law	•			. i
	in the governing instrument?			6		X
7 Did the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X	<del> </del> ,
0- 0-1-	he state to which the foundation consists or with which it is accustored. Concentrations.					
	he states to which the foundation reports or with which it is registered. See instructions	-				
NV	000 DE 1-11- Au					1
	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				- V	
	n state as required by General Instruction G? If "No," attach explanation	- ا- سمام		8b	X	<del>  ,</del>
	foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for o	aiendar				• `
-	017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9		X
10 Did an	y persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X_

	DIAKON E. DIGEDMOND CHARTIMEE				
Form	1990-PF (2017) FOUNDATION, INC.	<u> 20-5898</u>	<u> 1859</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)				
	•			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		Х
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		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of THE ORGANIZATION  Telephone no.	<u>≻702-73</u>	7-7	352	
14	Located at > 2777 PARADISE ROAD, SUITE 3602, LAS VEGAS, NV	ZIP+4 ▶89		<del>,,,</del>	
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	ZII ++ P <u>O J</u>	100	_	
15		15	N	/A	
40	·			Yes	No
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		16	103	X
	securities, or other financial account in a foreign country?		16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
ΓĐ.	foreign country ►  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
F			т	Vaa	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		-	Yes	No
1a	a During the year, did the foundation (either directly or indirectly):	. 🕶			
		es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	lacksquare	/es X No			
		res X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	res 🗶 No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				ĺ
	for the benefit or use of a disqualified person)?	res 🗶 No			
	(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				İ
		res 🗶 No	1		
ł	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	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	▶□			
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
Ì	before the first day of the tax year beginning in 2017?		1c		X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	· · ·		
2	defined in section 4942(j)(3) or 4942(j)(5)):				
	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginni	na			
•		res X No			
	M. W. Co. C. Look About 1999	63 LA 110			
	If "Yes," list the years ▶,,,,,,	n <del>t</del>			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack		١,,		İ
	statement - see instructions.)	N/A	2b_		<del></del>
•	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		l		
	·				
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	· ,	res X No			
t	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons a		1		
	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 2017.)	N/A	3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		X

Form 990-PF (2017) FOUNDATION, INC.			20-58988	59	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		<del></del>
5a During the year, did the foundation pay or incur any amount to			}	Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		1.
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire				
any voter registration drive?		_	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es LXJNo		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				;
4945(d)(4)(A)? See instructions		Ye	s X No		,
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere				-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			1 :
expenditure responsibility for the grant?		I/A 🔲 Ye	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		☐ Ye	es X No		ı
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	, — ,		6b	Х
If "Yes" to 6b, file Form 8870					<del>- </del>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		1
b If "Yes," did the foundation receive any proceeds or have any net income attribu		٠, ١٠		7b	+
Part VIII Information About Officers, Directors, Trusto		nagers, Highly		<del></del> ,	
Paid Employees, and Contractors			•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allov	vances
SHARON E SIGESMUND PIERCE	DIRECTOR				
2777 PARADISE ROAD #3602					
LAS VEGAS, NV 89109	0.00	0.	. 0.		0.
	DIRECTOR				
312 E 22ND ST #5A					
NEW YORK, NY 10010	0.00	0.	0.		0.
	DIRECTOR				
226 8TH STREET					
SEAL BEACH, CA 90740	0.00	0.	0.		0.
	1			Ì	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
	devoted to position	(0)	compensation	allov	vances
NONE				1	
				ļ	
· · · · · · · · · · · · · · · · · · ·					
				ļ	
			ļ		
		-		-	
Total number of other employees paid over \$50,000	<u> </u>	I	<u> </u>	1	0
10th number of other amprojects paid over questions					

# SHARON E. SIGESMUND CHARITABLE

Form 990-PF (2017) FOUNDATION, INC.		898859 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
<b>T</b>		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<del></del> -	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		
2		
	_	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	<del></del>	
Total. Add lines 1 through 3	<b>b</b>	0.
rotan riad milod i timodgii o		

Form **990-PF** (2017)

Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	l ta	692,069.
	Average of monthly cash balances	1b	170,055.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	862,124.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)   1e   0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	862,124.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,932.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	849,192.
6	Minimum investment return Enter 5% of line 5	6	42,460.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here   and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	42,460.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	491.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	41,969.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	41,969.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	41,969.
P	art XII Qualifying Distributions (see instructions)	r · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,800.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	51,800.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	51,800.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	r the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,				
line 7				41,969.
2 Undistributed income, if any, as of the end of 2017				22/000
a Enter amount for 2016 only			0.	
b Total for prior years:				
b rotal to provide s		0.		
3 Excess distributions carryover, if any, to 2017	-		•	
a From 2012 54,910.				
b From 2013				
c From 2014 530,500.				i
d From 2015 424,500.				
e From 2016 88,359.				
f Total of lines 3a through e	1,098,269.			
4 Qualifying distributions for 2017 from	1,090,209.			
Part XII, line 4. ► \$ 51,800.				
			0.	
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			41 060
d Applied to 2017 distributable amount	0.004		. =	41,969.
e Remaining amount distributed out of corpus	9,831.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,108,100.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0		
amount - see instructions		0.		·
e Undistributed income for 2016. Subtract line			•	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	54,910.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	1,053,190.			
10 Analysis of line 9:		•		
a Excess from 2013				
<b>b</b> Excess from 2014 530,500.				
c Excess from 2015 424,500.				
d Excess from 2016 88,359.				
e Excess from 2017 9,831.				

SHARON E. SIGESMUND CHARITABLE INC. Form 990-PF (2017) 20-5898859 FOUNDATION Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(3) or 4942(j)(5 b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (d) 2014 (a) 2017 (b) 2016 (c) 2015 (e) Total 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 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 organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2)) NONE 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. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here  $\triangleright X$  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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

Form 990-PF (2017)

Part XV

FOUNDATION, INC.

Supplementary Information (continued)

20-5898859

Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE-PUBLIC CHARITY HELPING PEOPLE IN NEED TEMPLE BETH SHOLOM 10700 HAVENWOOD LANE 3,000, LAS VEGAS NV 89135 PUBLIC CHARITY HELPING PEOPLE IN NEED NONE JEWISH FAMILY SERVICE AGENCY 4794 S EASTERN ROAD 2,000. LAS VEGAS NV 89119 PUBLIC CHARITY HELPING PEOPLE WITH TOURO UNIVERSITY NEVADA NONE AUTISM 874 AMERICAN PACIFIC DR HENDERSON, NV 89014 7,500. PUBLIC CHARITY HELPING PEOPLE IN NEED NONE JEWISH FEDERATION OF ORANGE COUNTY, 1 FEDERATION WAY, SUITE 210 IRVINE, CA 92603 1,800. JEWISH NEVADA NONE PUBLIC CHARITY HELPING PEOPLE IN NEED 2317 RENAISSANCE DR 10,000. LAS VEGAS NV 89119 SEE CONTINUATION SHEET(S) ▶ 3a 51,800, Total b Approved for future payment NONE **▶** 3b Total

Unrelated business income

Enter gross amounts unless otherwise indicated.

(e)

Excluded by section 512, 513, or 514

(c) Exclu-

Part XVI-A **Analysis of Income-Producing Activities** 

1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d					
e		,			
f		_			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			!		
investments			14	1,288. 15,804.	
4 Dividends and interest from securities			14	15,804.	
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			14	10,237.	
9 Net income or (loss) from special events		· -			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				_	
a					
b					
c		·- ·			
d	I				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		27,329. 13_	0.
13 Total Add line 12, columns (b), (d), and (e)				13	<u>0.</u> 27,329.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which inco					nnlishment of
the foundation's exempt purposes (other than			COILLID	ated importantly to the accom	ipiisiiniciit oi
N/A		- · · · · · · · · · · · · · · · · · · ·			
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					Form 990-PF (2017)

## SHARON E. SIGESMUND CHARITABLE

Form 990-PF (2017)

FOUNDATION, INC.

20-5898859 Page 13

Part XVII	Information Rega		fers to a	nd Transactions a	nd Relationsl	nips With Noncha	aritable		
1 Did the o	rganization directly or indirect		f the followin	ig with any other organization	on described in sect	ion 501(c)		Yes	No
	an section 501(c)(3) organizat					• •			
•	from the reporting foundatio					l			
(1) Cash		1a(1)		_X_					
(2) Other assets									
b Other transactions:									
(1) Sales of assets to a noncharitable exempt organization									
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets									
(3) Rental of facilities, equipment, or other assets									
(4) Reimbursement arrangements									
	ns or loan guarantees						1b(5)		X
	ormance of services or memb						1b(6)		X
-	of facilities, equipment, mailing wer to any of the above is "Ye				wave chow the fair r	narket value of the goods	1c	otc	
or service	es given by the reporting foun  d) the value of the goods, othe	idation If the foun	dation receiv	ed less than fair market valu				.c.,	
a) Line no	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, ar	nd sharing an	angeme	ents
u y cine no	(b) ranount involved	(b) Namo or	N/A	o oxompt organization	(U) Description	Tot transiers, transactions, ar	io orialing an	ungoo	
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				···					
ın sectior	indation directly or indirectly at 1501(c) (other than section 5 complete the following schedu	01(c)(3)) or in sec ile.				(c) Description of relation	Yes	X	] No
	(a) Name of organi	ization		(b) Type of organization	-	(c) Description of relation	iisiiip		
	N/A	· · · · · · · · · · · · · · · · · · ·							
						· · · · · · · · · · · · · · · · · · ·			
Sign Here	r penalties of perjury, I declare that pelief, it is true. Forrect, and comple			n taxpayer) is based on all inform	nation of which prepare	r has any knowledge	May the IRS eturn with the shown below	e prepar ? Se <u>e in:</u>	er
	nature of officer or trustee Print/Type preparer's name	, 1	Preparer's s	Date	Title Date	Check If PTII	V		
	Transtype proparer s fidilie	<i>'</i>	richaici 22	ignature L	1 1 1	self- employed	•		
Paid	MICHAEL J. A	אַד.∩דאַאַ	no	12llen	11/13/18		00923	911	
. a.a Preparer	Firm's name ► MICHA		OTANT O	PA TNC		Firm's EIN ▶ 26 -			
Use Only		HA U HE	CIVIA C	. IN INC		- 1 11111 3 LIN P 20 -	J	J J	
<del>-</del> ,	Firm's address ▶ 910'	7 WEST PI	IISSELT.	ROAD		<del> </del>			
	1	VEGAS,				Phone no. 702-	878-1	795	
	1	VHORD,	., 0 0 7 1			1 110110 110. 102	Form <b>99</b> 0		

### 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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

SHARON E. SIGESMUND CHARITABLE 20-5898859 FOUNDATION, INC. Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

SHARON E. SIGESMUND CHARITABLE

FOUNDATION, INC.

Employer identification number

20-5898859

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE SES CHARITABLE LEAD ANNUITY TRUST FBO CHILDREN OF M. PAR  312 E. 22ND ST. APT #PHA  NEW YORK, NY 10010	\$105,000.	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
2	THE SES CHARITABLE LEAD ANNUITY TRUST FBO CHILDREN OF R. ZEL  226 8TH ST  SEAL BEACH, CA 90740	\$ <u>105,000.</u>	Person X Payroll
(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 Oncash Complete Part II for noncash contributions )

Name of organization
SHARON E. SIGESMUND CHARITABLE

Employer identification number

SHARON E. SIGESMUND CHARITABLE FOUNDATION, INC.

20-5898859

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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
			990, 990-EZ, or 990-PF) (2

Page	4
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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization SHARON E. SIGESMUND CHARITABLE 20-5898859 FOUNDATION, INC. 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

20-5898859 FOUNDATION, INC. Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, · Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY SCHOLARSHIPS NONE UNLV FOUNDATION 4505 S MARYLAND PKWY 5,000. LAS VEGAS, NV 89154 VOLUNTEERS IN MEDICINE OF SO NV NONE PUBLIC CHARITY HELPING PEOPLE WITHOUT ACCESS TO HEALTHCARE 1240 N MLK BLVD 7,500. LAS VEGAS, NY 89106 THE SHADE TREE NONE PUBLIC CHARITY HELPING VICTIMS OF DOMESTIC VIOLENCE 1 WEST OWENS 7,500. N LAS VEGAS NV 89030 PUBLIC CHARITY HELPING VICTIMS OF S.A.F.E. HOUSE NONE 921 AMERICAN PACIFIC DR, STE 300 DOMESTIC VIOLENCE HENDERSON, NV 89014 1,000. ANTI-DEFAMATION LEAGUE NONE PUBLIC CHARITY HELP COMBAT 8965 S EASTERN AVE ANTI-SEMITISM AND 5<u>00.</u> LAS VEGAS, NV 89123 PREJUDICE NEVADA PARTNERSHIP FOR HOMELESS YOUTH NONE PUBLIC CHARITY HELPING HOMELESS YOUTH 4981 SHIRLEY ST 2,500. LAS VEGAS, NV 89119 PUBLIC CHARITY HELP EDUCATE ABOUT SPRINGS PRESERVE NONE WATER CONSERVATION IN 333 S VALLEY VIEW BLVD 2,500. LAS VEGAS, NV 89107 THE DESERT PUBLIC CHARITY HELPING PEOPLE IN NEED NONE THREE SQUARE 4190 N PECOS RD 1,000. LAS VEGAS, NV 89115

27,500.

Total from continuation sheets

FORM 990-PF INTERE	ST ON SA	VINGS	AND	TEME	PORARY	CASH	IN	VESTMENT	rs st	ATEMENT	1
SOURCE				(A) REVEN ER BO	WE	NET	IN	(B) VESTMENT COME		(C) ADJUSTED IET INCOM	
MILLINGTON BANK SANFORD BERNSTEIN WELLS FARGO TOTAL TO PART I, LINE 3			1,259. 27. 2.			27.		27.			
			1,288.		- - -						
FORM 990-PF	DIVIDE	ENDS A	ND IN	TER	EST FR	OM SE	CUR	ITIES	នា	ATEMENT	2
SOURCE	GROSS DURCE AMOUNT					(A) REVENUE ER BOOKS		(B) NET INVEST- MENT INCOME			
SANFORD BERNSTEIN	17,8	322.	2	2,018	.8. 15,804		04.	15,804.			
TO PART I, LINE 4	17,8	322.	2,01		3. ====	15,804.		15,804			
FORM 990-PF				TAXE	ES				Si	CATEMENT	3
DESCRIPTION			(A) PENSE R BOO		NET I			(C) ADJUST NET INC	ΓED	(D) CHARITA PURPOS	
EXCISE TAXES FOREIGN TAXES				152. 214.		15 21					0.
TO FORM 990-PF, PG	1, LN 18	3	3	366.	_	36	6.				0.

FORM 990-PF ·	OTHER E		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
BANK FEES INVESTMENT MGMT FEES	30. 2,401.			0.
TO FORM 990-PF, PG 1, LN 23	2,431.	2,431.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 5
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE
INVESTMENT ACCOUNT		753,824.	849,322.	
TOTAL TO FORM 990-PF, PART I	<del></del>	753,824.	849,322.	