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

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OMB No 1545-0052

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Statute Cleared SEP - 3 2021

Department of the Treasury Internal Revenue Service

Open to Public Inspection

7	For ca	lendar year 2017 or tax year beginning	7/01 , 2017		<u>30 , 2018 </u>	
3	אוזממ	IT CHARITABLE FOUNDATION		•		mber
5		SOUTH SYCAMORE STREET		E	626363392 Telephone number (see insi	tructions)
,		ABETHTON, TN 37643		"	423-543-0584	a deliona)
נו		IDDINION, IN 37043		-		
<u>ر</u>				(If exemption application is	pending, check here
	G Ch	eck all that apply Initial return	Initial return of a forr	ner public charity	1 Foreign organizations, cher	ok horo
		Final return	Amended return		roreign organizations, thet	ck liefe
	S	Address change	Name change		2 Foreign organizations meet	
	Ch Ch		(c)(3) exempt private f	oundation NI	here and attach computation	on • []
		Section 4947(a)(1) nonexempt charitable t	rust Other taxable	orivate foundation	If private foundation status	s was terminated
	n Fau		ounting method X C		under section 507(b)(1)(A)	
	N ISec		Other (specify)		If the foundation is in a CO	. mandh daran adan
	ېر ک	·	column (d) must be or		If the foundation is in a 60 under section 507(b)(1)(B)	
Ì	n Part	Analysis of Revenue and			1	
ř	7	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable
•	<u>ر</u>	columns (b), (c), and (d) may not neces-	,			purposes
		sarıly equal the amounts ın column (a) (see instructions)				(cash basis only)
-		1 Contributions, gifts, grants, etc., received (attach schedule)	44,000.			1
1		2 Check ► I if the foundation is not required to attach Sch. B	11/000.			
クノ	•					
		3 Interest on savings and temporary cash investments	4,137.	4,137	. 4,137.	
Ψ		4 Dividends and interest from securities			 	
1		5 a Gross rents b Net_rental income				
	_	or (loss)				
	R	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all				
	E V	assets on line 6a				
	E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital @TATUTE UNIT				
	Ü	9 Income modifications RECEIVED				
	Ě	10 a Gross sales less returns and	\		······································	<u></u>
)			
		b Less Cost of goods sold				
						-
-		c Gross profit or (loss) (attach, schedule) BRANCH				
S)	OGDEN				
``		12 Total. Add lines 1 through 11	48,137.	4,137	. 4,137.	
SCANNED		13 Compensation of officers, directors, trustees, etc .	120,050.			120,050.
Í		14 Other employee salaries and wages				
Ü		15 Pension plans, employee benefits				
	A	16a Legal fees (attach schedule)			<u> </u>	
	M M	b Accounting fees (attach sch)				
:0		c Other professional fees (attach sch).		RECE	EIVED	
2	PS	17 Interest				
}=	ETR	18 Taxes (attach schedule(Xsee instrs)		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	S	
13	A Ä	19 Depreciation (attach schedule) and depletion		AUG 2	6 2021	
2022	1 1	20 Occupancy			<u> </u>	'
, V	N V	21 Travel, conferences, and meetings	1,269.	OGDE		1,269.
	A E	22 Printing and publications.				
	A E X D P	23 Other expenses (attach schedule)				
	E N	See Statement 1	4,462.			4,462.
	E N S E	24 Total operating and administrative	105 501			105 301
	Š	expenses Add lines 13 through 23 25 Contributions, gifts, grants paid Part XV	125,781.			125,781.
		1 = 0	65,497.			65,497.
		26 Total expenses and disbursements Add lines 24 and 25	191,278.	0	. 0.	191,278.
•		27 Subtract line 26 from line 12:	171,210.		- 	101,210.
		a Excess of revenue over expenses		•		
		and disbursements	-143,141.	<u> </u>		
		b Net Investment income (if negative, enter -0-)		4,137		
		C Adjusted net income (if negative, enter -0-)		!	4.137.	1

Pai	t III∎	Balance Sheets column should be for end-of-year amounts only (See instructions)	(a) Book Value		(c) For Market Value
	1 1			(b) Book Value	(c) Fair Market Value
	1 .	Savings and temporary cash investments	266, 296.	38,05	
	1	Accounts receivable	277,379.	362,37	9.
	3	Less allowance for doubtful accounts			
	1	Pledges receivable			
	~	Less allowance for doubtful accounts	<u> </u>		
	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 sch)			
A		Less allowance for doubtful accounts ▶	J.	·	
S	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			
Ś	10 8	a Investments — U S and state government obligations (attach schedule)			
	1	h Investments — corporate stock (attach schedule)	· · · · · · · · · · · · · · · · · · ·	· · · · ·	
	(c Investments — corporate bonds (attach schedule)			
	11	Investments - land, buildings, and			
		equipment basis			
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans.			
		Investments — other (attach schedule)			
	14		<u></u> ,		
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe Total assets (to be completed by all filers —)			
	"	see the instructions Also, see page 1, item I).	543,675.	400,43	4. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ŀ	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
Å	18	Grants payable			
A B	19	Deferred revenue			
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ţ	21	Mortgages and other notes payable (attach schedule)			
i	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.		0.
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.		-	
N F	24	Unrestricted	543,675.	400,43	4.
E U	25	Temporarily restricted			
ΔD	26	Permanently restricted			
A B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see instructions)	543,675.	400,43	4.
0	30	Total liabilities and net assets/fund balances (see instructions)	543,675.	400,43	Δ
Par	+11111	Analysis of Changes in Net Assets or Fund Balance		400,43	*•1
		I net assets or fund balances at beginning of year — Part II, colu		roo with	
1	end-	of-year figure reported on prior year's return).	· · · · · · · · · · · · · · · · · · ·		1 543,675.
2	Ente	r amount from Part I, line 27a			2 -143,141.
3		increases not included in line 2 (itemize)			3
4		lines 1, 2, and 3	_	⊢	4 400,534.
5		ases not included in line 2 (itemize) See Statement			5 100.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), lir	ne 30	6 400,434.

(a) List and describe	e the kind(s) of property sold (for example thouse, or common stock, 200 shares	le, real estate, (b) Ho	w acquired Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A			Donation		
b				 - -	 -
c					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or ((e) plus (f) m	
а					
b					
С					
e					
	wing gain in column (h) and owned b	<u> </u>	ᆈ ᢩ	(I) Gains (Col	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		jain minus col (k), b an -0-) or Losses (fr	
<u>a</u>	 				
b	 				
<u>c</u>	 				
d					
e					
2 Capital gain net income or (n	If (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain of	r (loss) as defined in sections 1222(5)) and (6) 	1	1	
If gain, also enter in Part I, li in Part I, line 8	ne 8, column (c) See instructions If	(loss), enter -0-	3		
Part Var Qualification Unde	er Section 4940(e) for Reduced	d Tax on Net Investment I	ncome		
If 'Yes,' the foundation doesn't qua	ection 4942 tax on the distributable ar alify under section 4940(e) Do not con	mplete this part		Yes	X No
	n each column for each year, see the ins		5	(4)	
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(d) Distribution (col (b) divided	
2016	159,546.				
2015	121,795.				
2014					
2013	51,614.				
2012	154,004.			,	
2. Total of line 1. solvens (4)			2]	
2 Total of line 1, column (d)			-		
3 Average distribution ratio for the number of years the foundati	e 5-year base period – divide the total or on has been in existence if less than	n line 2 by 5 0, or by the 5 years	3		
4 Enter the net value of noncha	aritable-use assets for 2017 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		41.
7 Add lines 5 and 6			7		41.
8 Enter qualifying distributions			8	<u> </u>	191,278.
If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI, line	1b, and complete that part using a	1% tax r	ate See the	

FORM 990-PF (2017) BRUMIT CHARITABLE FOUNDATION	626363392	Page 4
Part VI Excise Tax Based on Investment Income (Section		ons)
1 a Exempt operating foundations described in section 4940(d)(2), check here	and enter 'N/A' on line 1	
	necessary – see instructions)	
b Domestic foundations that meet the section 4940(e) requirements in f	Part V,	41.
check here X and enter 1% of Part I, line 27b		1
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-)	2	0.
3 Add lines 1 and 2	3	41.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxab	·	0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero	or less, enter -0-	41.
6 Credits/Payments		
a 2017 estimated tax pmts and 2016 overpayment credited to 2017	6 a	
b Exempt foreign organizations – tax withheld at source	6 b	
c Tax paid with application for extension of time to file (Form 8868)	6c	į
d Backup withholding erroneously withheld	6 d	
7 Total credits and payments Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax Check here	If Form 2220 is attached	4.5
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	41.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai		
11 Enter the amount of line 10 to be Credited to 2018 estimated tax	Refunded 11	
Part VII-A Statements Regarding Activities	<u> </u>	
1 a During the tax year, did the foundation attempt to influence any nation participate or intervene in any political campaign?	nal, state, or local legislation or did it	Yes No
b Did it spend more than \$100 during the year (either directly or indirectly) fo See the instructions for the definition	or political purposes?	1 b X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities or distributed by the foundation in connection with the activities	s and copies of any materials published	
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 495 (1) On the foundation \$ 0. (2) On founder the reimbursement (if any) paid by the foundation during the year for foundation managers \$ 0. Has the foundation engaged in any activities that have not previously if 'Yes,' attach a detailed description of the activities	ndation managers	1 c X
3 Has the foundation made any changes, not previously reported to the IRS.	in its governing instrument, articles	
of incorporation, or bylaws, or other similar instruments? If 'Yes,' atta		3 X
4a Did the foundation have unrelated business gross income of \$1,000 o	minore during the year?	- A
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	or?	\
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	di'	5 X
If 'Yes,' attach the statement required by General Instruction T	wigh 4945) entictied oither	
 Are the requirements of section 508(e) (relating to sections 4941 thro By language in the governing instrument, or 	ugii 4545) Satisfied ettilei	
By state legislation that effectively amends the governing instrument so t	that no mandatory directions that conflict	
with the state law remain in the governing instrument?	The He Heridatory directions that commet	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' co	mplete Part II, col (c), and Part XV	7 X
8a Enter the states to which the foundation reports or with which it is reg	gistered See instructions	
N/A		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to th (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	e Attorney General ion	8 b X
9 Is the foundation claiming status as a private operating foundation will for calendar year 2017 or the tax year beginning in 2017? See the installand	thin the meaning of section 4942(j)(3) or 4942(j)(5) structions for Part XIV If 'Yes,' complete Part XIV	9 X
Did any persons become substantial contributors during the tax year? If 'Yeand addresses	es,' attach a schedule listing their names	10 X
BAA	F	orm 990-PF (2017)

•	•					
	990-PF (2017) BRUMIT CHARITABLE FOUNDATION	6263	363392		F	age 5
Pai	t VII-A Statements Regarding Activities (continued)					T
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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persiadvisory privileges? If 'Yes,' attach statement See instructions	on had		12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	n applicat	ion?	13	X	
14	The books are in care of KENNETH BRUMIT Telephone		423-54	3-0		
	Located at ► 112 S SYCAMORE STREET, ELIZABETHTON, TN ELIZ ZIP + 4 ►	3764		<u> </u>	704_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here and enter the amount of tax-exempt interest received or accrued during the year		5	N/A		∏ N/A
16	· · · · · · · · · · · · · · · · · · ·	-			Yes	No
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?	vera	Ţ	16		Х
_	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country		_	_		
Par	t 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.		Ļ		Yes	No
1 a	During the year, did the foundation (either directly or indirectly)	С Т.,	l			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	ł		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	XNo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	XNo			
	(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)	Yes	XNo			
t	olf 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			1 b	N	/A
	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?			1 c		
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))					
a	a 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?	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20					
Ł	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942	(a)(2)	ļ			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(all years listed, answer 'No' and attach statement — see instructions).	a)(2) to	ŀ	2 b		/A
,	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the	nere	ŀ		10	Υ <u>Λ</u>
	► 20 , 20 , 20			ľ		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
t	olf '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 approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	b				
	(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)		ļ.		N] /A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х
			ľ			
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of		-	4 b		
BAA	the tax year beginning in 2017?)-PF (<u>X</u> 2017)
			1 01		• (

Part VII-B Statements Regarding Activit	ies for Which Form	1 4720 May Be Reg	uired (c	ontinue	<u>d)</u>			
5 a During the year, did the foundation pay or incur a							Yes	No
(1) Carry on propaganda, or otherwise attemp	ot to influence legislatio	on (section 4945(e))?		Yes	X No	,		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry		_ ∏Yes	X No	,		
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?		Yes	X No	,		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc , organi	ization described		_ ☐ Yes	X No	,		
(5) Provide for any purpose other than religio educational purposes, or for the prevention				Yes	X No	,		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a	the transactions fail to	qualify under the exce	ptions					
See instructions						5 b	N	/A
Organizations relying on a current notice rega	•			•				'
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?		N/A	Yes	No	o		
6 a Did the foundation, during the year, receive a	ny funds, directly or ind	lirectly, to pay premium	S	_	_			
on a personal benefit contract?				∐Yes	XNo			
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	efit contrac	t?		6 ь		X
7 a At any time during the tax year, was the found	dation a party to a prob	uhited tax shelter transa	action?	Yes	XNo	.		
b If 'Yes,' did the foundation receive any process					N/Z			
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Mana	gers, Hig	hly Pai			 5,	
and Contractors		· ·· ·	 					
1 List all officers, directors, trustees, and found	(b) Title, and average	(c) Compensation. See		ributions	to			
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	emplo plans a	yee bene and deferi pensation	fit 🤇	Expens other a		
CHARLES K BRUMIT 112 SOUTH SYCAMORE STREET	Trustee 20.00	0.		(0.			0.
ELIZABETHTON, TN 37643								
JOHN W BRUMIT	Trustee	0.		().			0.
ELK Avenue ELIZABETHTON, TN 37643	20.00			*********		*****		
			}]			
					ŀ			
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio						
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	emplo plans a	ributions f yee bene ind deferr pensation	fit (•	Expense other a	e acco	ount, nces
None					_			
					7	_		
			`					
			 					
Total number of other employees paid over \$50,000	<u> </u>	L	L		•			0
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Part VIII Information About Officers, Directors, Trustees, Foundation Manager		90,
and Contractors (continued) 3 Five highest-paid independent contractors for professional services. See instructions. If none	anton NONE!	
(a) Name and address of each person paid more than \$50,000 (b) Type of		n
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 statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	e number of Expenses	
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
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		

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Total. Add lines 1 through 3

see instructions.)	oigii id	aridations,
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities.	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e 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	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
PartiXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations and certain foreign organizations, check here □ and do not complete this part.)	ing fou	
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2017 from Part VI, line 5 2a 41.		
b Income tax for 2017 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2 c	41.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	-41.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	-41.
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	0.
Part XIII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	191,278.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	·
Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	191,278.
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	41.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	191,237.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	
BAA		Form 990-PF (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,				0
2 Undistributed income, if any, as of the end of 2017.				0.
a Enter amount for 2016 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 154, 005.				
b From 2013 51, 614.				
c From 2014				
d From 2015 121, 855.				
e From 2016 159, 654.				
f Total of lines 3a through e	487,128.			
4 Qualifying distributions for 2017 from Part				l
XII, line 4 \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-		
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		. <u> </u>
c Treated as distributions out of corpus (Election required – see instructions)	0.			i
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	191,278.			<u> </u>
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))				
6 Enter the net total of each column as				
indicated below:				i
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	678,406.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		0.		
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
		0.		
e Undistributed income for 2016 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2017. Subtract 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 not applied on line 5 or line 7 (see instructions)	154,005.			
9 Excess distributions carryover to 2018.	101/000.			
Subtract lines 7 and 8 from line 6a	524, <u>401.</u>			
10 Analysis of line 9				
a Excess from 2013 51, 614.				
b Excess from 2014				
c Excess from 2015 121, 855.				
d Excess from 2016 159, 654.				
e Excess from 2017 191, 278.				

	(2017) BRUMIT CHARITABL				626363392	Page 10
Part XIV	Private Operating Foundat				<u>'</u>	N/A.
is effec	oundation has received a ruling or detective for 2017, enter the date of the	ruling	•	•	_ ` •	1000005
	box to indicate whether the foundar the lesser of the adjusted net		rating foundation of		4942(j)(3) or	4942(j)(5)
ıncome ınvestr	e from Part I or the minimum nent return from Part X for	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
eacn y b 85% of	ear listed					
c Qualify	ring distributions from Part XII, for each year listed					
d Amounts	included in line 2c not used directly econduct of exempt activities	-				
for acti	ring distributions made directly ive conduct of exempt activities ct line 2d from line 2c					
	ete 3a, b, or c for the tive test relied upon					
	s' alternative test — enter.					
` '	lue of all assets		/			
sed	lue of assets qualifying under ction 4942(j)(3)(B)(i)					
mınımun	ient' alternative test — enter 2/3 of n investment return shown in Part X, r each year listed					
c 'Suppo	rt' alternative test – enter					
inv div on	tal support other than gross estment income (interest, idends, rents, payments securities loans (section 2(a)(5)), or royalties)					
moi in s	port from general public and 5 or e exempt organizations as provided ection 4942(j)(3)(B)(iii)					
an	gest amount of support from exempt organization					
_ , ,	oss investment income	//		<u> </u>	F 000	
Part XV	Supplementary Information assets at any time during th	e year — see ins	structions.)	Toundation had t	55,000 or more	in
	ation Regarding Foundation Manag managers of the foundation who have if any tax year (but only if they have		an 2% of the total co than \$5,000) (See	ontributions received by section 507(d)(2))	the foundation before	re the
b List any a partr None	managers of the foundation who own tership or other entity) of which the	10% or more of the foundation has a 10	stock of a corporatio 0% or greater intere	n (or an equally large pest.	portion of the owners	hip of
Check reques 2a, b,	here X if the foundation make c, and d See instructions	kes contributions to p s gifts, grants, etc	preselected charitable to individuals or or	ganizations under oth	er conditions, com	
a The nai	me, address, and telephone number of	r email address of the	e person to whom ap	plications should be ac	ddressed	
b The for	m in which applications should be s	submitted and inform	nation and materia	lls they should include	9	
c Any su	bmission deadlines					
d Any re	strictions or limitations on awards, s	such as by geograph	nical areas, charita	ble fields, kinds of ins	stitutions, or other f	actors

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Fut	ture Paymer		
Recipient -	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
Name and address (home or business)	or substantial contributor	recipient		·
a Paid during the year				
See Statement 3				
	Ì			
			,	
-				
•				
		ļ		
		l		
Total			► 3a	65,497.
b Approved for future payment				
		J		
	j	}		
		-		
Total		I	► 3b	
10(4)			33	i

Part XVI Enter gross	s amounts unless otherwise indicated		ousiness income	Excluded	by section 512, 513, or 514	(e)
	·	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Prog	ram service revenue	code		code		(See instructions)
a		 		\bot		
		-		+		
		 				-
		 				
ř		 -		+ +		
g Fees	and contracts from government agencies		·-··	1		
2 Mem	bership dues and assessments					
3 Interes	st on savings and temporary cash investments	900099		14	4,137.	
-	ends and interest from securities	900099				
	ental income or (loss) from real estate			1		
	financed property					
	lebt-financed property			-		
	ntal income or (loss) from personal property r investment income			+ +		
	r (loss) from sales of assets other than inventory			+		
	ncome or (loss) from special events			-		
	s profit or (loss) from sales of inventory	 		+		
	r revenue			+ -+		
а			 -	1 1		· · · · · · · · · · · · · · · · · · ·
b			·	1 1		
С						
ď						
е			<u> </u>			
12 Subto	otal Add columns (b), (d), and (e)				4,137.	
12 Subto	. Add line 12, columns (b), (d), and (e)				4,137.	4,137
12 Subto 13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate		ement of Event	nt Purpo	13 ₋	4,137
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total (See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate. B Relationship of Activities to the	Accomplish		· · · · · ·	ses 13	

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

<u>'</u>	Exempt Organ	1124110113					,	
describ	organization directed in section 501(c) of the Code (ot	ngage in any of t her than section	the following wi 501(c)(3) orgai	th any other organi nizations) or in sect	zation tion 527,	Yes	No
a Transfe	rs from the reporti	ng foundation to	a noncharitable	exempt organiz	ation of			
(1) Cas	(1) Cash							
(2) Oth	er assets						1 a (2)	X
b Other tr	ransactions							
(1) Sal	es of assets to a n	oncharitable exe	mpt organization	l			1 b (1)	<u> </u>
(2) Pur	chases of assets fr	rom a noncharita	ble exempt orga	nızatıon			1 b (2)	X
(3) Rer	ntal of facilities, equ	uipment, or othei	r assets				1 b (3)	X
• •	mbursement arrang	-					1 b (4)	X
	ins or loan guarant						1 b (5)	X
• •	formance of service						1 b (6)	X
c Sharing	of facilities, equip	ment, mailing lis	ts, other assets,	or paid employ	ees		1 c	X
d If the ar the good any tran	nswer to any of the ds, other assets, or s	e above is 'Yes,' is services given by to arrangement, sh	complete the foll he reporting found	lowing schedule dation If the four	Column (b) should allow received less the goods, other ass	d always show the fai than fair market value sets, or services recei	r market value of in ved	
(a) Line no	(b) Amount involved		f noncharitable exem			of transfers, transactions, a		nts
N/A				<u> </u>				
		 						
							·	
					-		- 	
							 	
describ	oundation directly or ed in section 501(c) of the Code (ot	with, or related to her than section	o, one or more ta 501(c)(3)) or in	x-exempt organization section 527?	ons	∏Yes X	No
	complete the follo		(h) Tuna	of organization		(c) Description of r	olationship	
) Name of organiza	ation	(b) Type	of organization	 -	(c) Description of r	elationship	
N/A								
						<u> </u>		
		<u> </u>	" <u>-</u> . —					
Under	penalties of periory. I dec	lare that I have evam	ned this return includ	ing accompanying so	hedules and statements	and to the best of my knowle	edge and belief, it is tru	ie.
Sign Here	, and complete Declarati	ion of preparer (other t	han taxpayer) is base	on all information $\frac{1}{2}$	Dreside	nchinowledge MSA	May the IRS dis this return with preparer shown See instructions	cuss the
Sign	ature of officer or trustee		/_/	Bate /	Title	 	X Yes	No
	Print/Type preparer's	_	Preparer's s	I / lest	Date /	Check X if		
Paid	Robert L. V	Weaver	Robert		1109/0	self-employed	P00306694	<u>i</u>
Preparer	Firm's name		Weaver, CP.	A	·	Firm's EIN 27-	4461088	
Use Only	Firm's address PO Box 3934							
BAA		Johnson Ci	ty, TN 376	02-3934	· · · · · · · · · · · · · · · · · · ·	Phone no (42	23) 282-202. Form 990-PF	

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

Department of the Treasury Internal Revenue Service

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

2017

Name of the organization		Employer identification number
BRUMIT CHARITABLE FOUNDATION		626363392
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 p	rivate 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) orga	inization can check boxes for both the General Rule and a	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 to the Parts I and II. See instructions for determining a contribution of the properties of the pr	otaling \$5,000 or more (in money or butor's total contributions
Special Rules		
\square under sections 509(a)(1) and 170(b)(1)(A)(vi)	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% suthat checked Schedule A (Form 990 or 990-EZ), Part II, line 13 to year, total contributions of the greater of (1) \$5,000 or 0-EZ, line 1 Complete Parts I and II	R 16a or 16b and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive than \$1,000 <i>exclusively</i> for religious, charitable, scientific children or animals. Complete Parts I, II, and III	d from any one contributor, , literary, or educational
during the year, contributions exclusively fo \$1,000 If this box is checked, enter here the charitable, etc., purpose Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive r religious, charitable, etc., purposes, but no such contribe total contributions that were received during the year form of the parts unless the General Rule applies to this orgule, etc., contributions totaling \$5,000 or more during the	utions totaled more than or an <i>exclusively</i> religious, anization because
Caution. An organization that isn't covered by t	he General Rule and/or the Special Rules doesn't file Sch e 2, of its Form 990, or check the box on line H of its For filing requirements of Schedule B (Form 990, 990-EZ, or	nedule B (Form 990, 990-EZ, or m 990-EZ or on its Form 990-PF,

Page

of

1 of Part I

Name of organization

RRIMIT CHARTTARIF FOLINDATION

Employer identification number

BRUMI	CHARITABLE FOUNDATION	<u> 6263</u>	63392
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES K BRUMIT 112 SOUTH SYCAMORE STREET ELIZABETHTON, TN 37643	\$ <u>44,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)

Page

1 to

1 of Part II

BRUMIT CHARITABLE FOUNDATION

Employer identification number

626363392

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	 	s	
		·	~ ~
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>		
- -			
		\$	
/-> A1 -		4->	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No	(b)	(c)	(d)
(a) No. from Part I	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	(6)	(6)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	-	
	<u> </u>		
		\$	
BAA	Sche	 	, or 990-PF) (2017

of Part III

Name of organization Employer identification number BRUMIT CHARITABLE FOUNDATION 626363392 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 (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (d) Description of how gift is held (a) No. from Part i (b) Purpose of gift (c) Use of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (a) No. from Part I (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (a) No. from Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2017	Federal Sta	tements	 	Page 1
•	BRUMIT CHARITABL	E FOUNDATION	ON	626363392
Statement 1 Form 990-PF, Part I, Line 23 Other Expenses				
BOOKS CONTRACT LABOR INSURANCE MEMBERSHIP DUES OTHER EXPENSES REPAIRS Supplies TAXES	50 1,05 20 1,98 10 30	0. 0. 0. 8. 8.	ment Adjusted ome <u>Net Income</u>	(d) Charitable Purposes \$ 200. 500. 1,058. 208. 1,980. 100. 306. 110. \$ 4,462.
Statement 2 Form 990-PF, Part III, Line 5 Other Decreases PRIOR PERIOD ADJUSTMENT			Total \$	100. 100.
Statement 3 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of	Amount
FIRST UNITED METHODIST CHURCH 325 E E STREET ELIZABETHTON TN 37643	NONE	PC	General operations	\$ 16,000.
WATAUGA EAGLE SQUADRON ELIZABETHTON AIRPORT ELIZABETHTON TN 37643	NONE	POF	To pay expenses for secondary school students to attend flight classes	10,087.
HOLSTON HOME FOR CHILDREN 215 E SPRINGBROOK SUITE #1 JOHNSON CITY TN 37602	NONE	PC	General expenses for orphan home.	1,000.
MMS Elk Ave Elizabethton TN 37643	NONE	PC	General Expense	31,110.
MISSION AVIATION FELLOWSHIP PO BOX 47 NAMPA ID 83653	NONE	PF	GENERAL EXPENSES	2,000.

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Federal Statements

Page 2

BRUMIT CHARITABLE FOUNDATION

626363392

Statement 3 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation <u>Status</u>	Purpose of Grant	 Amount
Liberty Cousel Action PO Box 540629 Orlando FL 32854	NONE	PC	General Expenses	\$ 300.
University of Tennessee Cumberland Avenue Knoxville TN 37901	NONE	PC	General Expenses	5,000.
			Total	\$ 65,497.