Department of the Treasury Internal Revenue 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

OMB No 1545-0052

► Go to www irs gov/Form990PFfor instructions and the latest information

Open to Public Inspection

		lendar year 2017 or tax year beginning		11/	⁷ 01 , 2017 ,	, and end	ing		10/31, 20 18
	Vame	of foundation						A Employeridentif	ication number
	WES	TERSTROM CHARITABLE TRUST						58-	-62 <u>49967</u>
	Numb	er and street (or P.O. box number if mail is not delivered	to street	address)		Room/suit	te	B Telephone numb	er (see instructions)
	P.0	. BOX 1802						40	04-842-1870
		town, state or province, country, and ZIP or foreign pos	al code						
								C If exemption application pending, check here	etion is
	PRO	VIDENCE, RI 02901-1802						pending, check here	
_		ck all that apply Initial return		Initial return	of a former p	ublic cha	ritv	D 1 Foreign organizat	tions about horo
_		Final return		Amended ret	=	·	´	2 Foreign organizat	
		Address change		Name chang	e			85% test, check h	nere and attach
н	Che	ck type of organization X Section 501(:)(3) ex				$\int \int dx$	computation .	ـــار•
Ï	$\overline{}$	Section 4947(a)(1) nonexempt charitable trust		ther taxable pr		ıon (041	E If private foundation	
+				method. X Ca		rual			o)(1)(A), check here .
•		, ,	her (sp		2311 ACC	iuai	$I \sqcup$		in a 60-month termination
				d) must be on ca	eh haere l			under section 507(c	of the field were
ŀ		Analysis of Revenue and Expenses (The	olullili (d) must be on ca	SII Dasis /				(d) Disbursements
ئ	كلك	total of amounts in columns (b), (c), and (d)		Revenue and penses per	(b) Net inve	estment	(0) Adjusted net	for charitable
		may not necessarily equal the amounts in	θX	books	incom	ne		income	purposes (cash basis only)
_	_	column (a) (see instructions))							(casii basis (iliy)
	1	Contributions, gifts, grants, etc., received (attach schedule). Check X if the foundation is not required to attach Sch. B.		19,721.			ļ		
	2								
	3	Interest on savings and temporary cash investments.		e=					
	4	Dividends and interest from securities		65,484.	6	5,484.			STMT 1
	5a	Gross rents							
	b	Net rental income or (loss)			•				<u>'</u>
ē		Net gain or (loss) from sale of assets not on line 10		207,665.			ſ		
ĕ	ь	Gross sales price for all assets on line 6a 822, 976.					\perp	RECE	VED
NNAO Revenue	7	Capital gain net income (from Part IV, line 2) .			20	7,665.			
Œ	8	Net short-term capital gain					12	FEB 6	2019
\mathbf{S}	9	Income modifications						1	2019
Ź	10a	Gross sales less returns and allowances		_					
Z	ь	Less Cost of goods sold .						OGDEN	LIT
H		Gross profit or (loss) (attach schedule)		·					7
_	11	Other income (attach schedule)							,
MAK	12	Total Add lines 1 through 11		292,870.	27	3,149.			
	13	Compensation of officers, directors, trustees, etc		17,335.	1	3,001.			4,334.
enses	14	Other employee salaries and wages	•			NONE		NONE	
S	15	Pension plans, employee benefits				NONE		NONE	
g)16a	Legal fees (attach schedule)							
ú) h	Accounting fees (attach schedule) STMT. 2		1,250.		750.		NONE	500.
Š	,	Other professional fees (attach schediller. 3.		23,887.	2	3,887.		2,0112	, 350
ati	16a b c 17 18 19 20 21 22 23 24	1		23,007.		-, -, -			
ş	12	Taxes (attach schedule) (see instructions 4.		11,580.		1,790.			
Ξ	10	Depreciation (attach schedule) and depletion.				+1,70.0.			
튀	20								
ĕ	20	Occupancy			.	NONE		NONE	-
믿	21	Travel, conferences, and meetings				NONE		NONE	
В	22	Printing and publications		443.		3.	<u> </u>		
<u>اء</u> ِ.	23	Other expenses (attach schedule) STMT. 5		443.		. د			440.
ē	24	Total operating and administrative expenses.		E4 40E	2	0 421		NIONIE	E 274
입		Add lines 13 through 23		54,495.	3	<u>9,431.</u>	<u> </u>	NONE	
9		Contributions, gifts, grants paid		142,500.		0-431		370375	142,500
4	26	Total expenses and disbursements Add lines 24 and 25		196,995.	3	9,431.		NONE	147,774.
	27	Subtract line 26 from line 12							:
		Excess of revenue over expenses and disbursements		95,875.					
		Net investment income (if negative, enter -0-)			23	3,718.			
┙		Adjusted net income (if negative, enter -0-)					H #	·	<u> </u>
Fo	r Pap	erwork Reduction Act Notice, see instructions.					M		Form 990-PF (2017)

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 FH9361 L775 01/16/2019 06:13:20

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D-14	Deleves Chaste	Attached schedules and amounts in the	Beginning of year		or year
Part	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1		ng			
2	Savings and temporary	cash investments	60,219.	76,897.	76,897
3	Accounts receivable			-	
		otful accounts >			
4	Pledges receivable ▶				
	Less allowance for doub	otful accounts >			
5					
6		officers, directors, trustees, and other			
		ach schedule) (see instructions)			
7		eceivable (attach schedule)			
1 1		otful accounts NONE		* * - * * - * *	
us -					
Assets 9 10a		se			
SS 9	· ·	eferred charges			
		government obligations (attach schedule)	. 2 500 162	2 ((7 47)	2 064 002
b		stock (attach schedule) . STMT .6	2,588,162.	2,001,410.	3,004,882
11°	Investments - land, building and equipment basis				
ŀ	Less accumulated deprecia (attach schedule)	ation >			
12		loans		 	
13	Investments - other (atta Land, buildings, and	ch schedule)			
'4	equipment basis	•		,	a
	Less accumulated deprecia (attach schedule)	tion			
15	Other assets (describe	·			· · · · · · · · · · · · · · · · · · ·
16	Total assets (to be	completed by all filers - see the			•
	instructions Also, see pa	age 1, item I)	2,648,381.	2,744,373.	3,141,779
17	Accounts payable and a	ccrued expenses			
18					,
₹ 20		rs, trustees, and other disqualified persons.			,
20 21 21 22		tes payable (attach schedule)			,
22	* -	· ▶)			,
		1	· · · · · · · · · · · · · · · · · · ·		1
23	Total liabilities (add line	s 17 through 22)		NONE	
+		SFAS 117, check here		110111	
Rajances 25		through 26, and lines 30 and 31			
E 24	Unrestricted				,
25	Temporarily restricted				†
100	Permanently restricted .				
Š	Foundations that do no	t follow SFAS 117, check here ▶ X			
	and complete lines 27 t				
O 27	Capital stock, trust princi	ipal, or current funds	2,648,381.	2,744,373.	
28	•	land, bldg , and equipment fund.			i
SS 29		ated income, endowment, or other funds			,
Net Assets or Fund 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		balances (see instructions)	2,648,381.	2,744,373.	
31		net assets/fund balances (see	*- '	. / /	,
_	instructions)		2,648,381.	2,744,373.	
Part I		ges in Net Assets or Fund Balar			
		palances at beginning of year - Part II	•	nust agree with	
		d on prior year's return)		-	2,648,381.
		line 27a			95,875.
		led in line 2 (itemize) ► SEE STAT		3	1,212.
			•		2,745,468.
		line 2 (itemize) ► SEE STAT			1,095.
				5), line 30 6	2,744,373.
0 101	ai net assets of fund ba	llances at end of year (line 4 minus lin	ie aj - rait ii, column (b	,, mre 30 0	Eorm 990-PF (2017)

JSA

Pa	(a) List and des	cribe the kind(s) of property sold (for ick warehouse, or common stock, 20	r example, real estate,	(b) How acquired P · Purchase D · Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES				
b						
<u>c</u>		-				
<u>d</u>			·		-	
<u>e</u>	·		(a) Cook or other house		",, 0 "	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	us (g))
<u>a</u>			615,311.			207,665.
<u>b</u>	<u> </u>					
<u>c</u>					· · · · · · · · · · · · · · · · · · ·	
d	· · · ·					
<u>е</u>		owing gain in column (h) and owned	d by the foundation on 12/31/69		Cause (Cal. (b) as	
	(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		Gains (Col. (h) ga (k), but not less t Losses (from co	han -0-) or
a						207,665.
b						
c						
d						
e						
2	Capital gain net income	or (net canital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		207,665.
3		ain or (loss) as defined in section	s 1222(5) and (6)			
	-		ınstructions. If (loss), enter -0- ın			
		· · · · · · · · · · · · · · · · · · ·		3		
			educed Tax on Net Investment Inherent I			
Was			ributable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No
1		nount in each column for each y	ear, see the instructions before makii	ng any en		
	(a) Base period years	(b)	(c)		(d) Distribution ra	tio
Cale	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2016	144,108.				0.046782
	2015	149,443.				0.051507
	2014	153,962.				0.049421
	2013	142,124.				0.045073
	2012	139,898.	2,882,149.			0.048539
2	Total of line 1, column (c	d)		2		0.241322
3	Average distribution ratio	o for the 5-year base period - div	vide the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existenc	e if less than 5 years	3		0.048264
4	Enter the net value of no	ncharitable-use assets for 2017	from Part X, line 5	4	3,	311,306.
5	Multiply line 4 by line 3.			5		159,817.
6	Enter 1% of net investme	ent income (1% of Part I, line 27I	b)	6	;	2,337.
7	Add lines 5 and 6			7		162,154.
8	Enter qualifying distributi If line 8 is equal to or g Part VI instructions	ions from Part XII, line 4 preater than line 7, check the b	ox in Part VI, line 1b, and complete	8 that par		147,774. x rate See th

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4,6	74.
	here and enter 1% of Part I, line 27b			i
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J	٠.		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		Ŋ	<u>IONE</u>
3	Add lines 1 and 2		4,6	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	IONE
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0		4,6	74.
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 5, 268.			
b	Exempt foreign organizations - tax withheld at source			-
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			1
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		5,2	<u> 168.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			94.
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 594 . Refunded ▶ 11			
	VII-A Statements Regarding Activities		V	N.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?	- 'a		<u>^</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1ь		Х
	Instructions for the definition	۳.		
	· · · · · · · · · · · · · · · · · · ·			
_	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	1c	-	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
u	(1) On the foundation > \$ (2) On foundation managers > \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$,
2	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			
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," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a_		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ļ [*]		'
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-	. X	~~ - ~ -
_	conflict with the state law remain in the governing instrument?	7	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	├		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions GA		;	
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 ² If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	***	***************************************	- '
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"	_		v
	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses			*

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Par	t VIFA Statements Regarding Activities (continued)	In a section	11 11	
			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		<u> X</u>
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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ▶ BANK OF AMERICA, NA Telephone no ▶ (404)842	<u>-187</u>	0	
	Located at ▶ 3414 PEACHTREE RD NE, ATLANTA, GA ZIP+4 ▶ 30302			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	<i></i>	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	ı 🤲	41	
	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.	100	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	 校議	が、意	100 mg
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(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? Yes X No		等	1
,	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			7 m /c
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		10.3	
	the benefit or use of a disqualified person)?			10 JA
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		100 mg	
	foundation agreed to make a grant to or to employ the official for a period after		字::霧	100 m
	termination of government service, if terminating within 90 days)		2	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ST.	7
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	. prim., vo 2 mg	X
	Organizations relying on a current notice regarding disaster assistance, check here		40.4	35
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		5.1.3	
	were not corrected before the first day of the tax year beginning in 2017?	. 1c	E ex vers	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		W. 7.	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			23.9
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			3.7
	6e, Part XIII) for tax year(s) beginning before 2017?		100	
	If "Yes," list the years 🕨,,	100		41.
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			N. C.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b	16 A185	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			1.1
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		7	
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		2.30	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		\$** 6 X	(B)(N)
	foundation had excess business holdings in 2017)	3b	-	17
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	C 12380	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1		·
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	O.PF	X (2017

Part	VII-B	Statements Regarding Activities for	or Which Form 4	1720 May Be Req	uired (continued)	-,		
5a	During the	year, did the foundation pay or incur any amo	unt to				Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influer	nce legislation (sectio	n 4945(e))?	. Yes X No			,
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive? 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 a charitable, etc., organization described in							
		n 4945(d)(4)(A)? See instructions			1 1 1 1 1 1 1 1 1			;
		le for any purpose other than religious, ch			• — —			:
		ses, or for the prevention of cruelty to children						į
ь	h. If any arguer is "Yee" to Eq.(1)/E) did any of the transactions fail to qualify under the exceptions described in							
-		is section 53 4945 or in a current notice regard				5b		•
	•	ons relying on a current notice regarding disas	_		_			
c	•	swer is "Yes" to question 5a(4), does the						١.
·		maintained expenditure responsibility for the						
		tach the statement required by Regulations set						ĺí
6a		oundation, during the year, receive any fun		ectly to nay premiiin	ne			;
va		enal benefit contract?			Yes X No			!
ь		undation, during the year, pay premiums, direct			• 🗀 · · 🗀	6b		X
U		6b, file Form 8870	ily of manectly, on a	personal benefit contra		0.5	+-	
70		e during the tax year, was the foundation a pai	tu to a prohibited tax	chelter transaction?	Yes X No		!	
7a b	•	d the foundation receive any proceeds or have				7b		
	VIII	Information About Officers, Director						
		and Contractors						
1	List all off	icers, directors, trustees, foundation ma	nagers and their ((b) Title, and average	(c) Compensation See	instructions. (d) Contributions to			
		(a) Name and address	hours per week	(If not paid.	employee benefit plans	(e) Expen	se accou	unt, es
עמחגז	B HOOKS	 	devoted to position TRUSTEE	enter -0-)	and deferred compensation			
		RD NE STE 722, ATLANTA, GA 30326	5	17,335	-0-			-0-
3414 .	PEACHINES	RD NE SIE 722, AIDANIA, GA 30320	<u> </u>	17,333	-0-			
			,					
				-				
			:					
					`			
								
2 (Compane	ation of five highest-paid employees	lother than thes	e included on line	1 - see instruction	ne) If n	one	enter
	"NONE "	nton of hive ingliest-paid employees	(other than thos	e moladed on mic	. 1 - 300 11130100010	1137. 11 11	one,	Ciitti
			(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	SA 20001	unt
(a) I	Name and a	ddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		lowance	
					compensation			
NIONIE	,			NONE	NONE	1	זראום	
NONE	<u>. </u>			NONE	NONE	1	<u>IONE</u>	
								
Total	number o	f other employees paid over \$50,000	<u> </u>	<u> </u>	 		ONE	
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3 Five highest-paid independent contractors for professional services. See instru	ctions If none, enter "NONE	"
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
		
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1NONE		
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 1 are 1.0	d 2	Amount
1 NONE		
<u> </u>		
2		
		
All other program-related investments. See instructions		
3NONE		
		
Total. Add lines 1 through 3	<u></u>	

Par	Minimum Investment Return (All domestic foundations must complete this part For see instructions)	eign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	. 1a	3,249,488.
b			112,244.
C			NONE
d			3,361,732.
е			***
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	7 2	NONE
3	Subtract line 2 from line 1d	3	3,361,732.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	i i	50,426.
5	Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4		3,311,306.
6	Minimum investment return Enter 5% of line 5	-	165,565.
Pari	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	undations	•
	and certain foreign organizations, check here ▶ and do not complete this part)	1 1	165 565
1	Minimum investment return from Part X, line 6	. 1	165,565.
2 a		≐	
	Income tax for 2017 (This does not include the tax from Part VI) 2b	-	4 654
	Add lines 2a and 2b		4,674.
3	Distributable amount before adjustments Subtract line 2c from line 1		160,891.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		160,891.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	. 7	160,891.
Pari	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	. 1a	147,774.
b	Program-related investments - total from Part IX-B	. 1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	. 2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	. 3a	NONE
b			NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		147,774.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	1 1	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		147,774.
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when or		•
	qualifies for the gastion 4940(a) reduction of tax in these years		

Form **990-PF** (2017)

1 1

Page 9

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				160,891.
2	Undistributed income, if any, as of the end of 2017		-	-	
ē	Enter amount for 2016 only			142,262.	,
t	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2017			İ	
ŧ	From 2012	}			
t	Prom 2013 NONE				
c	From 2014				
C	From 2015 NONE				
	From 2016 NONE	- 20010			
	Total of lines 3a through e	NONB			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$ 147,774.			142,262.	
a	Applied to 2016, but not more than line 2a			142,202.	
t	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NOINE		-
C	Treated as distributions out of corpus (Election required - see instructions)	NONE			
		140141			5,512.
	I Applied to 2017 distributable amount	NONE	•		3,312.
	Excess distributions carryover applied to 2017	NONB			NONE
Ŭ	(If an amount appears in column (d), the same				1
	amount must be shown in column (a)) Enter the net total of each column as				,
0	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
t	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
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		NONE		
c	Subtract line 6c from line 6b Taxable	1			
	amount - see instructions		NONE		
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2017 Subtract lines			:	
	4d and 5 from line 1. This amount must be				155 270
	distributed in 2018				155,379.
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	NONE			
	required - see instructions)	NONE			
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	NONE			
۵	Excess distributions carryover to 2018.	1,01,2			
3	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9	2,3112			
	Excess from 2013 NONE				
	Excess from 2014 NONE	1			
	Excess from 2015 NONE				
	Excess from 2016 NONE				
	Excess from 2017 NONE				

Form 990-PF (2017)

: 1

Pai	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABL		
1 a	If the foundation has	•						
	foundation, and the ruling is effective for 2017, enter the date of the ruling							
þ	Check box to indicate		is a private operating		n section 49	42(j)(3) or 4942(j)(5)		
2 a	Enter the lesser of the ad-	Tax year	41,000	Prior 3 years	40.0014	(e) Total		
	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014			
	I or the minimum investment return from Part X for each							
	year listed							
b	85% of line 2a							
С	Qualifying distributions from Part							
	XII, line 4 for each year listed .							
ď	Amounts included in line 2c not							
	used directly for active conduct of exempt activities							
e	Qualifying distributions made							
·	directly for active conduct of							
	exempt activities Subtract line			/	1	1		
3	2d from line 2c Complete 3a, b, or c for the				-			
	alternative test relied upon							
а	'Assets" alternative test - enter			/		1		
	(1) Value of all assets (2) Value of assets qualifying			 	 			
	under section			/		•		
	4942(j)(3)(B)(i)			 				
Ь	Endowment* alternative test enter 2/3 of minimum invest			/				
	ment return shown in Part X,			/				
	line 6 for each year listed			/				
С	Support* alternative test enter		/					
	(1) Total support other than		/					
	gross investment income (interest, dividends, rents,							
	payments on securities		/					
	loans (section 512(a)(5)), or royalties)							
	(2) Support from general							
	public and 5 or more exempt organizations as		/					
	provided in section 4942		/					
	(j)(3)(B)(iii)		Í					
	port from an exempt		/					
	organization (4) Gross investment income .		<i>i</i>					
Pa		ntary Information (Complete this part	only if the founda	tion had \$5.000	or more in assets at		
		uring the year - see			, , , , , , , , , , , , , , , , , , , ,			
1	Information Regarding	Foundation Manager	rs:					
а	List any managers of	the foundation who l	nave contributed mor	e than 2% of the tot	al contributions re	ceived by the foundation		
	before the close of any	y tax year (but only if th	ney have contributed r	nore than \$5,000) (S	see section 507(d)(2	2))		
	NONE							
b		the foundation who	own 10% or more o	f the stock of a corp	oration (or an equ	ually large portion of the		
	ownership of a partner					. •		
	NONE							
	140146							
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarshi	ip. etc Programs:				
_					utabla armanization			
	uncolouted requests f	or funds if the found	makes contributions ation makes offs are	to preselected char	als or organization	ns and does not accept s under other conditions,		
	complete items 2a, b,			ints, etc., to marvida	ais or organization.	, ander other conditions,		
	The name, address, an			norson to whom ann	heatians should be	addragged		
а	ine name, address, an	ia telephone number c	or email address of the	person to whom app	ilications should be	addressed.		
	The form in which app	dications should be sul	hmitted and information	on and materials they	should include			
	Torrir in willon app		toa ana morman	and materials tricy				
	Any submission deadli	nes		= = = = = = = = = = = = = = = = = = = =				
·	,, Japiniosion deadii							
d	Any restrictions or li	imitations on awards	, such as by geogra	aphical areas, charit	able fields, kınds	of institutions, or other		
	factors			•				

Part XV Supplementary Information (continued)							
3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Name and address (home or business) Recipient If recipient is an individual, show any relationship to any foundation manager recipient Foundation status of recipient Purpose of grant or contribution Amount Amount Purpose of grant or contribution Purpose of gra							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution				
a Paid during the year							
SEE STATEMENT 13				142,500			
				,			
				,			
				1			
				1			
				i			
				1			
				1			
Total			▶ 3a	142,500			
b Approved for future payment				112/300			
•							
				_			
				· ·			
Tatal			N 21	-			
Total		<u></u>	<u> ▶ 3b</u>				

7.

Part XVI-A Analysis of Income-Pro	_		Tem (1)	540 540 . 541	(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income
1 Program service revenue			Exclusion code		(See instructions)
a					
b					
c					
d			-	·-·· ·	
e	-				
f g Fees and contracts from government agencies	, —				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments4 Dividends and interest from securities			14	65,484.	
5 Net rental income or (loss) from real estate				•	
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 invento			18	207,665.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory.					
11 Other revenue a					 .
b		_			
c					
d					
e				0.50 1.40	
12 Subtotal Add columns (b), (d), and (e)				273,149.	052 140
13 Total Add line 12, columns (b), (d), and (e)				¹³	273,149.
(See worksheet in line 13 instructions to verify ca Part XVI-B Relationship of Activiti		ssamplishment of	Evernt Dur	2000	
· · · · · · · · · · · · · · · · · · ·					
Line No. Explain below how each active					
▼ accomplishment of the founda	ition's exemp	t purposes (other tha	n by providing	tunas for such purposes	s) (See instructions)
				· · · · · · · · · · · · · · · · · · ·	
				· ·	
				<u> </u>	
	-				
					<u> </u>
		NOT APPLICAE	BLE		
					
			_	-	
				· · · · · · · · · · · · · · · · · · ·	
			. <u> </u>		
					· <u> </u>
		-		<u></u>	

Form 99	0-PF (20								<u> 58-62</u>						ge 13
Part	XVII			egarding Ti nizations	ansfers 1	to and Tra	ansacti	ons ar	nd Relat	tionshi	ps W	ith Nonc	harit	able	
1 [Did the	organization	directl	y or indirectly	engage in	any of the	following	g with a	any other	organiz	ation	described		Yes	No
1	n secti	on 501(c)		than section											
	organiza -			f					_						
				foundation to											v
•													1a(1)		X
		er assets ansactions											1a(2)		
1	1) Sale	s of assets to	a non	charitable exe	mpt organiz	zation							1b(1)		X
ì	2) Purc	hases of ass	ets fror	n a noncharita	ble exempt	organizatio	n						1b(2)		X
				ment, or othe											X
				ments											X
ì	5) Loar	s or loan ou	arantee	s									1b(5)		X
ì	6) Perfe	ormance of s	ervices	or membersh	in or fundra	aisina solicit	ations .						1b(6)		X
				ent, mailing li											Х
d I	f the a	nswer to an the goods,	y of th	e above is "Y assets, or serv sharing arran	es," comple vices given	ete the follo	owing so	hedule undatio	Column n If the t	(b) sho foundate	uld al	ways show eived less	the than	fair m	arke
(a) Lin		(b) Amount inv				exempt organiz					_	tions, and sha			
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		,													
	-				· · · · · · · · · · · · · · · · · · ·							······			
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	-									-					
	-														
									-	•		·		-	
		<u> </u>													
					·										
c	lescribe	d in section	501(c)	or indirectly a (other than se ving schedule							-		Y	es 🔀	No
	103,	(a) Name of org			(b) Type of orga	nization			(c) [Descripti	on of relation:	ship		
							 -								
										·					
					l										
				re that I have exan preparer (dither than							e best o	of my knowledg	je and t	oelief, it	is true
Sign			ĺ	2 4		1/22/1	9	-	t	 0		May the IRS	discus	s this	return
Here			4 [> 1 pvv	~	' - '	<i></i>		1020				pare <u>r s</u>	hown _	below?
	Signa	ture of officer or	trustee	•	Dat	ié '		Title				See instruction	s X	Yes	N
D. ' '	1	Print/Type prep	arer's nar	me .	Prepare	s signature	ρ		Date	1 1	Che	eck of	PTIN		
Paid		¹ √~ 1 1	30	(.ranley		<u>m</u> ()				17/19	self	-employed	P012	<u> 376</u> 9	9
Prepa		Firm's name			RICA, 1	1.A.				Fir	m's EIN		1687		
Use (Only ☐	Firm's address		O BOX 180											
			PR	OVIDENCE,	RI		029	901-1	802	Ph	one no	888-8			
												For	m 99	0-PF	2017

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/Form990for the latest information OMB No 1545-0047

Name of the organization	Employer identification number					
WESTERSTROM CHARITABLE TRUST 58-6249967						
Organization type (check one)	E IRUSI	30-0249907				
Filers of	Section.					
Form 990 or 990-EZ	990 or 990-EZ Sol(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on				
	501(c)(3) taxable private foundation					
·	ered by the General Rule or a Special Rule . B), or (10) organization can check boxes for both the General Rule and a S	pecial Rule See				
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
WESTERSTROM CHARITABLE TRUST Employer identification number 58-6249967

Part 1	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is no	eeded
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	TR U/I NINE(B) W/O R WESTERSTROM 9000 SOUTHSIDE BLVD BLDG 300 JACKSONVILLE, FL 32256	\$19,721	Person X Payroll X Noncash X (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)
(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)

Name of organization
WESTERSTROM CHARITABLE TRUST

Employer identification number 58-6249967

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

		1	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	VARIOUS SECURITIES		
		\$	06/14/2018
(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

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	NET INVESTMENT INCOME	1,687. 18,440. 38,684. 549. 214. 962.	65,484.
M SECURITIES	REVENUE AND EXPENSES PER BOOKS	1,687. 18,440. 38,684. 549. 214. 962. 4,948.	65,484.
FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES	DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST US GOVERNMENT INTEREST REPORTED AS QUALINONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL

 \vdash

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FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	500.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	750.
REVENUE AND EXPENSES PER BOOKS	1,250.
DESCRIPTION	TAX PREPARATION FEE - BOA TOTALS

7

FEES
PROFESSIONAL
OTHER
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990PF,
FORM

NET INVESTMENT INCOME	23,887.
REVENUE AND EXPENSES PER BOOKS	23,887.
	TOTALS
DESCRIPTION	INVESTMENT MGMT FEES

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35

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	1,018.	1,790
REVENUE AND EXPENSES PER BOOKS	1,018. 4,522. 5,268.	11,580.
DESCRIPTION .	FOREIGN TAXES EXCISE TAX - PRIOR YEAR EXCISE TAX ESTIMATES FORFIGN TAXES ON OHALIFTED FOR	FOREIGN TAXES ON NONQUALIFIED . TOTALS

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STATEMENT

EXPENSES
OTHER
1
Н
PART
990PF,
FORM

CHARITABLE PURPOSES	440.	440.
NET INVESTMENT INCOME	M	3
REVENUE AND EXPENSES PER BOOKS	3.	443.
		TOTALS
DESCRIPTION	OTHER INVESTMENT FEE OTHER CHARITABLE EXPENSES	

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

SCHEDULE ATTACHED

ENDING BOOK VALUE

ENDING FMV

3,064,882. 2,667,476.

2,667,476.

3,064,882.

TOTALS

37

9

FORM 990PF, PART III	- OTHER	INCREASES	IN NET	WORTH	OR FUND	BALANCES
DESCRIPTION						AMOUNT
TYE SALES ADJUSTMENT RECEIPT ADJUSTMENT						1,194. 18.
	•	TOTA	AL			1,212.

FORM !	990PF,	PART	III	-	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	5
DECCD		=====	=====	==	=====	= === ====	====					 IOMA	- ידיאידי
DESCR.	IPTION											AMO	JIV I

COST ADJUSTMENT
ROUNDING
MARKET TO COST ADJUST ON CONTRIB

TOTAL

56.
1,038.

WESTERSTROM CHARITABLE TRUST 58-6249967 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

ATLANTA HUMANE SOCIETY

ADDRESS:

981 HOWELL MILL RD, NW

ATLANTA, GA 30318

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GOOD SAMARITAN HEALTH CENTER

ADDRESS:

1015 DONALD LEE HOLLOWELL PKWY

ATLANTA, GA 30318-6653

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE LIONHEART SCHOOL

ADDRESS:

225 ROSWELL ST.

ALPHARETTA, GA 30009

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000.

58-6249967 WESTERSTROM CHARITABLE TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

THE ELAINE CLARK CENTER

ADDRESS:

5130 PEACHTREE BLVD

ATLANTA, GA 30341

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME:

LUTHERAN CHURCH OF THE REDEEMER

ADDRESS:

731 PEACHTREE ST NE

ATLANTA, GA 30308-1281

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

25,000. AMOUNT OF GRANT PAID

RECIPIENT NAME:

CURE CHILDHOOD CANCER

ADDRESS:

1117 PERIMETER CENTER W., STE N402

ATLANTA, GA 30338

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: SUNSHINE HOUSE REGIONAL ADDRESS: 328 WEST MAIN ST. SWAINSBORO, GA 30401 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID 10,000.

RECIPIENT NAME: NO LONGER BOUND ADDRESS: 2725 PINE GROVE ROAD CUMMING, GA 30041-7103 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID 7,500.

RECIPIENT NAME: THE SALVATION ARMY GEORGIA DIVISION ADDRESS: 1000 CENTER PLACE NORCROSS, GA 30093 RELATIONSHIP: N/A

PURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID 10,000.

58-6249967 WESTERSTROM CHARITABLE TRUST FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: VISITING NURSE/HOSPICE OF ATLANTA ADDRESS: 5775 GLENRIDGE DR., NE ATLANTA, GA 30328 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID RECIPIENT NAME: ATLANTA MISSION ADDRESS: P.O. BOX 1807 ATLANTA, GA 30309 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: ALZHEIMER'S ASSOCIATION, ATLANTA AREA CHAPTER ADDRESS: 41 PERIMETER CENTER EAST, STE 550 ATLANTA, GA 30346 RELATIONSHIP: N/APURPOSE OF GRANT:

AMOUNT OF GRANT PAID

STATEMENT 12

PC

GENERAL OPERATING SUPPORT FOUNDATION STATUS OF RECIPIENT:

10,000.

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WESTERSTROM CHARITABLE TRUST 58-6249967 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

ATLANTA COMMUNITY FOOD

BANK

ADDRESS:

732 JOSEPH E. LOWERY BLVD, N.W.

ATLANTA, GA

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PO

AMOUNT OF GRANT PAID 10,000.

TOTAL GRANTS PAID:

142,500.