### **Return of Private Foundation**

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

Internal Revenue Service Square Go to www.irs.gov/Form990PF for instructions and the latest information.							to Public Inspection				
Fo	r calen	dar year 20	)17 or tax year be	ginning		2017, and			, 20		
Na	me of fo	undation					A Employe	er identification number	er		
Tł	ne Go	Ye_Found	ation			_	20-6	235268			
Ni	ımber an	d street (or P.C	), box number if mail is	not delivered to street address)	F	Room/suite	B Telephone number (see instructions)				
50	) Rab	bit Run	Lane				(610	) 458-5156			
Ci	ty or tow	n, state or prov	ince, country, and ZIP	or foreign postal code			C If exemp	tion application is pend	ıng, check here ▶ 🗌		
G]	Lenmo	ore PA 1	9343						_		
G	Check	all that app	oly: 🗌 Initial ret	urn 🔲 Initial return	of a former pu	ıblic charıty	D 1. Foreig	n organizations, check	here ▶ 🗌		
			Final retu	urn 🔲 Amended r	eturn		2. Foreig	ın organizations meeting	the 85% test		
			Address	change 🔲 Name char	nge		check	here and attach compl	utation · ▶ 🗌		
Н	Check	type of org	anization: 🔲 S	ection 501(c)(3) exempt p	rıvate foundati	ion 🎢 🐧 🦎		foundation status was 507(b)(1)(A), check here	terminated under		
$\boxtimes$				table trust 🔲 Other tax			]	301 (B)(1)(0 (), 0110011 11010	, П		
1			of all assets at	J Accounting method:	: 🔀 Cash 🗌	Accrual	F If the fou	indation is in a 60-mont	h termination		
			n Part II, col. (c),	Other (specify)			under section 507(b)(1)(B), check here ►				
	line 16		284,188.	(Part I, column (d) must be	on cash basis.)		<u> </u>				
P	art I			xpenses (The total of	(a) Revenue ar		t investment	(c) Adjusted net	(d) Disbursements for charitable		
)				may not necessarily equal	expenses per books		ncome	income	purposes		
· 	,		ın column (a) (see ınst					<del> </del>	(cash basis only)		
_	1			received (attach schedule)	34,50	1.	. <u></u>	ļ	<b> </b>		
)	2			not required to attach Sch. B				ļ			
	3			orary cash investments		0.	10.	10.			
	4			securities	4,57	1.	<u>4,571.</u>	4,571.			
	5a			<i></i> )							
4.	b		income or (loss)	f	<del></del> -		<del></del>				
Revenue	6a	-	•	of assets not on line 10				<del> </del>	<u> </u>		
ē	_b		price for all assets on		<del> </del>	$\longrightarrow$	1 050	<del> </del>	<del> </del>		
è	7		•	n Part IV, line 2)		<del></del>	1,252.				
	8										
	9										
	10a		less returns and allogous of goods sold	wances							
	b		-	schedule)				<del> </del>			
	11		me (attach sq <del>hed)</del>	·	3,86		3,867.	3,867.	<del> </del>		
	12	Total Add	Hines 1 through 1	RECEIVED	42,94		9,700.	8,448.			
_	13	Compane	tion of officers di	rectore tructoes atc ()	42,34	19.	7,700.	0,440.	<del> </del>		
nses	14	Other emr	lovee salaries and	waspes 1 8 2018 · O				<del> </del>			
Su	1 4-	Pension of	ans, employee be					<del> </del>			
Ç	16a	Logol food	lattach schodulat	<u>. [</u>	<del></del>			<del> </del>			
ш	b	Accounting	g fees (attach sche	AGDEN, UT				<del> </del>			
<u>.</u>	C	Other prof	essional fees (atta	ch schedule) L-16c Stmt	2,69	6.	2,696.	2,696.	2,696.		
rat	17										
isti	18			structions) See Stmt		8.	78.	78.	78.		
Operating and Administrative Expe	19	•		le) and depletion							
Р	20	-	•								
٧	21	Travel, cor	nferences, and me	etings							
anc	22		d publications	(							
Ď	23		enses (attach sche								
Ĕ	24			ninistrative expenses.							
era			<del>-</del>		2,77		2,774.	2,774.	2,774.		
ă	25		ons, gifts, grants p		58,10			ļ	58,108.		
_	26			ents. Add lines 24 and 25	60,88	2.	2,774.	2,774.	60,882.		
	27		ne 26 from line 12					1	}		
	а			nses and disbursements	<u>-17,93</u>	3.					
	b			negative, enter -0-) .			6,926.				
	C	Adjusted I	n <b>et income</b> (if neg	jative, enter -0-)		J		5,674.	J		

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 01/03/18 PRO

Form **990-PF** (2017)

Part	V Capital Gains and	Losses for Tax on Investm	ent Income			
		d(s) of property sold (for example, real esse, or common stock, 200 shs. MLC Co)	tate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)
1a \	/anquard Corp Bond	ETF		D	04/04/2014	01/23/2017
<u>b</u> ,	Janus S-Term Bond I			D	02/14/2011	05/18/2017
		Shares		D	11/01/2015	09/01/2017
	DowDuPont Inc 84 S	Shares		D	11/01/2015	10/23/2017
е_		(O Depression allowed	(a) Cost o	r other basis	(b) G	ain or (loss)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		s (f) minus (g))
a_	7,953.			8,000.		
b_	14,805.	<del></del>		15,049.	<del>                                     </del>	-244.
c d	39,	<del></del>		32. 4,486.	<del></del>	7. 1,536.
e	6,022.			4,400.		1,550.
	Complete only for assets sho	wing gain in column (h) and owned t	y the foundation	on 12/31/69.	(f) Gains (C	ol (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i) l. (j), if any	col (k), but r	oot less than -0-) or (from col. (h))
а						-47.
b						-244.
<u>c</u>						7.
d					ļ	1,536.
e_		( 16 - 2 -	laa ambau in Da	ad Libra 7	<del>  </del>	
2	Capital gain net income or		also enter in Pa enter -0- in Pa		2	1,252.
3	If gain, also enter in Part	n or (loss) as defined in sections  I, line 8, column (c). See instruc	ctions. If (loss)	), enter -0- in <b>)</b>	3	
<b>Part</b>	V Qualification Und	er Section 4940(e) for Redu	ced Tax on N	Vet Investment	t Income	
Was th	," the foundation doesn't q	section 4942 tax on the distribut	not complete	this part.		☐ Yes 🗷 No
	Enter the appropriate amo	unt in each column for each yea	ir; see the instr	<del></del>	aking any entries	i. (d)
Cale	Base period years ndar year (or tax year beginning in)	<del>-                                     </del>		(c) of noncharitable-use a	col (b	stribution ratio divided by col (c))
	2016	44,7		256,9		0.174128
	2015	36,78		269,2		0.136531
	2014	71,30		258,4		0.275866
	2013	57,24		148,5		0.385396
	2012	59,58	37.	137,9	972.	0.431877
2 3	Total of line 1, column (d)					1.403798
3	the number of years the fo	oundation has been in existence	if less than 5 y	ears	3	0.280760
4	Enter the net value of non-	charitable-use assets for 2017 fr	om Part X, line	5	. 4	256,960.
5	Multiply line 4 by line 3				. 5	72,144.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	69.
7	Add lines 5 and 6				. 7	72,213.
8	Enter qualifying distributio	ns from Part XII, line 4			. 8	60,882.
	If line 8 is equal to or great VI instructions	ter than line 7, check the box in	raπ vi, iine 1i	o, and complete	mat part using a	170 tax rate. See the

Part '		instruction	1s)				
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	N/A 139.					
b							
	here ▶ ☐ and enter 1% of Part I, line 27b						
С	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	139.					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	139.					
6	Credits/Payments:						
а	2017 estimated tax payments and 2016 overpayment credited to 2017  6a  Ch						
b	Exempt foreign organizations—tax withheld at source 6b						
ر 0	Tax paid with application for extension of time to file (Form 8868) . 6c	1					
d -	Backup withholding erroneously withheld						
7	<u> </u>						
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	139.					
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0.					
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax						
	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes	No				
	participate or intervene in any political campaign?	1a	×				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b	×				
	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?	1c	×				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$  (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	×				
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	×				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	×				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	×				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  • By language in the governing instrument, or						
	• 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?	6	×				
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 ×	<del></del>				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶						
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 General Instruction G? If "No," attach explanation	8b	×				
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"						
10	complete Part XIV	9	<u>×</u> (				
	names and addresses	10	X				

Pari	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		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ▶ Ken Hunt, Trustee Telephone no. ▶ (610)	<u>458-</u>	<u>5156</u>	
	Located at ▶ 50 Rabbit Run Lane Glenmoore PA ZIP+4 ▶ 19343			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here and enter the amount of tax-exempt interest received or accrued during the year		•	<b>▶</b> ⊠ 0.
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No.
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			į
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	}		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20  Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		×
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	ĺ	×

Page	6

Form 99	0-PF (20
Part	VII-B
52	During

	VII-B Statements Regarding Activities			4720	May Be R	equire	d (contin	nued)		
5a	During the year, did the foundation pay or incur a						_	_		s No
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes	X No	1	
	(2) Influence the outcome of any specific public directly or indirectly, any voter registration dri		on (see secti		-		☐ Yes	⊠ No	ļ	į.
	-						☐ Yes	⊠ No		ij
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No  (4) Provide a grant to an organization other than a charitable, etc., organization described in									
	section 4945(d)(4)(A)? See instructions							ľ,		
	(5) Provide for any purpose other than religious,	charit	able, scientifi	c, litera	ary, or educ	ational	_			
	purposes, or for the prevention of cruelty to c	hildren	or animals?				☐Yes	⊠ No		ļi
b	If any answer is "Yes" to 5a(1)-(5), did any of the							ibed in		
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions									~ / /
	Organizations relying on a current notice regarding	_								
С	If the answer is "Yes" to question 5a(4), does the						_	С.		
	because it maintained expenditure responsibility		-				∐ Yes	☐ No		
62	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any to					miums				
- C	on a personal benefit contract?						□Yes	X No	ì	
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indired	tly, on	a personal	benefit			6b	×
	If "Yes" to 6b, file Form 8870.		,	, ,						
	At any time during the tax year, was the foundation a						☐ Yes			
	If "Yes," did the foundation receive any proceeds								7b	
Part	VIII Information About Officers, Direct	tors, 1	rustees, Fo	ounda	tion Mana	agers,	Highly F	aid E	mployee	s,
	and Contractors  List all officers, directors, trustees, and found	ation r	nanagare an	d their	compans	ation S	Saa instri	etions	<del></del>	
	List all officers, directors, trustees, and found		e, and average		mpensation		Contribution			
	(a) Name and address	hou	rs per week ed to position	i (If r	ot paid, ter -0-)	emplo	yee benefit erred compe	plans	(e) Expense other allow	
Ken	Hunt	Trustee								
	Rabbit Run Glenmoore PA 19343	2.00		0.				0.		0.
	olyn Hunt	Trustee								
50 I	Rabbit Run Glenmoore PA 19343		2.00		0.			0.		0.
					,			İ		
2	Compensation of five highest-paid employee	s (oth	er than thos	e incl	uded on li	ne 1 – 1	see instr	uctions	s) If none	e enter
_	"NONE."	.5 (Oth	Ci didii dioc		aded on ii		occ mon	40000	<i>3</i> ,. 11 11011	o, o
			(b) Title, and a	verage		-	(d) Contribu			<del></del>
	(a) Name and address of each employee paid more than \$50,00	0	hours per w	reek	(c) Comper	sation	employee plans and o	ieferred	(e) Expense other allow	
			devoice to pe				compens	sation		
None								-		
								Ì		
		<del></del>			<u> </u>					
								}		
								,		
				_						
							<u> </u>			
Total	number of other employees paid over \$50,000 .	<u> </u>	<u></u>	<u> </u>	· · · ·		· · ·	. ▶	0	
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Part VIII	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)								
3 Five h	highest-paid independent contractors for professional services. See instructions. If none, enter "NON								
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation							
None									
Total numbe	of others receiving over \$50,000 for professional services	0							
Part IX-A	Summary of Direct Charitable Activities								
		T							
List the foun organizations	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses							
1									
2									
3									
J									
4									
Part IX-B	Summary of Program-Related Investments (see instructions)	Amount							
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount							
1									
2									
All other prog	ram-related investments. See instructions								
3									
		1							
Total Add In	es 1 through 3	<del>                                     </del>							
TOTAL AGG III	es 1 through 3	Form <b>990-PF</b> (2017							

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fou	ındatıons,
	see instructions.)	<del></del>	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		0.42 4.70
a	Average monthly fair market value of securities	1a	247,179.
b	Average of monthly cash balances	1b	13,694.
C	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	260,873.
е			
•	1c (attach detailed explanation)	2	0.
2 3	Subtract line 2 from line 1d	3	260,873.
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	<del>"</del>	200,073.
7	instructions)	4	3,913.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	256,960.
6	Minimum investment return. Enter 5% of line 5	6	12,848.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for		
T CITY	and certain foreign organizations, check here ► and do not complete this part.)	Ju., 40	
1	Minimum investment return from Part X, line 6	1	12,848.
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.) 2b		
C	Add lines 2a and 2b	2c	139.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,709.
4	Recoveries of amounts treated as qualifying distributions	4	<del></del>
5	Add lines 3 and 4	5	12,709.
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,		<del></del>
	line 1	7	12,709.
Dart	XII Qualifying Distributions (see instructions)		
r ar c	Au Qualitying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	60,882.
b	Program-related investments—total from Part IX-B	1b	
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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	60,882.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	0
_	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,882.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wne	mer the foundation
			Form <b>990-PF</b> (2017)
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rari	All Undistributed income (see instruction	) 15 j			<del></del>
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
	line 7				12,709.
2	Undistributed income, if any, as of the end of 2017:	ì			
а	Enter amount for 2016 only			12,770.	
b	Total for prior years: 20,20,20				<del> </del>
3	Excess distributions carryover, if any, to 2017:				
а	From 2012	j			
b	From 2013	ļ			
С	From 2014	Ì			
d	From 2015	Ì			
е	From 2016				
f	Total of lines 3a through e	269,743.			
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$ 60,882.				
а	Applied to 2016, but not more than line 2a .	·			
b	Applied to undistributed income of prior years				
	(Election required—see instructions)	Ì			
c	Treated as distributions out of corpus (Election required—see instructions)				
_	· · · · · · · · · · · · · · · · · · ·				
	Applied to 2017 distributable amount				<del></del>
e	Remaining amount distributed out of corpus	60,882.	<del></del>		
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same				<del></del>
	amount must be shown in column (a).)				
6	Enter the net total of each column as	ĺ		-	}
•	indicated below:				{
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	330,625.			
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 assessed				
d	Subtract line 6c from line 6b. Taxable				}
	amount—see instructions		0.		
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount—see instructions			10 000	
	Undistributed income for 2017. Subtract lines		<del> </del>	12,770.	
7	4d and 5 from line 1. This amount must be				
	distributed in 2018				10 700
-		<del></del>	<del></del>		12,709.
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)				
8	Excess distributions carryover from 2012 not				
0	applied on line 5 or line 7 (see instructions).	50 507			
9	Excess distributions carryover to 2018.	59,587.		<del></del>	
3	Subtract lines 7 and 8 from line 6a	271,038.			
10	Analysis of line 9:	211,030.			
ıu a	Excess from 2013				}
a b	Excess from 2014				
C		ļ			{
d	Excess from 2015	ļ.			{
-	Excess from 2017	ļ			

age	1	n	i

	MV Private Operating Founds	tions (oos instru	otions and Bort	VII A guartier O	<del>,</del>	raye 10
Part	XIV Private Operating Founda  If the foundation has received a ruling				<del>/</del>	N/A /
ıa	foundation, and the ruling is effective fo					
L	Check box to indicate whether the four		_		ection ( 4942(j)(3)	or 4942(j)(5)
b	Enter the lesser of the adjusted net	Tax year	operating roundat	Prior 3 years	49420/(0)	101 2 43420/(3/
Za	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(0) 2013	(u) 2014	
	each year listed	<del> </del>			<del></del>	
	85% of line 2a	<del></del>			<del> </del>	
С	line 4 for each year listed				1	
ď	Amounts included in line 2c not used directly for active conduct of exempt activities				<i>'</i>	
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:					
а	"Assets" alternative test-enter:	1				
	(1) Value of all assets					
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)	L				
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed		//	<u> </u>		
C	"Support" alternative test—enter:	}				
	(1) Total support other than gross	}		,	}	
	investment income (interest, dividends, rents, payments on	1			}	
	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					
Part	XV Supplementary Information	on (Complete th	is part only if the	ne foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-	-see instruction	ıs.)			
1	Information Regarding Foundation					
a	List any managers of the foundation					y the foundation
	before the close of any tax year (but o			an \$5,000). (See s	ection 507(d)(2).)	
	See Managers Contributed M				· . · · · · · · · · · · · · · · · · · ·	
b	,					ge portion of the
	ownership of a partnership or other e	ntity) of which the	toundation has a	10% or greater into	erest.	
2	Information Regarding Contribution					
	Check here ► 🗵 if the foundation					
	unsolicited requests for funds. If the f		gifts, grants, etc.,	to individuals or o	rganizations under d	otner conditions,
	complete items 2a, b, c, and d. See ir			<del></del>		
а	The name, address, and telephone nu	umber or email add	aress of the person	n to whom applica	itions should be add	iressea:
		<del></del>	<del> </del>	<del></del>		
b	The form in which applications should	o be submitted and	intormation and	materials they sho	uia incluae:	
C	Any submission deadlines:					
	A	uaudaab 1	, management and a	oon observations dis	aldo kindo of inchi	utions or other
d	Any restrictions or limitations on av	vards, such as by	y geographical ar	eas, charitable 16	eius, kinas ot instit	utions, or other
	factors:					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
Barnabas, Inc	}		General Operating	
PO Box 1358	}	Public		
Lake Forest CA 92630	}			1,000.
Calvary Fellowship Church	<b>\</b>	•	General Operating	
95 W. Devon Drive	1	Public	<u> </u>	
Downingtown PA 19335	1			14,008.
CRU-Family Life			General Operating	r
5800 Ranch Dr.	1	Public		,
Little Rock AR 72223				4,300.
Global Training Network	1		General Operating	
7558 W Thunderbird Rd, Ste 1	<b>[</b>	Public		
Peoria AZ 85381	}			1,000.
Good Works	}	ļ	General Operating	
PO Box 1441	}	Public		
Coatesville PA 19320	1			500.
Jian Hua Foundation		ļ	General Operating	
9060 Scuppernong Lane	1	Public	}	
Cumming GA 30041	}	}		1,000.
Chester County Women' Services	}		General Operating	
PO Box 1224	}	Public	-	
Coatesville PA 19320	Ì		{	1,500.
Global Horizons Inc		ł	<u> </u>	
7493 West 147th St.		}		
Saint Paul MN 55124		Public	General Operating	8,000.
SEND International	<u>[</u>	]		
P.O. Box 513	]	]		
Farmington MI 48332	l I	Public	General Operating	25,000.
See Statement	}			
	}	}		1,800.
	·			
Total	· · · · · · · · ·		▶ 3a	58,108.
b Approved for future payment	<del> </del>			307100.
2 Application for full payment		•		
	ľ	1		
		•		ı
	]			
	j			l
	j			ı
	)			l
	]			ı
		1		
			1	
Total			▶ 3b	
			Form	990-PF (2017)

### Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Family Research Council		Public	General Operating	1,000.
P.O. Box 1679 Holland, MI 49422		_		
Summit Missions International		Public	General Operating	600.
PO Box 638			}	
Green, OH 44232				
Samarıtan's Purse		Public	General Operating	100.
PO Box 3000		1		
Boone, NC 28607				
Andrew L. Hicks Foundation		Public	General Operating	100.
914 Kenmar Dr.	ł		}	
West Chester, PA 19380		<u> </u>		· · · · · · · · · · · · · · · · · · ·
				1,800.

	rt XVI-A Analysis of Income-Producing er gross amounts unless otherwise indicated.		siness income	Excluded by sect	ion 512, 513, or 514	<u></u>
-1116	er gross amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income
4	Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a					<del> </del>
	b					
	c					
	d					
	e					
	f					
_	g Fees and contracts from government agence				<del></del>	ļ
_	Membership dues and assessments	<del></del>		<u> </u>	<del></del>	
3	3		10.	<del></del>	<del></del>	<del></del>
4 5		. 900001	4,571.			
,	a Debt-financed property					<del></del>
	<b>b</b> Not debt-financed property					
6	Net rental income or (loss) from personal prope					
7		-				
8	Gain or (loss) from sales of assets other than invent	ory 523000				
9	Net income or (loss) from special events					
10	, , , , , , , , , , , , , , , , , , , ,					
11		900001	3,867.		<u> </u>	
	b		<del></del>			
	d					
	d	<del>  </del>	<del></del>		<del></del> -	<del></del>
		l i				
12	e		8,448.		-	
	e Subtotal. Add columns (b), (d), and (e)				13	8,448.
13	e Subtotal. Add columns (b), (d), and (e)				13	8,448.
13 See Pa	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		8,448.  mportantly to the ctions.)
13 See Par Lin	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ations.)	ent of Exemp	t Purposes		

Part XVII	Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exemp
	Organizations
4 51111	You Ma

'	in se	ection 501(c) (o	ther than section						103	
а	•	nizations?	oorting foundation to	a noncharitable over	nnt organization	of:				<u> </u>  -
a		ash	<u> </u>	a nonchantable exer					1a(1)	×
	• •	ther assets .							1a(2)	×
b		transactions:								
	(1) Sa	ales of assets to	a noncharitable exer	npt organization .					1b(1)	×
			ets from a noncharital						1b(2)	×
			, equipment, or other						1b(3)	×
			rrangements						1b(4)	×
		oans or loan gua							1b(5)	×
		_	ervices or membershi	p or fundraising solid	itations				1b(6)	×
C			quipment, mailing list	·					1c	×
d		_	of the above is "Yes,	-		Column (b) s	hould alw	ays show	v the fair r	narket
			ther assets, or servic							
	value	in any transaction	on or sharing arrange	ment, show in colum	nn (d) the value o	of the goods,	other asse	ets, or se	rvices rece	eived.
(a) Line	no (i	b) Amount involved	(c) Name of noncha	aritable exempt organization	n (d) Desc	ription of transfer	s, transactio	ns, and sha	rıng arrangen	nents
			!							
						*	-,			
	_						<del></del>			
									· · · · · · · · · · · · · · · · · · ·	
				<del></del>						
	_		<del></del>	<del> </del>		<del></del>				
	$\neg \uparrow$									
					· · · · · · · · · · · · · · · · · · ·					
2a	Is the	foundation dire	ectly or indirectly affi	liated with, or relate	d to, one or mo	re tax-exemp	t organiza	ations		
			501(c) (other than sec						] Yes ⊠	No
b			following schedule.	. , , ,				_		
		(a) Name of organ	<del>_</del>	(b) Type of orga	inization	(	c) Description	n of relation	nship	
			· · · · · · · · · · · · · · · · · · ·	<u> </u>						
		<del></del>	<del></del>							
						<del></del>				
		·								
					<del></del>	<del></del>				
	Unde	r penalties of perjury, I	declare that I have examined	this return, including accom	panying schedules an	d statements, and	to the best of	my knowled	lge and belief,	it is true,
Sign		ct, and complete Decl	ation of preparer (other than	n taxpayer) is based on all inf	ormation of which prej	parer has any know	vledge		RS discuss this	
Here	1 1	LOMMITT	Maria	15-11-18	Trustee			with the pi	reparer shown	below?
	1	ture of officer or trus	stee /	Date	Title			See instruc	ctions	i∐No
	<del>//</del>	Print/Type preparer		Preparer's signature		Date	- C	. 🖂 , F	PTIN	<del></del>
Paid		, , ,				05/03/20	Chec  Self-e	k [ ] if [ employed it	20006552	25
Prepa			M. Ebner, CPA	Resources Mng			Firm's EIN			<u>-                                    </u>
Use (	Only	Firm's name			1111 C				94-2701	
DA 4		Firm's address	674 EXTON COM	CNOLL	PA 19341		i none no.		orm <b>990-P</b> l	F (2017)
BAA					4//71	-				\- <del> / /</del>

#### 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** 

The_	GoYe Foundatio	n	20-6235268
Organi	zation type (check or	e):	
Filers o	of:	Section:	
Form 9	90 or 990-EZ	☐ 501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
		☐ 527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		★ 4947(a)(1) nonexempt charitable trust treated as a private foundate  **Tended Trust**  **Tended	ion
		☐ 501(c)(3) taxable private foundation	
Note: 0	Only a section 501(c)(7 ions.	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
Genera	l Rule		
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, cont r property) from any one contributor. Complete Parts I and II. See instr ontributions.	
Specia	l Rules		
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99) that received from any one contributor, during the year, total contribution the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	0 or 990-EZ), Part II, line tions of the greater of (1)
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ne year, total contributions of more than \$1,000 exclusively for religious al purposes, or for the prevention of cruelty to children or animals. Con	, charıtable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any of es to this organization because it received nonexclusively religious, charocre during the year	es, but no such tions that were received f the parts unless the ritable, etc., contributions

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

The GoYe Foundation

Employer identification number

20-6235268

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
· <u>1</u>	Ken & Carolyn Hunt 50 Rabbit Run Lane	<b>\$</b> 34,501.	Person 🗵 Payroll 🗌 Noncash 🗍				
	Glenmoore PA 19343		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization

The GoYe Foundation

Employer identification number

20-6235268

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		s					
(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				
		     &					
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization **Employer identification number** The GoYe Foundation 20-6235268 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (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. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from 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 (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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

Name The GoYe Foundation					yer Identification No 235268
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investmo	ents - Corporate	Stock:	Book Value	•	f Year Fair Market Value
1st TR Val Line 1,500.0 Am Cent Gr 983.221 Shar DowDuPont 300 Shares See L-10b Stmt Totals to Form 990-PF, Part II, L	ces		21, 16, 116,	798. 023. 642.	46,290. 32,269. 21,366. 169,249. 269,174.
Line 10c - Investme	nts - Corporate I	Bonds:	Book Value	•	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 10c				
Line 12 - Investme	ents - Mortgage l	oans:	Book Value	•	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	.ine 12				
Line 13 - Inve	estments - Other:		Book	(	f Year Fair Market
			Value		Value
Totals to Form 990-PF, Part II, L	ine 13				

The GoYe Foundation 206235268

# Additional information from your 2017 Federal Exempt Tax Return

# Form 990-PF Part II Line 10, 12 and 13 Investments

# L-10b Stmt

### **Continuation Statement**

1

Line 10b Description	Line 10b Book	Line 10b FMV
Exelon Stock 60 Shares	4,759.	2,365.
Ishares S&P Sm-Cap Growth 100 Shares	11,041.	17,015.
iShares Sm-Cap Value 300 Shares	19,918.	46,071.
Powershares S&P 500 Pure Growth 200.00 Shares	14,461.	20,966.
Powershares Sm-Cap 300.00 Shares	23,260.	34,361.
Vanguard Corp Bond ETF 100.00 Shares	8,000.	7,930.
Wisdom Tree Sm-Cap Div 900 Shares	20,007.	26,145.
Yackman Fund 630 Shares	15,196.	14,396.
To	otal 116,642.	169,249.

## **Legal and Professional Fees**

2017

Name	Employer Identification No
The GoYe Foundation	20-6235268

### Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
otal to Form 990-	PF, Part I, Line 16a				

### Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-PF, Part I, Line 16b					

### Line 16c - Other Professional Fees

Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Adv	2,696.			
	Provided	Provided Paid Per Books  Investment Adv 2,696.	Provided Paid Investment Income  Investment Adv 2,696.	Provided Paid Investment Income  Investment Adv 2,696.