Return of Private Foundation

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

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.

201

OMB No 1545-0052

Open to Public Inspection

Fo	r calen	ndar year 2017 or tax year beginning		, and	ending		
_	me of fou				A Employer	identification numbe	
<u> 1 A</u>	M ANG	SEL Foundation			Ì		
Nu	mber and	d street (or PO box number if mail is not delivered to street address)	F	Room/suite]	27-3419857	•
		Burleigh St.			B Telephone	number (see instruction	ns)
City	y or town	, state or province, country, and ZIP or foreign postal code					
Wa	<u>uwato</u>	saWI	53222			414-774-030	0
For	eign cou	intry name Foreign province/state/county	Foreign	postal code	C If exempt	ion application is pendii	ng, check here 🕒 🛭
					1		_
G	Check		of a former pub	lic charity	D 1. Foreigi	n organizations, check l	here ▶
		Final return Amended ret			2. Foreigi	n organizations meeting	the 85% test,
		Address change Name chang			4	here and attach compu	-
H		k type of organization. 💢 Section 501(c)(3) exempt pri		19 (1)		foundation status was t)7(b)(1)(A), check here	erminated under ▶ [
	Section	on 4947(a)(1) nonexempt charitable trust 🔲 Other taxa		ndation T	3000001100	or (b)(1)(r); Glock fiere	- [
F	Fair m	narket value of all assets at J Accounting method	🛛 Cash 🗌	Accrual	E If the four	idation is in a 60-month	termination
	end o	f year (from Part II, col (c),				tion 507(b)(1)(B), check	
	line 10	6) ▶ \$ 227,398 (Part I, column (d) must be	e on cash basis.)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue an	a			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	(D) NE	et investment ncome	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions).)	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	677,6	370			
	2	Check ► I if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	2	281	281		
	4	Dividends and interest from securities					
	5a	Gross rents					
-	b	Net rental income or (loss)	<u> </u>				<u> </u>
Revenue	6a	Net gain or (loss) from sale of assets not on line 10			·		
ē	l _b	Gross sales price for all assets on line 6a					<u> </u>
é	7	Capital gain net income (from Part IV, line 2)	-			<u></u>	
<u> </u>	8	Net short-term capital gain	 -	_			
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold		_			<u> </u>
00	c	Gross profit or (loss) (attach schedule)				<u> </u>	
2018	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	677,9	951	281	0	
ڪڙ حڪ	13	Compensation of officers, directors, trustees, etc .	105,5	575			105,57
enses	14	Other employee salaries and wages	18,7	788			18,788
≨	15	Pension plans, employee benefits	7,7	716			7,716
茶	16a	Legal fees (attach schedule)	12,8				12,81
	b	Accounting fees (attach schedule)	17,7			· · · · · · · · · · · · · · · · · · ·	17,780
浧	_ C	Other professional fees (attach schedule)	18,3	315			18,315
Operating and Admijਗुंडेऐसेवेरे\र्डििट्रि	17	Interest .					
	18	Taxes (attach schedule) (see in structions) ED					
E	19	Depreciation (attach schedule) and depletion .	 				
Ad	20	Occupancy Travel, conferences, an expreetings		141			E 44
ਰੂ	21 22	Occupancy Travel, conferences, anomneetings Printing and publications	- 3, ⁴	141			5,44
a	23	Other expenses (attach scheme DEN, UT	69,5	539		<u> </u>	69,539
пg	24	Total operating and administrative expenses.		~~			09,038
ati		Add lines 13 through 23	255,9	965	0	0	255,965
ē	25	Contributions, gifts, grants paid	346,6		تحصي		346,650
Ö	26	Total expenses and disbursements. Add lines 24 and 25	602,6		0	0	
	27	Subtract line 26 from line 12:	002,0	, 13			002,613
	a a	Excess of revenue over expenses and disbursements	75,3	336	1.3	1 1 1	
	b	Net investment income (if negative, enter -0-)	, 5,0		281		
	- -	Adjusted net income (if negative enter -0-)					



Đ,	art ([`	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-or-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	232	12,806	
	2	Savings and temporary cash investments	121,830	183,825	183,825
	3	Accounts receivable			
	i	Less. allowance for doubtful accounts			
	4	Pledges receivable ▶	i II		
	Ì	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	}	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	1	Less allowance for doubtful accounts			
ফ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		767	767
As	10a	Investments—U.S and state government obligations (attach schedule)			
_	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis			
	l ''	Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13				
	14	Investments—other (attach schedule)	17		
	} ' 				
	4.5	Less accumulated depreciation (attach schedule)	30,000	30,000	20,000
	15	Other assets (describe See Attached Statement)	30,000	30,000	30,000
	16	Total assets (to be completed by all filers—see the	450,000	227 200	007.000
_	17	instructions Also, see page 1, item I)	152,062	227,398	227,398
		Accounts payable and accrued expenses	 		
es	18	Grants payable	 		
Ξ	19	Deferred revenue	 		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
=======================================	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
alances		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
Ĕ	24	Unrestricted	[
व	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Ba	ļ	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.		ļ	
9	27	Capital stock, trust principal, or current funds	ļ		
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	L		
58	29	Retained earnings, accumulated income, endowment, or other funds	152,062	227,398	
Ť	30	Total net assets or fund balances (see instructions)	152,062	227,398	
ž	31	Total liabilities and net assets/fund balances (see	}		
		instructions)	152,062	227,398	
	irt III	Analysis of Changes in Net Assets or Fund Balances	 		
1		net assets or fund balances at beginning of year—Part II, column (a)		rith	
		of-year figure reported on prior year's return)		. 1	152,062
2		amount from Part I, line 27a		2	75,336
3				3	
4		nes 1, 2, and 3		4	227,398
5	Decre	eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 30	. 6	227,398

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Part VI instructions

I AM ANGEL Foundation

Page 3

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)						
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	6					
	here ▶ ☐ and enter 1% of Part I, line 27b						
C	,						
•	Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2	0 					
3 4	Add lines 1 and 2						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	6					
6	Credits/Payments:						
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a						
b	Exempt foreign organizations—tax withheld at source						
c	Tax paid with application for extension of time to file (Form 8868) .						
ď	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d	0					
8	Enter any penalty for underpayment of estimated tax. Check here						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	6					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	0					
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11	0					
Part \	/II-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 X					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the						
	instructions for the definition	1b X					
	If the answer is "Yes" to 1a or 1b, 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 X					
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 > \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?						
2	If "Yes," attach a detailed description of the activities.	2 X					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X					
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b N/A					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X					
•	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	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 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					
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
	CA, DE	-					
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 X					
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," complete Part XIV	9 X					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10 X					
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rait	Statements Regarding Activities (continued)			_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	44	Yes	No
40	the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X.
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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	 ^
	Website address ▶ www.iamangelfoundation.org			L
14	The books are in care of ► Anick & Associates Telephone no. ► 414-774	-0300		
	Located at ► 11933 W Burleigh St Wauwatosa WI ZIP+4 ► 53222			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
	name of the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	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? X Yes No			
	(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)?			
	(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 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	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
C	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		Х
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			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	IVA	
·	► 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	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	احتصاد	<u> </u>
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	45		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u> </u>

iotal	number of other employees paid over \$50,000	<u>· · · </u>					<u>. </u>	.▶			
Total	number of other employees hald over \$50,000		<u> </u>					_			
								}			
							<u> </u>				
NONE	<u>-</u>										
NONE			acvoted to po				compens	ation			
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Compen	sation	(d) Contribution (d) Co	benefit eferred		ense acco allowance	
2	Compensation of five highest-paid employees ("NONE."	other t	han those inc	cluded	on line 1—	see ins	structions). If no	ne, ent	er	
						<u> </u>					
3143 E	Ettrick St Los Angeles, CA 90027		40 00		105,575			7,716		<u> </u>	
Tatian	a Litvin	Execu	tive Director								
) Wilshire Blvd , 5th Fl Los Angeles, CA 90024		10 00		0						
	m Adams	Presid								···	
) Wilshire Blvd , 5th Fl Los Angeles, CA 90024	2601	10 00		0						
Liborio	o Molina		ed to position		nter -0-)		erred compe		other	allowance	es
	(a) Name and address	hou	e, and average rs per week		mpensation not paid,		Contributions			ense acco	
1	List all officers, directors, trustees, and foundat	ion ma	nagers and t	heir co	mpensatio	n. See	instruction	ons.			
r art	and Contractors	JI3, II 		unua(I		Je15, F	ngniy Pa	aiu ⊆ if	ihioye	45 ,	
	If "Yes," did the foundation receive any proceeds o							aid E-	7b	N/A	
7a	At any time during the tax year, was the foundation a pa						Yes	X No			
b	If "Yes" to 6b, file Form 8870	unectly	y or intairectly,	опар	eisonai den	EIII COF	wact? .	• •	6b		<u>X</u>
L	on a personal benefit contract?				oreonal ha-	ofit ac-	∐ Yes	X No			v
6a	Did the foundation, during the year, receive any fur	nds, dire	ectly or indire	ctly, to p	pay premiur	ns		(c)			
	because it maintained expenditure responsibility for If "Yes," attach the statement required by Regulation	_				•	∐ Yes	∐ No			
C	If the answer is "Yes" to question 5a(4), does the fo	oundation	on claım exen	nption f	rom the tax		□ vac	_			
	Organizations relying on a current notice regarding	-	•					▶ []	35		
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions of Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions							מו ג	5b	N/A	
	purposes, or for the prevention of cruelty to children or animals?						Yes	X No			
	section 4945(d)(4)(A)? See instructions					 nal	∐ Yes	X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						_		İ		
	directly or indirectly, any voter registration drive (3) Provide a grant to an individual for travel, study		 er simılar pur				∐ Yes ☐ Yes	X No	13		
	(2) Influence the outcome of any specific public ele			•	•						
5a	During the year, did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it			section	4945(e))?		Yes	X No			
	VILE Statements Regarding Activities			+/ 20 N	nay be Re	quire	u (conun	uea)		1	

Total. Add lines 1 through 3

0

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Form S	90-PF (2017) TAW ANGEL Foundation	27-34	1965/ Page /
Par	VIII Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid Er	nployees,
3	Five highest-paid independent contractors for professional services. Se	e instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON			
Total	number of others receiving over \$50,000 for professional services	<u> </u>	
Pa	t IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical i anizations and other beneficianes served, conferences convened, research papers produced, etc	nformation such as the number of	Expenses
	The organization promotes STEAM (Science, Technology, Engineering, Arts ar scholarhships and grants to underserved communiites	d Math) through	
			396,100
2			
_			
3			
4		•••••	
_	t IX-B Summary of Program-Related Investments (see instruc		
De	cobe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1			
			
2			
Δ11	other program-related investments. See instructions		
3			

Part	see instructions.)	gn roundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
•	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	216,770
С	Fair market value of all other assets (see instructions)	1c	30,000
ď	Total (add lines 1a, b, and c)	1d	246,770
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	246,770
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	3,702
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	243,068
6	Minimum investment return. Enter 5% of line 5	6	12,153
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundational certain foreign organizations, check here ☐ and do not complete this part)	ons	
1	Minimum investment return from Part X, line 6	1	12,153
2a		6	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	6
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,147
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	12,147
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	12,147
Part	XII Qualifying 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	602,615
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.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	602,615
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 See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	602,615
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ether the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

Part	All Undistributed income	(See mstructions	/			
1	Distributable amount for 2017 from	1	(a) Corpus	(b) Years pnor to 2016	(c) 2016	(d) 2017 12,147
_)				12,147
2	Undistributed income, if any, as of the					
а	Enter amount for 2016 only				0	
b		20, 20				
3	Excess distributions carryover, if an	ny, to 2017:				
а	From 2012	2,050,218				
b	From 2013	1,604,102				
С	From 2014	1,743,132				
d	From 2015	882,485				
_	From 2016	462,379				
f			6,742,316			
			0,742,310			
4	Qualifying distributions for 2017 fro	ווו רמונ אוו,				
	line 4 ▶ \$ 602,615					
а	Applied to 2016, but not more than					
b	Applied to undistributed income of	· · ·				
	(Election required—see instruction	•				
C	Treated as distributions out of corp	us (Election				
	required—see instructions)					
đ	Applied to 2017 distributable amou	int				12,147
е	Remaining amount distributed out	of corpus .	590,468			
5	Excess distributions carryover app					
•	(If an amount appears in column (c			· · · · · · · · · · · · · · · · · · ·		
	amount must be shown in column	·				
6	Enter the net total of each colum					
U	indicated below:	III 43				
_		Subtract line E	7 222 704			
а	Corpus Add lines 3f, 4c, and 4e S		7,332,784			
b						
	line 4b from line 2b			0		
C	Enter the amount of prior years' un					
	income for which a notice of deficie	ency has				
	been issued, or on which the section	on 4942(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxal	ble				
	amount—see instructions					·
е	Undistributed income for 2016. Su					
•	4a from line 2a Taxable amount—				,	11
	instructions				o	
f	Undistributed income for 2017. Su	htract lines		 		
•	4d and 5 from line 1 This amount					
		illust bc				o
					····	
7	Amounts treated as distributions o	•				
	to satisfy requirements imposed by					
	170(b)(1)(F) or 4942(g)(3) (Electio	n may be				
	required—see instructions) .					
8	Excess distributions carryover from				:	
	applied on line 5 or line 7 (see inst		2,050,218			
9	Excess distributions carryover t	o 2018.			i	
	Subtract lines 7 and 8 from line 6a		5,282,566			
10	Analysis of line 9					
a	Excess from 2013	1,604,102				
h	Excess from 2014	1,743,132	'			
~	Excess from 2015	882,485	,			
<u>ر</u> بہ	Excess from 2016	462,379				
ū						
е	Excess from 2017 .	590,468	<u> </u>			

Form 99	90-PF (2017) I AM ANGEL Foundation	on			27-34	19857 Page 10
Part	XIV Private Operating Foundat	ions (see instru	ctions and Part	VII-A, question 9)		N/A
1a	If the foundation has received a ruling o					
	foundation, and the ruling is effective for	r 2017, enter the o	date of the ruling	▶		
b	Check box to indicate whether the foundation	on is a private opera	ating foundation des	cribed in section	4942(j)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed		 			0
b	85% of line 2a					0
	Qualifying distributions from Part XII,		 			<u> </u>
С						_
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		 			0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.			1		_
	Subtract line 2d from line 2c .		 	 /-		0
3	Complete 3a, b, or c for the				1	
	alternative test relied upon.					
а	"Assets" alternative test—enter:					
	(1) Value of all assets	<u></u>	 			0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			\mathbb{Z}		0
b	"Endowment" alternative test—enter 2/3		1	<u> </u>		<u>_</u>
	of minimum investment return shown in Part X, line 6 for each year listed					0
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)		<u></u>			0
	(2) Support from general public and 5 or more exempt					J
	organizations as provided in		l			
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					1
	an exempt organization		<u> </u>			0
	(4) Gross investment income .	<u> </u>	<u></u>			0
Part		•		he foundation ha	d \$5,000 or mo	re in assets at
	any time during the year—		15.)			
1	Information Regarding Foundation M					
а	List any managers of the foundation wh					foundation
	before the close of any tax year (but on	ly if they have cor	ntributed more thai	n \$5,000) (See secti	on 507(d)(2))	
						
b	List any managers of the foundation wh					n of the
	ownership of a partnership or other enti	ty) of which the fo	oundation has a 10	% or greater interest	t	
					···	
2	Information Regarding Contribution,	Grant, Gift, Loan	, Scholarship, etc	c., Programs:		
	Check here ▶ 🛛 if the foundation or					
	unsolicited requests for funds If the fou			individuals or organi	zations under othe	r
	conditions, complete items 2a, b, c, and	I d. See instruction	ns 			
а	The name, address, and telephone nun	nber or email addi	ress of the person	to whom application	s should be addres	sed
			•			
b	The form in which applications should b	e submitted and i	nformation and ma	aterials they should i	nclude	
С	Any submission deadlines.					
	Any restrictions or limited and a second	augh as his as a	ronhinal assas il	nomiable fold- I !	of inabitivities = -	Alb a re
d	Any restrictions or limitations on awards factors	s, such as by geog	grapnicai areas, ci	iai itable fields, kinds	or institutions, of o	uner
	I GOLOI O					

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year College Track PC Scholarships/Support Robotics 280,000 111 Broadway Suite 101 Oakland, CA 94607 Si Se Puede Foundation PC Robotics Program 36.950 3036 E. Folsom St. Los Angeles, CA 90063 Americans Promoting Study Abroad Inc. PC Scholarships 10,000 1440 New York Ave. Washington, DC 20005 Partnership for Los Angeles Schools PC Robotics Program 10,000 1055 Wilshire Blvd Suite 1850 Los Angeles, CA 90017 City of Refuge Ministries PC Computers 5,000 14527 S. San Pedro St Gardena, CA 90248 PC **FIRST** General Support 4,700 200 Bedford St Manchester, NH 03101 Total За 346,650 Approved for future payment **Total** 3b

Par	Analysis of Income-Producing Ac	ctivities				
Ente	r gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	on 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue					
	a					
	b					
	c					
	d					
	e	ļ				
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments .			14	281	
4	Dividends and interest from securities	a Finding & Addresia a Linearity No.	district. I state the second state of the	(Allena Bellennin Barth, &		called a series of problems of districts.
5	Net rental income or (loss) from real estate:	I STATE THE T	· · · · · · · · · · · · · · · · · · ·			
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events	ļi				
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a	<u> </u>			_	-
	b	 		 		
	C					
	d					
	de			San San Salvada Strate Local		
	e Subtotal Add columns (b), (d), and (e)	The same of the first		这次是他们是不	281	0
13	e Subtotal Add columns (b), (d), and (e) . Total. Add line 12, columns (b), (d), and (e)	27日本	0		281 13	0 281
13 (See	d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to venfy calculations					
13 (Sec Pa	d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations of XVI-B Relationship of Activities to the A	s.)	ent of Exempt	l Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations of XVI-B Relationship of Activities to the A	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (Sec Pa Lin	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281
13 (See Pa	Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A e No. Explain below how each activity for which incor	s.) Accomplishment is reported in c	ent of Exempt	t Purposes	13	281

Part	XVII	Information Exempt Org	Regarding Trans	fers to and Tra	ansactions	and Re	elationships \	With Noncha	aritable		
1	Did th		rectly or indirectly en	gage in any of the	e following wi	th any of	her organization	described		Yes	No
•		•	er than section 501(c)		_	-	_	. described		103	110
		iizations?	, 1.a., 500501, 00 /(0)	(o) organizatione)	, 0, ,,, 0000,,	027,708	aurig to political		[ĺ
а	_		porting foundation to a	a noncharitable ex	rempt organi:	zation of				:	İ
u		·							1a(1)		_x_
	. ,								1a(2)		X
b		transactions:							14(2)		 ^- -
U	-		a noncharitable exen	ont organization					1b(1)	1	х
			ets from a noncharitat	•					1b(2)		Î
,			equipment, or other						1b(2)		Ŷ
			rrangements						1b(4)	 	X
			rantees						1b(4)		\
		_	rances								x
_			quipment, mailing list						1b(6)		Î
C	Snan	ng or ractifies, et	he above is "Yes," con	s, ouner assets, or	cchodule Co	lumn /h) c	hould always sh	w the fair mark	ot It	لسبسا	
d			er assets, or services g								
	value	in any transaction	or sharing arrangeme	nt show in column	(d) the value	of the acc	nds other assets	III IIbi IIbi 8631 Or services 10	aived saived		
(a) Line		(b) Amount involved	,	hantable exempt organ			scription of transfers,				***
(a) Line	1110	(b) Amount involved	(c) Name of none	nantable exempt organ	1220017	(u) Des	scription of dansiers,	dansacuons, and	Silainiy arrai	gaman	11.5
	\dashv										
								·			
			-								
			 								
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	-+										
			 								
			 								
	-+		 								
											
											
				A 4 245	46			4			_
2 a			ctly or indirectly affilia 501(c) (other than sec						□ Yes □	Πи	
			` ' '	aon 30 1(c)(3)) or	III SCOUGH OZ	, , , , ,				L ''	
<u>b</u>	II TE		following schedule.	(h) Time	of omonization			\ Decomption of1			
		(a) Name of organ	nzauon	(b) Type	of organization		3)) Description of rel	auurisriip		
											
									···		
	Unde	r nonalties of neminy 1 do	clare that I have examined this re	him including accompani	ing schedules and e	atements and	to the best of my know	edge and helief it is to	11e		
e:			tion of preparer (other than taxpa							4	
Sign									e IRS discuss e preparer sho		
Here	Sico	nature of officer or tru	stee	Date	Title	cutive Di	rector			Yes	
	1 July	Print/Type preparer		Preparer's signatu			Date- 1		PTIN		
Paid		l		The Filado	ملا آ	ıΛ.	Date 3/13/18		rf	nese	
Ргера	rer	Christine Daws					d P0179 1977004	JJJ0			
Use C	Firm's name Affick & Associates 15 Firm's Ein 39-197				774-0	3(Y)					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

۔ ا

Employer identification number

2017

OMB No 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

27-3419857 I AM ANGEL Foundation Organization type (check one): Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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** X 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 . . . Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Name of organizationEmployer identification numberI.AM.ANGEL Foundation27-3419857

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Universal Music Group 2220 Colorado Ave Santa Monica CA 90401 Foreign State or Province Foreign Country:	\$179,326	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	William Adams 10960 Wilshire Blvd 5th Fl Los Angeles CA 90024 Foreign State or Province Foreign Country	\$ 199,642	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			
3	ERSI, Inc 380 New York St Redlands CA 92373 Foreign State or Province Foreign Country	\$ 35,000	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			
4	Columbia University 116th and Broadway New York NY 10027 Foreign State or Province Foreign Country	\$ 5,000	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Salesforce.com Inc. One Market Suite 300 San Francisco CA 94105 Foreign State or Province Foreign Country	\$ 249,982	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			
	Foreign State or Province. Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)			

Name of organization
I AM ANGEL Foundation

Employer identification number 27-3419857

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ce 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
		\$	

Name of or			Employer identification number				
	L Foundation 27-3419857						
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,						
	• •	•					
	contributions of \$1,000 or less for the year (nstructions) > \$0				
	Use duplicate copies of Part III if additional s	pace is needed					
(a) No.	(h) Purpose of sift	(a) He of wift	(d) Departation of how gift is hold				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
		(e) Transfer of gift					
		(=, ===================================					
	Transferee's name, address, and ZIF	P + 4 Relatio	onship of transferor to transferee				
	Transferee & marie, address, and En	T.C. aut	or durisieror to dalisieree				
	For Prov Country						
(a) No.	For Prov Country						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	 						
	<u></u>	(a) T					
		(e) Transfer of gift					
	Transferee's name, address, and ZIF	? + 4 Relation	onship of transferor to transferee				
			~				
(a) No.	For Prov Country						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	,,						
	(e) Transfer of gift						
	The state of the s						
	Transferee's name, address, and ZIF	Y + 4 Relation	onship of transferor to transferee				
(a) No.	For Prov Country		 				
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 ZIF	P + 4 Relation	onship of transferor to transferee				
	.,						
	For Prov Country						

Part I, Line 16a (990-PF) - Legal Fees

,	12,811	0		12,811
				Disbursements
	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Legal Fees	12,811			12,811

Part I, Line 16b (990-PF) - Accounting Fees

	17,780	0	(17,780
				Disbursements
	Revenue and			for Chantable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 Accounting Services	17,780			17,780

Part I, Line 16c (990-PF) - Other Professional Fees

		18,315	0		18,315
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Social Media Marketing	15,000			15,000
2	Other Professional Services	3,315			3,315

Part I, Line 23 (990-PF) - Other Expenses

		69,539	0		69,539
		Revenue and			Disbursements
Į		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Insurance	12,285	0		12,285
2	Office Supplies	5,661	0		5,661
3	Payroll Taxes	10,039	0		10,039
4	Communications	1,627	0		1,627
5	Other Taxes and Fees	3,513	0		3,513
6	Postage and Shipping	342	0		342
7	Program Expenses - Robotics	36,072	0		36,072

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Part II, Line 15 (990-PF) - Other Assets

	30,000	30,000	30,000
	Book Value	Book Value	FMV End
Asset Description	Beg of Year	End of Year	of Year
PRI - Mortgage Loan Receivable	0		
Works of Art	30,000	30,000	30,000

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Part VIII, Line 1 (980-PP) - Compansation of Officens, Directors, Thustees and Foundation Manag	8
- Comparisation of Officers, Directors,	
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	Братве	Account			
7/76		Benefits	0	0	7,776
1055/5		Ompensation	0	0	105,575
	AgHs	Per Week	90	8	40.00
		Ege Ege	Director	President	Breautive Director
		ForegriOsurity			
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