Form 990-PF

Department of the Treasury Internal Revonue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

For	r calendar year 2017 or tax year beginning		, and ending		
Na	ame of foundation		A Employer identificatio	n number	
	SEME FOUNDATION INC			38-365667	3
	imber and street (or P O box number if mail is not delivered to str	eet address)	Room/suite	B Telephone number	706
	455 SECURITY PLACE			931-526-9	
	ty or town, state or province, country, and ZIP or foreign COOKEVILLE, TN 38506	i postal code		C If exemption application is	pending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return			
	Address change	Name change		2 Foreign organizations macheck here and attach of	computation
H_	Check type of organization: X Section 501(c)(3)	exempt private foundation	g U	E If private foundation st	atus was terminated
<u> </u>	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(	I)(A), check here
	· 1 —	nting method: LX Cash	Accrual /	F If the foundation is in a	
	from Part II, col. (c), line 16)	Other (specify)	- \	under section 507(b)(1	)(B), check here
	\$ 7,221,466. (Part I, co	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	(4) -
)/ <u></u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	800,001.		N/A	
V	2 Check if the foundation is not required to attach Sch B				<u> </u>
	3 Interest on savings and temporary cash investments	14,537.	14,537.		STATEMENT 1
	4 Dividends and interest from securities	80,334.	80,334.	<u> </u>	STATEMENT 2
	5a Gross rents			<del></del>	<del> </del>
	Net rental income or (loss)	377,170.		ļ	<del> </del>
e	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1,225,012.			<del>                                     </del>	<del> </del>
Revenue	b assets on line 6a 1, 225, U12.  7 Capital gain net income (from Part IV, line 2)		377,170.	<del></del>	<del></del>
æ	8 Net short-term capital gain		<u> </u>		<del> </del>
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	-884,836.	<u>-884,836.</u>		STATEMENT 3
	12 Total. Add lines 1 through 11	387,206.	-412,795.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages 15 Pension plans, employee benefits				<del></del>
e S	0	2,349.	0.		0.
ens	b Accounting fees	2,545.		RECE	
Expense	c Other professional fees				
				S APR 0	2018
MAY 0 4 2018 and Administrative	18 Taxes			1	
⊓ist	19 Depreciation and depletion			OGDE	۷. ۱۱
	20 Occupancy				
<u>}</u> ₹	21 Travel, conferences, and meetings		<del></del>		
	22 Printing and publications				
	23 Other expenses			<u> </u>	<del> </del>
SCANNED Operating	24 Total operating and administrative expenses. Add lines 13 through 23	2,349.	0.		_
<b>3</b> 8	25 Contributions, gifts, grants paid	403,250.	U •	<del>                                     </del>	403,250.
$\Im$	26 Total expenses and disbursements	=00,200			±00,200•
$\overline{w}$	Add lines 24 and 25	405,599.	0.		403,250.
	27 Subtract line 26 from line 12:				
	Excess of revenue over expenses and disbursements	-18,393.		<u></u>	
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)			N/A	

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SEME FOUNDATION INC

See the Part VI instructions.

	990-PF (2017) SEME FOUNDATION INC 38-36 17 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	556678 ee instru	P Ction	age 4	
1a l	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)				
b i	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%			<u>0.</u>	
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			<u>0.</u>	
3 .	Add lines 1 and 2			0.	
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-			<u>0.</u>	
	Credits/Payments:				
	2017 estimated tax payments and 2016 overpayment credited to 2017  6a 4,680.				
b	Exempt foreign organizations - tax withheld at source 6b 0.				
	Tax paid with application for extension of time to file (Form 8868)  6c  0.				
	Backup withholding erroneously withheld 6d 0.				
	Total credits and payments. Add lines 6a through 6d		$\frac{1}{6}$		
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.	
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		4 6		
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4,68		
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 4,680 . Refunded ▶ 11 rt VII-A   Statements Regarding Activities			0.	
			Yes	No	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<b>├</b>	103		
	any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a 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	10			
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?	10		Х	
-	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		<u> </u>	
	(1) On the foundation. $\triangleright$ \$ 0 . (2) On foundation managers. $\triangleright$ \$ 0 .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-	1		
	managers. > \$ 0.				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X	
	If "Yes," attach a detailed description of the activities.	<u>-</u>			
	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		Х	
	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	X		
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		Ì		
	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	<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	TN	_			
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		
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				1
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		<u>X</u>	V
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10	X		
		Form <b>990</b>	-PH ()	2017)	

Pa	irt VII-A   Statements Regarding Activities (continued)		_	
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► GARY D. LEFTWICH, CPA  Telephone no. ► 931-5	26-9	726	
	Located at ► 345 S JEFFERSON AVE SUITE 202, COOKEVILLE, TN ZIP+4 ►3	8501		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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 >	<u> </u>		
Pa	rt 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?		i	
	(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)?			
	(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  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		l	
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		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	
	defined in section 4942(j)(3) or 4942(j)(5)):		ſ	
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 >,			
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	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.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
			1	
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?			
۱.	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	}		
U	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	24		
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		Δ_
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		х
		rm <b>99</b> 0	-PF	

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y6	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		-	
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1		
4945(d)(4)(A)? See instructions		Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for	Ì		
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check t	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta	uned			
expenditure responsibility for the grant?	N	√I/A	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y6	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ĺ	6b	х
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	у		
Paid Employees, and Contractors	**				
1 List all officers, directors, trustees, and foundation managers and t	· · · · · · · · · · · · · · · · · · ·		F-7-a		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Ex accoun	pense
	to position	enter -0-)	and deferred compensation	allowa	ances
THOMAS JONES	PRESIDENT/DIF	ECTOR			
455 SECURITY PLACE					
ALGOOD, TN 38506	0.00	0.	0.		0.
	SECRETARY/DIF	ECTOR			
455 SECURITY PLACE					
ALGOOD, TN 38506	0.00	0.	0.		0.
	OFFICER/DIREC	TOR			
455 SECURITY PLACE					
ALGOOD, TN 38506	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(-1) 0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp account	ense other
	devoted to position	(O) Componication	and deferred compensation	allowa	nces
NONE					
	11				
		1			
		ļ			
Total number of other employees paid over \$50,000	<del> </del>				0
			Form	990-PF	(2017)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service (d)	c) Compensation
NONE	
	<del></del>
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	penses
1 THE FOUNDATION'S PRINCIPAL ACTIVITY IS DETERMINING WHAT	
CHARITABLE ENTITIES WILL BE THE RECEIPIENTS OF THE FOUNDATION'S GIFTS.	0.
2	
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  A	mount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3  Form	0 · 990-PF (2017)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,010,873.
b	Average of monthly cash balances	1b	330,074.
C	Fair market value of all other assets	1c	754,379.
d	Total (add lines 1a, b, and c)	1d	5,095,326.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,095,326.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	76,430.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,018,896.
6	Minimum investment return Enter 5% of line 5	6	250,945.
P:	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	250,945.
2a	Tax on investment income for 2017 from Part VI, line 5		
þ	Income tax for 2017. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	250,945.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	250,945.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7_	250,945.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		402 250
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	403,250.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	<del></del>
	Cash distribution test (attach the required schedule)	3b	400 050
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	403,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	403,250.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for	the section
			Form <b>990-PF</b> (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				250,945.
2 Undistributed income, if any, as of the end of 2017				230,343.
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012 264,176.				
b From 2013 55, 206.				
c From 2014				
d From 2015				
e From 2016 272,028.			İ	
f Total of lines 3a through e	591,410.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 403,250.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		_
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				250,945.
e Remaining amount distributed out of corpus	152,305.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	743,715.			
<b>b</b> Prior years' undistributed income. Subtract				<del>-</del>
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		0.		
d Subtract line 6c from line 6b. Taxable		0.•		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract			· · · · · · · · · · · · · · · · · · ·	<del></del>
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		,		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				<del></del>
not applied on line 5 or line 7	264,176.			
9 Excess distributions carryover to 2018.		-		
Subtract lines 7 and 8 from line 6a	479,539.			
10 Analysis of line 9:				
a Excess from 2013 55, 206.				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016 272,028.				
e Excess from 2017 152,305.				<del> </del>

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Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · · · · · · · · · · · · · · · · · ·			/
foundation, and the ruling is effective fo	or 2017, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the found		ng foundation described	<del></del>	4942(j)(3) or4	1942(J)(5)
2 a 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	(é) Total
investment return from Part X for		1			
each year listed					
<b>b</b> 85% of line 2a					1
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				-	
used directly for active conduct of					
exempt activities	l"				
e Qualifying distributions made directly				1	<del> </del>
for active conduct of exempt activities.					
Subtract line 2d from line 2c				-	
3 Complete 3a, b, or c for the	<del></del>		· · · · · //	<del></del>	<del> </del>
alternative test relied upon:					
a "Assets" alternative test - enter:				}	
(1) Value of all assets			<del> //</del>		<del></del>
(2) Value of assets qualifying under section 4942(I)(3)(B)(I)					
b "Endowment" alternative test - enter		,	1		
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					<del>-</del>
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public				<del></del>	<del> </del>
and 5 or more exempt					
organizations as provided in			}		
section 4942(j)(3)(B)(iii)					<del> </del>
(3) Largest amount of support from					
an exempt organization			<del> </del>	- <del></del>	<del> </del>
(4) Gross investment income  Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during			ii tiio rouridatio		ore in assets
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	ho have contributed more	than 2% of the total con	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(d)(2).)			•
THOMAS JONES					
<b>b</b> List any managers of the foundation w			(or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation h	as a 10% or greater intere	Si.			
NONE		·			
2 Information Regarding Contribu					
Check here <b>X</b> If the foundation the foundation makes gifts, grants, etc					uests for funds. If
				<del></del>	
a The name, address, and telephone nur	nder or email address of the	ne person to whom appli	ications should be addre	ssed:	
<b>b</b> The form in which applications should	be submitted and informa	ition and materials they s	should include:		
c Any submission deadlines:					
	<del></del> _		<del></del>		
d Any restrictions or limitations on awar	ds, such as by geographic	aı areas, charıtable fields	s, kinds of institutions, or	other factors:	

38-3<u>656678 Page 11</u> Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC MUSTARD SEED RANCH ASSIST CHILDREN 4725 KUYKENDALL ROAD COOKEVILLE TN 38501 100,000. COOKEVILLE HIGH SCHOOL PUBLIC EDUCATION 1 CAVALIER DRIVE COOKEVILLE, TN 38501 1,200. COOKEVILLE RESCUE MISSION PUBLIC ASSIST HOMELESS 1331 S JEFFERSON AVE COOKEVILLE, TN 38506 66,000. FIRST UNITED METHODIST CHURCH PUBLIC FELLOWSHIP AND 165 E BROAD STREET BUILDING FUND COOKEVILLE, TN 38501 25,000. GRASSROOTS ANGEL HOUSE PUBLIC MISSIONARY SUPPORT PO BOX 106 DEPT E PEWAUKEE WI 53072 5,000, SEE CONTINUATION SHEET(S) Total ➤ 3a 403 250. b Approved for future payment NONE

**▶** 3b

Total

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

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded	1 by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
·	Code		1000		<del></del>
a	-		<del>                                     </del>		
b	1 1		<del> </del>		
C			+ +		
d	l l		+ +		
e	_		-		
g Fees and contracts from government agencies					<del></del>
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash investments			14	14 537	
4 Dividends and interest from securities			14	14,537. 80,334.	
5 Net rental income or (loss) from real estate:			+	00,33±•	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal		<del></del>	<del>                                     </del>		
property					
7 Other investment income	531120	-884,836.			<del></del>
8 Gain or (loss) from sales of assets other	90000	<u> </u>			
than inventory			18	377,170.	
9 Net income or (loss) from special events			1 - 1	<u> </u>	<del></del>
10 Gross profit or (loss) from sales of inventory					
I 1 Other revenue:					
a					
b	1 1				
С	1 1				
d					
e				*	
12 Subtotal. Add columns (b), (d), and (e)		-884,836.		472,041.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
See worksheet in line 13 instructions to verify calculations	5.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purpose	Part XVI-B	-B Relationship of Activitie	s to the Accom	plishment of	Exempt Purpos
---	------------	------------------------------	----------------	--------------	---------------

e No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
_						

Part XVII	Information Regarding T Exempt Organizations	ransfers to a	nd Transactions a	nd Relations	hips With Nonchar	itable	)	<u> 5</u>
1 Did the or	ganization directly or indirectly engage ii	any of the followin	g with any other organization	on described in sec	tion 501(c)		Yes	No
	n section 501(c)(3) organizations) or in							
	from the reporting foundation to a nonc							
(1) Cash			,			1a(1)		Х
(2) Other	assets					1a(2)		X
<b>b</b> Other tran						10(2)		
_	of assets to a noncharitable exempt org	anization				16(1)		х
, ,	nases of assets from a noncharitable exe					1b(2)		X
	al of facilities, equipment, or other assets					1b(3)		X
, -	bursement arrangements					1b(4)	-	X
	s or loan guarantees					1b(5)		X
	rmance of services or membership or fu	ndraising solicitatio	ine			1b(6)		X
• •	f facilities, equipment, mailing lists, othe					10(0)		X
_	wer to any of the above is "Yes," complet	•		ways show the fair	market value of the goods, o		ete	
	s given by the reporting foundation. If th						,	
	I) the value of the goods, other assets, o			o ar arry aramodolio	or onaring arrangomoni, or			
(a) Line no			exempt organization	(d) Descriptio	n of transfers, transactions, and s	haring ar	rangeme	nts
·		N/A		<del>- ' ' - ' - '</del>				
		-17-1-			·			
			-		<del></del>		_	
		•						
		· · · ·						
				1				
					· · · · · · · · · · · · · · · · · · ·			
					***			
							-	
	ndation directly or indirectly affiliated wit 501(c) (other than section 501(c)(3)) o		or more tax-exempt organi	zations described		Yes	x	] No
	omplete the following schedule.							,
	(a) Name of organization		(b) Type of organization		(c) Description of relationsh	ıρ		
•	N/A				<del></del>	•		
								<del></del>
	penalties of perjury, I declare that I have examine lief, it is true, correct, and complete. Declaration				r has any knowledge retur shov	the IRS on with the	prepare See ins	er str
Sigi	nature of officer or trustee		Date	Title		. res	L	J No
	Print/Type preparer's name	Preparer's s		Date	Check If PTIN			
	GARY D LEFTWICH,	' ' ' '		3 44 45	self- employed			
Paid	CPA	GARY D	LEFTWICH,	3-14-18		076	11Ω	
Preparer				CPA'S	Firm's EIN ► 75-30			
Use Only	BA.			U		004	JŦ	
•	Firm's address ▶ P.O. BOX	999			<del> </del>			
	COOKEVIL:		503		Phone no 931-52	6-0	726	
	COOKEVIII					m <b>99</b> 0		2017)

Part IV   Capital Gains and Los	ses for Tax on Investment Income	<u> </u>			
(a) List and	describe the kind(s) of property so ck warehouse, or common stock, 2	old, e g , real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo., day, yr.)
1a AMERICAN CAPITA			D - Donation		
			TC		07/28/17
b AMERICAN WASHING BALCKROCK GLOBA			HS		07/28/17 07/28/17
d BLACKROCK REAL					07/28/17
e AMERICAN AMCAP		2.2/5 SHS			07/28/17
f AMERICAN CAPITA		002 0E4 CHC			07/28/17
g AMERICAN GROWTH					07/28/17 $07/28/17$
			SH		07/28/17
BALCKROCK GLOBA			<u> </u>		07/28/17
	ESTATE SEC 2576		<del></del>		07/28/17
k CAPITAL GAINS I		00.004 BHS			01/20/11
K CAPITAL GAINS I	DI VIDENDS				
<u>m</u>					
<u>n</u>				· · · · · · · · · · · · · · · · · · ·	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		I Gain or (loss) lus (f) minus (g)	I
a 1,700.	· · · · · · · · · · · · · · · · · · ·	1,643.	,,,,,		57.
b 15,941.		11,744.			4,197.
c 1,903.		1,896.			<del>,, -</del> 7.
d 23,227.		21,117.	·- ·		2,110.
e 169,981.		122,484.			47,497.
f 80,078.		76,831.			3,247.
g 99,981.		72,856.			27,125.
h 177,495.		130,765.			46,730.
105,385.		104,946.			439.
333,882.		303,560.			30,322.
k 215,439.		30373000		•	215,439.
1					
m					<del></del>
n					·
0					
Complete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of but n	of col. (h) gain over ot less than "-0-")	col. (k),
a_					57.
b					4,197.
C					<u> </u>
d					2,110.
e					47,497.
<u>f</u>	· -				3,247.
9					27,125.
h					46,730.
<u> </u>					439.
<del></del>		<u> </u>			30,322.
k					215,439.
<u> </u>					
m		1			
<u>n</u>		<del> </del>			
0	16 man mater	or in Part I line 7			
2 Capital gain net income or (net ca	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2		377,170.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) a	and (6):			
If (loss), enter "-0-" in Part I, line 8		Ţ ļ.	3	N/A	
(,, 5 m. art q mo 0	<del>,</del>		<del></del>	TA / 12	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye				
Description	If recipient is an individual,			
Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
ISING ABOVE MINISTRIES		PUBLIC	ASSIST SPECIAL NEEDS	
O BOX 222			FAMILIES	
OOKEVILLE, TN 38503				5,0
IRST BAPTIST CHURCH		PUBLIC	MISSIONARY SUPPORT	
8 S WALNUT AVE		FOBUIC	EDUCATION	
			EDUCATION	5 0/
OOKEVILLE, TN 38501		<u>,                                     </u>		5,00
HE ADVANCE-GCFA		PUBLIC	MISSION WORK	
75 RIVERSIDE DRIVE			-	
EW YORK, NY 10115				10.0
OOKEVILLE PREGNANCY CLINIC		PUBLIC	BUILDING FUND	
94 S WILLOW AVE #3		TOBBIC	BOILDING TOND	
OOKEVILLE, TN 38501				65.0
COKEVINDE, IN 38301				03,0
INTERNATIONAL JUSTICE MISSION		PUBLIC	ASSIST ABUSED	
PO BOX 58147				
ASHINGTON, DC 20037				50,0
RICE & BEANS MINISTRIES		PUBLIC	ASSIST FAMILIES	
258 OVETT MOSELLE ROAD				
CLISVILLE MS 39437				15.0
T JUDE CHILDREN'S RESEARCH HOSPITAL		PUBLIC	CANCER RESEARCH FOR	
01 ST JUDE PLACE		İ	CHILDREN	15.04
EMPHIS, TN 38105-1942		<del> </del>		15,0
AMPUS CRUSADE FOR CHRIST		PUBLIC	MISSION WORK	
O BOX 628222				
RLANDO, FL 32832-8222				4,30
OCTORS WITHOUT BORDERS		PUBLIC	ASSIST THE SICK	
0 RECTOR ST 16TH FLOOR				
IEW YORK, NY 10006				10.00
EEN CHALLENGE OF THE UPPER		PUBLIC	ASSIST WOMEN WITH	
UMBERLAND 00 FREEDOM LN			ADDICTION	
IVINGSTON TN 38570				6.00
Total from continuation sheets				206.0

38-3656678

SEME FOUNDATION INC

Part XV | Supplementary Information

Grants and Contributions Paid During the Year (Continuation) Recipient I recipient an individual, show any relationship to a status of recipient and younglation manager or substantial contributor  Young LIFE 240 JAMESTOWN ROAD COOKEVILLE, TN 38501  HABITAT FOR HUMANITY PUBLIC PROVIDE HOUS COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	
YOUNG LIFE 240 JAMESTOWN ROAD COOKEVILLE, TN 38501  HABITAT FOR HUMANITY 728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	
YOUNG LIFE 240 JAMESTOWN ROAD COOKEVILLE, TN 38501  HABITAT FOR HUMANITY 728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	grant or Amount
YOUNG LIFE 240 JAMESTOWN ROAD COOKEVILLE, TN 38501  HABITAT FOR HUMANITY 728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	Julion
240 JAMESTOWN ROAD  COOKEVILLE, TN 38501  HABITAT FOR HUMANITY  728 E 15TH ST  COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY  601 WOODLAND ST  NASHVILLE, TN 37206	
240 JAMESTOWN ROAD  COOKEVILLE, TN 38501  HABITAT FOR HUMANITY  728 E 15TH ST  COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY  601 WOODLAND ST  NASHVILLE, TN 37206	
COOKEVILLE, TN 38501  HABITAT FOR HUMANITY 728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	
HABITAT FOR HUMANITY 728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206	
728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206  PUBLIC ASSIST ABUSE	15,500
728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206  PUBLIC ASSIST ABUSE	
728 E 15TH ST COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206  PUBLIC ASSIST ABUSE	ING
COOKEVILLE, TN 38501  CASA DAVIDSON COUNTY 601 WOODLAND ST NASHVILLE, TN 37206  PUBLIC ASSIST ABUSE	
001 WOODLAND ST NASHVILLE, TN 37206	250
601 WOODLAND ST NASHVILLE, TN 37206	
001 WOODLAND ST NASHVILLE, TN 37206	
NASHVILLE, TN 37206	D
	F 000
	5,000
Total from continuation sheets	

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

SEME FOUNDATION INC	38-3656678
Organization type (check one).	
Filers of: Section:	
Form 990 or 990-EZ 501(c)( ) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
Form 990-PF	
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 <b>General Rule</b> or a <b>Special Rule</b> .  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le. See instructions.
General Rule	
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's	
Special Rules	
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount or (ii) Form 990-EZ, line 1. Complete Parts I and II.	or 16b, and that received from
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educative 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 a year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled mous checked, enter here the total contributions that were received during the year for an exclusively religious, purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it religious, charitable, etc., contributions totaling \$5,000 or more during the year.	ore than \$1,000 If this box charitable, etc.
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fobut 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 Focertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

### SEME FOUNDATION INC

38-3656678

<del></del>	TOURDITTON THE		3030070
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS H JONES  455 SECURITY PLACE  ALGOOD, TN 38506	\$ 800,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

#### SEME FOUNDATION INC

38-3656678

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1		\ \$	
(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
3453 11-01-		\$	990, 990-EZ, or 990-PF) (

Name of org	ganization		Employer identification number
CEME I	FOUNDATION INC		20 2656670
Part III	Exclusively religious, charitable, etc., controls the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	olumns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	38-3656678  d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year (Enter this info once)  \$\Bigsir \bigsir \bi
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		1	
-		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar		Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR <i>i</i>	ARY CASH	INVESTMENTS	STAT	TEMENT	1
SOURCE		RE'	(A) VENUE BOOKS		(B) INVESTMENT INCOME		(C) DJUSTED F INCOM	€
NOTE RECEIVABLE			14,5	37.	14,537.			
TOTAL TO PART I, LI	NE 3		14,53	37.	14,537.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SEC	URITIES	STAI	TEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	(A) REVENUE PER BOOK			(C) ADJUSTI NET INCO	
COMMONWEALTH FINANCIAL GRIFFIN-AMER HEALTHCARE REIT	270,513.	215,	439.	55,07	4. 55,0	74.		
III	25,260.		0.	25,26	0. 25,2	60.		
TO PART I, LINE 4	295,773.	215,	439.	80,33	80,3	34.		
FORM 990-PF		OTHER	INCO	ME		STAI	PEMENT	3
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTEI ET INCOM	
K1 CV LHF LLC K1 HICKORY HOLLOW L	LC	•	· <del>-</del>	-76,817. -808,019.				
TOTAL TO FORM 990-P	F, PART I, 1	LINE 11		-884,836.	-884,83			

TOTAL TO FORM 990-PF, PART II, LINE 13

FORM 990-PF	LI	EGAL	FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSI PER BOO		(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
LEGAL EXPENSE	2,	349.		0.	<del></del>		0.
TO FM 990-PF, PG 1, LN 16A	2,	349.		0.			0.
FORM 990-PF	OTHER	INV	ESTMENTS			STATEMENT	5
DESCRIPTION			LUATION ETHOD	вос	K VALUE	FAIR MARKE VALUE	eT
AMCAP FD 10060.283 SHS AMERICAN CAPITAL WORLD GROWT	III C		COST COST		221,845.	316,7	798.
INCOME FD 4484.468 SHS AMERICAN DEVELOPING WORLD GR			COST		168,491.	229,2	201.
INC FD 25995.848 SHS AMERICAN EUROPACIFIC GROWTH			COST		292,026.	292,7	713.
3995.788 SHS AMERICAN GROWTH FD OF AMERIC			COST		164,211.	224,6	543.
5419.211 SHS AMERICAN INVESTMENT CO OF AM			COST		198,300.	268,4	168.
5326.632 SHS AMERICAN MUTUAL FD 2005.904	SHS		COST		174,158. 57,497.	215,1 81,8	
AMERICAN NEW PERSPECTIVE FD 3981.454 SHS AMERICAN NEW WORLD FD 4206.8	82 SHS		COST		110,502. 225,206.	171,8 281,5	
BLACKROCK EMERGING MKTS DIVI 8740.106 SHS	DEND FD		COST		81,017.	88,6	
BLACKROCK EMERGING MKT FD 25 SHS			COST		51,237.	58,6	02.
BLACKROCK INTL DIVIDEND 1246 SHS BLACKROCK HEALTH SCIENCES OP			COST COST		41,582.	36,3	31.
11311.592 SHS BLACKROCK NATURAL RESOURCES			COST		418,631.	606,7	54.
7717.088 SHS BLACKROCK LATIN AMERICA FD 1			COST		331,401.	240,6	96.
SHS BLACKROCK HIGH EQUITY INCOME	: FD		COST		109,225.	82,8	
5835.432 SHS GRIFFIN AMERICAN HEALTHCARE	REIT		COST		162,563.	138,4	
III INTEREST IN LLC			COST		431,082. 744,982.	404,4 744,9	

3,983,956. 4,483,810.

FORM 990-PF	OTHER LIABILITIES		STATEMENT	6
DESCRIPTION	I	BOY AMOUNT	EOY AMOUNT	
CAPITAL CALL PAYABLE		0.	29,6	27.
TOTAL TO FORM 990-PF, PART I	I, LINE 22	0.	29,6	27.
	F SUBSTANTIAL CONTRIBUTO PART VII-A, LINE 10	ORS	STATEMENT	7
NAME OF CONTRIBUTOR	ADDRESS			
THOMAS H JONES	455 SECURITY PLA			

# FORM 990-PF

# **Tax Return Carryovers to 2018**

Disallowing	E FOUNDATION INC	Originating	ID Entitud	Number:	
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			479,539
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