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Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. T23701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions. 32 0. 33 1,000. 34 0. Form 990-T (2017)				ct line 29				<u>0.</u>		
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. 14 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. 15 1,000. 16 2 34 0. 17 23701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions. 18 2 723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.	•		•			'EMENT 6				
Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 Taylor 101-22-18 LHA For Paperwork Reduction Act Notice, see instructions. Taylor 101-22-18 LHA For Paperwork Reduction Act Notice, see instructions. Taylor 101-22-18 LHA For Paperwork Reduction Act Notice, see instructions.					30					
line 32 34 0. 723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2017)				•	than line 20 11 -	nallar of marini	33	1,000.		
		taxable	Income. Subtract line 33 from line 32. If line 33 is	greater	man line 32, enter the sn	namer of zero or	34			
3	723701 01-22-18 LHA F	or Pape	rwork Reduction Act Notice, see instructions.				_	• •		
							3			

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	77 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,*
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		1
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		_X
	If YES, see instructions for other forms the organization may have to file.		11.
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	13 22	. ,

May the IRS discuss this return with the preparer shown below less Signature of officer instructions)? X Yes PTIN Print/Type preparer's name Preparer's signature J Douglas Cates 2018.08 30 07:46:34 ıf Check self- employed

Paid J. DOUGLASS CATES Preparer Firm's name ► CHERRY BEKAERT LLP **Use Only** 1029 GREENE STREET

GA 30901

Firm's address > AUGUSTA,

P00293362 Firm's EIN 56-0574444

Phone no. 706-724-3557

Form 990-T (2017)

Sign

Here

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year			6	
2 Purchases	2	2 7 Cost of goods sold. Subtract				ine 6		
3 Cost of labor	3		_	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs	1 1		1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No	
Other costs (attach schedule)	4b			property produced or a	I for resale) apply to		- A.	
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connecte id 2(b) (at	id with the income in tach schedule)
(1)					_			
(2)			·			<u> </u>		
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from or allocable to debt-	(2)	3. Deductions directly cont to debt-finance	ed prope	rty
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			+			······	+-	
(2)							1	
(3)							\top	
(4)							\top	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))
(1)	 		 					
(2)			1	%			1-	
(3)			\top	%				
(4)			1	%			†	
	<u> </u>			, , , , , , , , , , , , , , , , , , ,		inter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, art I, line 7, column (B)
Totals				.		0	1	0.
Total dividends-received deductions	ncluded in columi	ı 8	•					0.

Schedule F - Interest, A	munies, Roya			ontrolled O			nons	(see ins	tructions	s)
Name of controlled organization		mployer	3 Net unrelated income (loss) (see instructions) 4. Total paym		5. Part of column 4 included in the control or ganization's gross in		rolling connected with income			
(1)										
(2)										
_(3)							L			
(4)										
Nonexempt Controlled Organiz	zations				_	- -				<u> </u>
7. Taxable Income	8. Net um elated inco (see instructio		9. Total o	f specified payr made	nents	10. Part of column the controllingross		ization's		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, a		1,Partl,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals	 _				<u>▶</u>			0.		<u>0</u> .
Schedule G - Investme		Section 50)1(č)(7)	, (9), or (17) Org	anization				
(see instr	uctions)			2. Amount of	ıncome	3. Deductio		4. Set-	asides	5. Total deductions and set-asides
41						(attach sched	lule)	(attach s	cuednie)	(col 3 plus col 4)
(1)										
(2)										
(3)										
(4)						 				
Totals				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru		y Income, (Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connormal with production of unrelated business income.	ected tion ed	4. Net incomfrom unrelated business (cominus colum gain, computitivough	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that led	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								,		
(2)										1
(3)							$\neg \neg$			
(4)		†	-							
Totals -	Enter here and on page 1, Part I, line 10, col (A)	Enter here as page 1, Pa line 10, col	rt I,		<u></u>					Enter here and on page 1, Part II, line 26
Schedule J - Advertising									·········	<u> </u>
Part I Income From I			Cons	olidated	Basis					
1. Name of periodical	2 Gross advertising income		Owect ing costs			5. Circulat		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				1						
(3)		 -		┪					+	
(4)		+-		┪						
V.1				 	· <u>-</u>	 				
Totals (carry to Part II, line (5))	<u> </u>	0.	0							0. Form 990-T (2017)

GARY FOUNDATION Form 990-T (2017) C/O JUDITH M. GARY

Total. Enter here and on page 1, Part II, line 14

Part II Income From Perio	dicals Poport	od on o Con-			<u> 58-60</u>	<u>34032</u>	Page
Part II Income From Perio columns 2 through 7 on a	a line-by-line basis	eu on a Sepa)	rate Basis (For eac	ch periodical liste	ed in Part II,	fill in	
1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5. Circulation income	6. Read		7. Excess reader ship costs (column 6 minus column 5, but not more than column 4)
(1)					1		
(2)					 		
(3)					+		
(4)					 		
Totals from Part I	0.	0.			 		0.
	Enter here and on page 1, Part I line 11, col. (A)	Enter here and on page 1, Part I, line 11 col (B)	<u>-</u>				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.	.			İ	•
Schedule K - Compensation	of Officers, I	Directors, and	Trustees (see ins	structions)			0.
1. Name			2. Title	3. Perce time devo busine	ted to		sation attributable ated business
(1)					%		
(2)					%	-	· · · · · · · · · · · · · · · · · · ·
(3)	<u>-</u>				%		
(4)					%		<u> </u>
				T .	7/ol		

Form 990-T (2017)

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FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
04/30/11	10,361.	0.	10,361.	10,361.
04/30/12	8,029.	0.	8,029.	8,029.
04/30/13	157.	0.	157.	157.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	18,547.	18,547.