

Department of the Treasury

Peturn 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.

For	caler	fdar year 2017 or tax year beginning JUL	1, 2017	, and ending	JUN 30, 2018	Open to Fubic inspection
Na	ime of	foundation			A Employer identification	
		<u>nard H & Cynthia E Beck</u>			20-1824581	
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	0.60
		0 Embler Road			(336)249-6	
		own, state or province, country, and ZIP or foreign p ington, NC 27292	ostai code		C If exemption application is p	ending, check here
-		all that apply: Initial return	Initial return of a fe	ormer public charity	D 1 Foreign organizations	chack hare
•	011001	Final return	Amended return	ornier public charity	i i i oreign organizations	s, check here
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H	Check	type of organization: X Section 501(c)(3) ex		04) E If private foundation sta	
	Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
1 F	air ma	· I ——	ng method: 🛛 🛣 Cash	Accrual Accrual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)	
	<u>►\$</u>	16,359. (Part I, colun		(S.)		1 (1)
P	art I	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	(d) Disbursements for charitable purposes
_	Τ΄.		20,000.	income .	 	(cash basis only)
	1 2	Contributions, gifts, grants, etc., received Check froundation is not required to attach Sch. B	20,000.	*	N/A	, , ,
	3	Interest on savings and temporary cash investments	*			, ,
	4	Dividends and interest from securities				* * *
) 🕮	5a	Gross rents				* **
20%	Ь	Net rental income or (loss)		. ;		` ,
G∂a	, 6a	Net gain or (loss) from sale of assets not on line 10				1 1 6
લ્ય	<u>}</u> Ь	Gross sales price for all assets on line 6a	, ,	4 '	, ,	
	7	Capital gain net income (from Part IV line 2) RECE	IVED	0.	<u> </u>	**
Ö		Net short-term capital gain				* * * * * *
(9	Income modifications Gross sales less returns and allowances	2018 0	· · · · · · · · · · · · · · · · · · ·	4, 4	
	10a		88	* 4	3 ,	***
SCANNED	1	Gross profit or (loss)				*
	11	Other income			 	* **
Š	12	Total Add lines 1 through 11	20,000.	0.		
0	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
u	15	Pension plans, employee benefits				
Administrative Fynansas	16a	Legal fees			ļ	
٥	b	Accounting fees Stmt 1	375.	0.		0.
Ú) _ C	Other professional fees			 	
ti.	17	Interest Taxes				
<u> </u>	18	Depreciation and depletion				
2	20	Occupancy				
4	21	Travel, conferences, and meetings				
Ş	22	Printing and publications				
Š	23	Other expenses				
1	24	Total operating and administrative	_			
Onerating and	3	expenses. Add lines 13 through 23	375.	0.		0.
	25	Contributions, gifts, grants paid	14,850.	<u> </u>		14,850.
	26	Total expenses and disbursements	15 225	_		14 050
	07	Add lines 24 and 25 Subtract line 26 from line 12:	15,225.	0.		14,850.
		Subtract line 2b from line 12:	4,775.		-	
		Net investment income (if negative, enter -0-)	=,,,,,,,	0.	 	
		Adjusted net income (if negative, enter -0-)			N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

orm 990-PF (2017) Leonard H & Cynthia E	Beck Foundatio Beginning of year	<u>20 – 1824581</u> Pag End of year			
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 Cash - non-interest-bearing	11,584.	16,359.	16,359.		
2 Savings and temporary cash investments					
3 Accounts receivable ►	* ' '	4	s. ' ₍		
Less: allowance for doubtful accounts					
4 Pledges receivable ►			, «, , , , , , , , , , , , , , , , , ,		
Less: allowance for doubtful accounts ▶					
5 Grants receivable					

Part IV Capital Gains and Lo	osses for Tax on l	nvestmen	t Income	ICIO	<u>n</u>		0-182	458I	Page
(a) List and describe the kind(s) of property sold (for example, real estate,		(b) How acquired P - Purchase D - Donation		(c) Date acquired		(d) Da	d) Date sold		
2-story brick warehouse; or common stock, 200 shs. MLC Co.)			D-1	Donation	(mo., d	lay, yr.)	(mó., d	ay, yr.)	
1017	····		.	-					
b NONE	<u></u>	·	-,	-					
<u>c</u>	·	····		ļ					
e	·								_
(e) Gross sales price (f)	Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (g))	
a									
b									
C									
d									
Complete only for assets showing gain in	column (h) and owned by	the foundation	n n 12/31/69			Caine (C	Col. (h) gain i	minuo	
	(j) Adjusted basis		cess of col. (1)			(k), but r	not leśs than	-0-) or	
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any		_	Losses	(from col. (f	1))	
a									
b		-							
c d									
·	∫ If gain, also ente		-	_					
or optional use by domestic private foundat section 4940(d)(2) applies, leave this part b as the foundation liable for the section 4942 Yes," the foundation doesn't qualify under s	lank. 2 tax on the distributable an section 4940(e). Do not cor	nount of any yo	ear in the base per t	riod?				Yes	X
Enter the appropriate amount in each colu	mn for each year; see the i	nstructions be	fore makıng any e	ntries.			·		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dis		Net value of no	(c) encharita	ble-use assets		Dıstrıbı (col. (b) dıvı		
2016		5,470.			12,003				8884
2015		3,030.			11,137				6788
2014 2013		2,965. 2,380.			13,592 18,722				<u>8959</u> 9538
2012		4,115.			16,045				0296
				•					
Total of line 1, column (d)						2		7.7	446 6
Average distribution ratio for the 5-year ba	•	on line 2 by 5.	O, or by the numb	er of yea	rs				
the foundation has been in existence if less	s than 5 years					3		1.5	4893
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5					4		18	, 351	
5 Multiply line 4 by line 3					5		28	,424	
6 Enter 1% of net investment income (1% of Part I, line 27b)				6	•		(
Add lines 5 and 6						7		28	,424
Enter qualifying distributions from Part XII	, line 4					8			,850
If line 8 is equal to or greater than line 7, cl See the Part VI instructions.	•	tb, and comp	olete that part usin	ıg a 1% 1	ax rate.			_	. <u>+. ;2. 7</u>
23521 01-03-18							Fo	orm 990 -	PF (20

	Form 990-PF (2017) Leonard H & Cynthia E Beck Foundation	(0) 0" 40	140			
	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	(e), or 48	748 -	see mstru	ictionsj	_
	1a Exempt operating foundations described in section 4940(d)(2), check here land enter "N/A" on line 1.)	l			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		ļ	•	, `	
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	}	1		0	<u>-</u>
	of Part I, line 27b		İ			
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	J	·	·	*	
I.	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2		0	,
ı	3 Add lines 1 and 2	F	3		0	
	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	Ī	4		0	
ı	5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5		0	_
	6 Credits/Payments:	-	-			•
		0.	İ		*	
	a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a	0.		-		
ı	b Exempt foreign organizations - tax withheld at source		1		•	\$
	c Tax paid with application for extension of time to file (Form 8868)	0.		* *	;	4
I	d Backup withholding erroneously withheld 6d 6d	0.		**		
ļ.	7 Total credits and payments. Add lines 6a through 6d	Ĺ	_7		0	
	8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8		0	<u>.</u>
1	9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [9		0	<u>.</u>
	Manager summers all filters. 7 in more than the total of lines E and O soften the amount account of	▶ [40			_
<u></u>	3					
	-					
(
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	ALAR I W					

omissorr(2017) Leonard H & Cynthia E Be			<u> 20-18245</u>	8T _	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4/20 May Be F	Required (continu	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			es 🗶 No		;
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				*
any voter registration drive?			es 🗶 No 🖹		
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				45
4945(d)(4)(A)? See instructions		Ye	s X No	1 22	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or t	for			^ ^
the prevention of cruelty to children or animals?		Ye	es 🗶 No	ľ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın 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 l	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined		\ \	1
expenditure responsibility for the grant?	N	I/A 🔲 Ye	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		,	î	
a personal benefit contract?		☐ Ye	es X No		1.01
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.			-	1	-
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Ye	s X No		<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust		nagers, Highly		<u>· · ·</u>	
Paid Employees, and Contractors	,	, ,			
List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp account	ense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account	, otner inces
Leonard H. Beck		<u> </u>			
1110 Embler Road	1				
Lexington, NC 27292	0.00	0.	0.		0.
Cynthia E. Beck		<u> </u>			
1110 Embler Road	-				
Lexington, NC 27292	0.00	0.	0.		0.
301111-30011/ 1/0 2/2/2				† <u>-</u>	
	-				
	-				
	1				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none.	enter "NONE."		·	
	(b) Title, and average		(d) Contributions to	(e) Exp	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other
NONE	dovoted to position		compensation	diova	
NONE					
		 		 	
	1				
				 	
	1				
	 -	 		 	
	-				
	<u> </u>	L	L	<u> </u>	
Total number of other employees paid over \$50,000			<u>_</u>	000 55	0
			Form	990-PF	(2017)

Form 990-PF (2017) Leonard H & Cynthia E Beck Found Part VIII Information About Officers, Directors, Trustees, Founda		824581 Page 7
Paid Employees, and Contractors (continued)	"NONE "	
3 Five highest-paid independent contractors for professional services. If none, enter (a) Name and address of each person paid more than \$50,000		(c) Compensation
	(b) Type of service	(C) Compensation
NONE	_	
	_	
	_	
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 statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the content of the conference o	tical information such as the	Expenses
27/2	10000, 010.	
1N/A		
2		
3		
<u> </u>		
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.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
		0
Total Add lines 1 through 3	▶ i	U

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

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				918.
2 Undistributed income, if any, as of the end of 2017	, , ,	1 V	* * * .	910.
a Enter amount for 2016 only	" > •		0.	, ,
b Total for prior years:			X 4 A4	
	*	0	,	
3 Excess distributions carryover, if any, to 2017:			,	,
a From 2012 23,313.	, ,	*	* *	
b From 2013 21, 444.		•	* *	,
c From 2014 22, 285. d From 2015 22, 473.	, , ,	,	\$ 1	
d From 2015 22,473. e From 2016 14,870.	^ .		, , ,	, ,
f Total of lines 3a through e	104,385.	*** }		· ;
4 Qualifying distributions for 2017 from	104,365.	A1		*
Part XII, line 4: ►\$ 14,850.			1	
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior	\$ ^ K. #	*	0.	* * *
years (Election required - see instructions)	, , , , , , , , , , , , , , , , , , ,	0.	, ,,,	
c Treated as distributions out of corpus			1 1 1	, , , ,
(Election required - see instructions)	0.		* *	**
d Applied to 2017 distributable amount			: 4	918.
e Remaining amount distributed out of corpus	13,932.	* * * *) 10 °
5 Excess distributions carryover applied to 2017	0.	, , , , , ,		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	5 ž · 2	4 (2		
6 Enter the net total of each column as indicated below;			*****	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	118,317.		`	
b Prior years' undistributed income. Subtract			* 3, ,2	7
line 4b from line 2b	* * * * * * * * * * * * * * * * * * * *	0.	* * * *	
c Enter the amount of prior years' undistributed income for which a notice of			4	
deficiency has been issued, or on which	* * * * * * * * * * * * * * * * * * * *			<u>;</u>
the section 4942(a) tax has been previously assessed		•		
d Subtract line 6c from line 6b. Taxable		0.		* / / /
amount - see instructions	4	0	*	`
e Undistributed income for 2016. Subtract line	* :	0.	,	* ************************************
4a from line 2a. Taxable amount - see instr.		* **	0.	¢
f Undistributed income for 2017. Subtract	620000 00 C		U •	
lines 4d and 5 from line 1. This amount must	*	•		
be distributed in 2018			, · • _{**}	0.
7 Amounts treated as distributions out of		- 0 0	,	· · · · · · · · · · · · · · · · · · ·
corpus to satisfy requirements imposed by			,	
section 170(b)(1)(F) or 4942(g)(3) (Election		-		,
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				:
not applied on line 5 or line 7	23,313.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	95,004.			
10 Analysis of line 9:				
a Excess from 2013 21,444.				•
b Excess from 2014 22, 285.				
c Excess from 2015 22,473.				•
d Excess from 2016 14,870. e Excess from 2017 13,932.				1
6 LAGESS HUIII 2017 13, 334.	- 0.000 0			

Form 990-PF (2017) Leonar Part XIV Private Operating	d H & Cynthi	a E Beck Fo	oundation		324581 Page 10
_ 				N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective to		=	.n	14040(3)(2) 22 1	0.40(.)(E)
b Check box to indicate whether the four		ng roundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(a) 2017	(10) 2010	(6) 2015	(u) 2014	(e) 10tair
investment return from Part X for					
each year listed					/
b 85% of line 2a			ļ	 	./
c Qualifying distributions from Part XII,					
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			<u> </u>		<u></u>
e Qualifying distributions made directly					
for active conduct of exempt activities.	.				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets					
` '				1	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		/	- 		
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
		 			
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, 					
dividends, rents, payments on					
securities loans (section		1			
512(a)(5)), or royalties)					<u></u>
(2) Support from general public			18		
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)			<u> </u>		<u></u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundati	ion Managers:				
a List any managers of the foundation w		than 2% of the total con	tributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed			and another tool to de by and	, roundation poloto the of	, oo o. any 222.
None					
b List any managers of the foundation w	the own 10% or more of th	e stock of a cornoration	(or an equally large ports	on of the ownership of a	nartnershin or
other entity) of which the foundation h			(or all equally large port	on of the ownership of a	Januaranip or
None	•				
		Oshalasahin at B			
2 Information Regarding Contribu					
Check here \(\big \big \big \big \big \) if the foundation the foundation makes gifts, grants, etc					uests for funds. If
					
a The name, address, and telephone nu	mper or email address of th	ne person to whom appl	ications should be addres	ssed:	
					
b The form in which applications should	be submitted and informa	tion and materials they s	should include:		
Any submission deadliness					
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds such as by geographic	al areas, charitable fields	kinds of institutions or	other factors:	
a rais resultations of miniations of awai	ao, ouon ao ay goograpiilo	ar aroas, enamable licius	, and or moudations, th	ouror idolors,	

Part XV Supplementary Information	Cynthia E Beck	Foundation	1 20-1824	1581 Page 11
3 Grants and Contributions Paid During the		Doum and		
• Recipient	If recipient is an individual.			-
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Toopion	 	
a rais during the year				
See attached schedule			Current Budget	14 050
				14,850.
				
				
				·
Total	_ 	<u> </u>	▶ 3a	14.850.
b Approved for future payment				
Mama				
None				
				<u> </u>
			1	•
	<u> </u>			
Total			26	٥

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	COUC		Code		
a			├─┈		<u> </u>
	}		 		
<u> </u>			┼		
d			 	<u> </u>	<u> </u>
e			<u> </u>		
†	ļ		-		<u> </u>
g Fees and contracts from government agencies	ļi		 		ļ
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			<u> </u>		
4 Dividends and interest from securities				<u>-</u>	
5 Net rental income or (loss) from real estate:	, ;		*	i i	44 M. 4
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	l i				
9 Net income or (loss) from special events	-				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	ļ				
			 		· · · · · · ·
	 	· · · · · · · · · · · · · · · · · · ·	†		
c	-	_ 	 		
d	 		 		
e		0.		0.	0
12 Subtotal. Add columns (b), (d), and (e)			<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)				13 _	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	kemp	t Purposes	
11- No. Company halous have subject to the form halous h					
Line No Explain below how each activity for which incore the foundation's exempt purposes (other than be			A CONTI	outed importantly to the accol	mplishment of
the foundation's exempt purposes (other than t	by providing in	ilus ioi sucii purposes).			
					
					
				_ 	
					
					
					
					
				·	
					

Form **990-PF** (2017)

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.

Employer identification number

I	eonard H & Cynthia E Beck Foundation	20-1824581
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(General Rule X For an organization	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule on filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	g \$5,000 or more (in money or
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a stor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amo IZ, line 1 Complete Parts I and II	a, or 16b, and that received from
year, total contril	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outlons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu for cruelty to children or animals. Complete Parts I, II, and III.	· · · · · · · · · · · · · · · · · · ·
year, contributioi is checked, ente purpose Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled report the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc.,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its lit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
111A For Department De	duration Ant Notice and the superior for Form 200 000 FT 200 PF Orbidal	D. (F. 200 200 FT. 200 DE) (2017)

				990-PF)	

Page 2

Name of organization

Employer identification number

Leonard H & Cynthia E Beck Foundation

20-1824581

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Leonard Beck 1110 Embler Road Lexington, NC 27292	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli 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.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Leonard H & Cynthia E Beck Foundation

20-1824581

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b) Description of πoncash 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
		\$	

Employer identification number

art III	d H & Cynthia E Beck For Exclusively religious, charitable, etc., contribute year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described plumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 ving line entry. For organizations less for the year (Enter this info once) \$\$\$\$\$\$\$\$\$		
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gift	sfer of gift Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gift d ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	1		