"Form **990-PF** 

EXTENDED TO NOVEMBER 15, 2019

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

	Dep		social security numbers or rs.gov/Form990PF for inst			Open to Public Inspection
		or calendar year 2018 or tax year beginning	s.gov/formasorr for mai	, and ending	iorniation.	Open to Fabric Inspection
	_	Name of foundation			A Employer identification in	umber
)				MITY		
<b>う</b>	_ 5	SHERRY CHAPPELL COOPER FOU	NDATION, INC	.OLXV	03-0442925	
<b>N</b>	Nu	lumber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
4		1904 ESPANOLA DRIVE			407-422-681	5
		City or town, state or province, country, and ZIP or foreign points of ${ m GRLANDO}$ , ${ m FL}$ $32804$	ostal code		C If exemption application is pen	ding, check here
	G	Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations, o	check here
		Final return Address change	Amended return  X Name change		Foreign organizations meeti check here and attach comp	ng the 85% test, butation
	H	Check type of organization X Section 501(c)(3) exe		()A	E If private foundation status	
	<u> </u>	Section 4947(a)(1) nonexempt charitable trust (Fair market value of all assets at end of year J Accounting	Other taxable private founda	Accrual	under section 507(b)(1)(A	
			ner (specify)	Accidal	If the foundation is in a 60 under section 507(b)(1)(B)	
		\$ 3,814,658. (Part I, colum.		s.)		), check here
		Part   Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	3,201,049.		N/A	
		2 Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments				
		4 Dividends and interest from securities	61,249.	61,249.	s	TATEMENT 1
		5a Gross rents				
		b Net rental income or (loss)				
	a)	6a Net gain or (loss) from sale of assets not on line 10	77,621.			· -
	eun	b Gross sales price for all 871,397.	7			- · · ·
	Revenue	7 Capital gain net income (from Part IV, line 2)		77,621.		·
		8 IVEL SHOTT-TERM Capital gain			RECEIVED	<del></del>
		9 Income modifications Gross sales less returns		<del></del>	TOLIVED	<u> </u>
		10a and allowances  b Less Cost of goods sold		8	IIN 1 0 2010   92	<del></del>
		c Gross profit or (loss)		<del>                                    </del>	1 0 2019   6	
on.		11 Other income			8	
2019		12 Total. Add lines 1 through 11	3,339,919.	138,870,	国口にN、LIT	
		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
<u>т</u>		14 Other employee salaries and wages				
	S	15 Pension plans, employee benefits	1 000	1 000	<u> </u>	
3	nse	16a Legal fees STMT 2	1,982.	1,982.		0.
	хре	b Accounting fees c Other professional fees STMT 3	9,805.	9,805.		0.
	e E	c Other professional fees STMT 3	3,003.			
Z	ativ	18 Taxes				
F	istr	19 Depreciation and depletion		·		
SCANNED	E in	20 Occupancy		<del></del>		<del></del>
V	Ad	21 Travel, conferences, and meetings				
	and	22 Printing and publications	·			
	ng	23 Other expenses				
	Operating and Administrative Expensi	24 Total operating and administrative	44 505	44 505		0
	obe	expenses. Add lines 13 through 23	11,787.	11,787.		0.
		25 Contributions, girts, grants paid	500,000.		<del></del>	500,000.
		26 Total expenses and disbursements. Add lines 24 and 25	511,787.	11,787.		500,000.
	$\dashv$	27 Subtract line 26 from line 12;	311,707.	11,707.		
		a Excess of revenue over expenses and disbursements	2,828,132.			
		b Net investment (income (if negative, enter -0-)		127,083.		
		c Adjusted net income (if negative, enter -0-)	<del></del>		N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

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. =		Attached schedules and amounts in the description	Beginning of year	End of	year rage
L	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	-159.	867.	867
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts		-	
	4	Pledges receivable			-
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۵	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	G	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			,, ,
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	0.	2,827,106.	3,813,791.
	14	Land, buildings, and equipment basis	·		•
		Less accumulated depreciation			·
		Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	150	0 000 000	2 044 650
	ļ	instructions. Also, see page 1, item 1)	-159.	2,827,973.	3,814,658.
		Accounts payable and accrued expenses			-
		Grants payable			<del>-</del> ; .
ies		Deferred revenue			
Ħ		Loans from officers, directors, trustees, and other disqualified persons			<u> </u>
Liabilities		Mortgages and other notes payable			
	22	Other liabilities (describe )		<del></del>	<del></del>
	00	Tatal liabilities (add least 17 through 00)	0.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.	<del></del>	
	Ì	and complete lines 24 through 26, and lines 30 and 31.		İ	
es	24	Unrestricted	-159.	2,827,973.	
anc		Temporarily restricted	1331	2,027,3730	<del></del>
3al		Permanently restricted			*
Net Assets or Fund Bala	20	Foundations that do not follow SFAS 117, check here			•
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
sets		Paid-in or capital surplus, or land, bldg., and equipment fund			<del></del>
Ass.		Retained earnings, accumulated income, endowment, or other funds		<del></del>	
fet		Total net assets or fund balances	-159.	2,827,973.	
_					
	31	Total liabilities and net assets/fund balances	-159.	2,827,973.	,+
P	art I	II Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30	<del></del>	<del></del>
		agree with end-of-year figure reported on prior year's return)	-		-159.
		amount from Part I, line 27a		1 2	2,828,132.
		increases not included in line 2 (itemize)		3	0.
		nes 1, 2, and 3		4	2,827,973.
		ases not included in line 2 (itemize)		5	0.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Part IV Capital Gains and	Losses for Tax on Inv	vestmer	nt Income			· · · · · ·		
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(e)	How acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a CHARLES SCHWAB T	IN 94-1737782				D	06/2	22/18	12/31/18
b CAPITAL GAINS DIV	VIDENDS							
C				ļ				<u> </u>
d				-	<del> </del>			<del> </del>
<u>e</u>	(f) Depreciation allowed	/a) Cc	ost or other basis	<u> </u>		(h) (	Gain or (loss	<u> </u>
(e) Gross sales price	(or allowable)		expense of sale				is (f) minus	
a 796,466.			793,77	6.				2,690
b 74,931.								74,931
С						<u> </u>		
d					<del></del>			
Complete only for assets showing gain	n in column (h) and owned by th	e foundatio	n on 12/31/69			/I) Gaine //	Col. (h) gaın	minue
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (i) r col. (j), if any		C	ol. (k), but	not less that (from col. (	n -0-) <b>or</b>
a		<del>_</del> ,		_				2,690
b								74,931
С								
ď								
e				↲				
2 Capital gain net income or (net capital le	oss) $ \begin{cases} \text{If gain, also enter ir} \\ \text{If (loss), enter -0- id} \end{cases} $	n Part I, line n Part I, line	7 e 7	}	2			77,621
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, column (15 (loss)) enter 0, in Part I, line 8		(6):		}			N/A	
If (loss), enter -0- in Part I, line 8  Part V   Qualification Unde	r Section 4940(e) for F	Reduced	Tax on Net	Inv	estment in	come	11/A	
(For optional use by domestic private found			<del></del>		<del></del>			
	-				,			
If section 4940(d)(2) applies, leave this par	t Dialik.							
Was the foundation liable for the section 49				odo				Yes X No
If "Yes," the foundation doesn't qualify under 1 Enter the appropriate amount in each c				tries				
(a)	(b)		ioro making any on	(c)		<del></del>		(d) .
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distrit	butions	Net value of non		table-use asset	s		utión ratio ided by col. (c))
2017								
2016		400						
2015	-	400.						
2014 2013					<u></u>	<del></del>		
2010	<u> </u>	-				_		
2 Total of line 1, column (d)						2		.000000
3 Average distribution ratio for the 5-year	base period - divide the total on	line 2 by 5.0	O, or by the number	r of y	ears			
the foundation has been in existence if le	ess than 5 years					3		.000000
4 Enter the net value of noncharitable-use	assets for 2018 from Part X, line	e 5				4		2,827,973
5 Multiply line 4 by line 3						5		0 .
6 Enter 1% of net investment income (1%	of Part I. line 27b)					6		1,271.
7 Add lines 5 and 6	, ,					7		1,271.
	VII. line 4							
B Enter qualifying distributions from Part )			laka dhar			_ 8 _		500,000.
If line 8 is equal to or greater than line 7, See the Part VI instructions.	, cneck the box in Part VI, line 1b	, and comp	iete that part using	a 1%	tax rate.			

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	<u>instrı</u>	ıctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.	~ +~ F1 .		• .
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 here X and enter 1%		<u>1,</u> 2	71.
of Part I, line 27b	3		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	-		Õ.
3 Add lines 1 and 2		1,2	71.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,2	71.
6 Credits/Payments.	• . •	<del>, -</del>	<del>, - ,</del>
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.			
b Exempt foreign organizations - tax withheld at source 6b 0.	•		1
c Tax paid with application for extension of time to file (Form 8868)  6c  0			
d Backup withholding erroneously withheld  6d  0.	•		
7 Total credits and payments. Add lines 6a through 6d			Ó.
			$\frac{52.}{52.}$
		1,3	
h		<u> </u>	<u> </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax			
Pârt VII-A Statements Regarding Activities		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	162	X
any political campaign?	1a		<u> </u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	_1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1 1		
distributed by the foundation in connection with the activities.			**
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:	1 1	,,	
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ► \$ 0 .			-4
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
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		X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1 . 1	l	1
remain in the governing instrument?	6		Ř
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
	7.	•	<del></del> ,
8a Enter the states to which the foundation reports or with which it is registered. See instructions.			
FL			
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)	1 1	ľ	•
of each state as required by General Instruction G? If "No," attach explanation	86	x	
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	1.71		<del> </del>
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	- 1	x '
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	$\dashv$	
			Λ

· P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		х
13	B Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_
,	Website address ► N/A			Ь
14	The books are in care of ► J.FENIMORE COOPER, JR.  Telephone no. ►407-42	2-6	815	
•	Located at ▶1904 ESPANOLA DRIVE, ORLANDO, FL ZIP+4 ▶32			
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	N	/A	_
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			<del>-</del>
	foreign country			
ΓP	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			L
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1	a During the year, did the foundation (either directly or indirectly):			
•	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	ļ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		ĺ	
	(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)?		ļ	
	(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 X No	ł	ł	
	• • • • • • • • • • • • • • • • • • • •		ŀ	
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	İ	
	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	16		Ñ
•	before the first day of the tax year beginning in 2018?	<del>-1</del> -		
	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)):	ľ	İ	
•	a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?  Yes X No			
		J		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,			
	o Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)  N/A	ا ۵۰	1	
	· · · · · · · · · · · · · · · · · · ·	2b		
0	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ĺ	ĺ	
38				
	- ,	- }	ļ	
b	If "Yes," did it have excess business holdings in 2018 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	. 1	- 1	
	Form 4720, to determine if the foundation had excess business holdings in 2018.)  N/A	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>~</u>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	,		X
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b n <b>990</b>	_DE /	
	FOIT	コマサビ	-rr(	ZU 10)

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (conti	nued)				
5a During the year, did the foundation pay or incur any amount to:					Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi	rectly,	1				
any voter registration drive?			'es X No				
(3) Provide a grant to an individual for travel, study, or other similar purpose:	s?	□ Y	es X No				
(4) Provide a grant to an organization other than a charitable, etc., organization							
4945(d)(4)(A)? See instructions		П	'es X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses, or				j		
the prevention of cruelty to children or animals?	, 0. 0000000000000000000000000000000000		es X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described						
section 53.4945 or in a current notice regarding disaster assistance? See insti			N/A	5b	ļ		
Organizations relying on a current notice regarding disaster assistance, check			<b>▶</b>				
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption i		uned .					
expenditure responsibility for the grant?		. —	es No				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	-	•/	c3				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiume on		f	ĺ	· (		
a personal benefit contract?	pay premiums on		es X No				
•	norconal hanofit contract?	، لـــا	63 (22) 140	 6b	- 1	Χ̈́	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p if "Yes" to 6b, file Form 8870.	יטי פטוומו הפוופונו לטוונומפני		}				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?	$\Box$	es X No				
b If "Yes," did the foundation receive any proceeds or have any net income attrib		L	N/A	7b			
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			11/A -	7.0			
•	ס ו,טטט,טטט ווו רפוווטוופומנוטוו ט		es X No	ĺ			
excess parachute payment(s) during the year?  Part VIII . Information About Officers, Directors, Trust	oos Foundation Ma			1			
Paid Employees, and Contractors	ees, i oundation we	inagers, riigin	y				
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.						
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		e) Expe	enșe	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred	ac	count, allowan	otner ces	
J. FENIMORE COOPER, JR.	DIRECTOR	, , ,	Compensation	+-			
1904 ESPANOLA DRIVE							
ORLANDO, FL 32804	1.00	0.	٥.			0.	
	DIRECTOR		<del></del>	1 -			
1904 ESPANOLA DRIVE				ŀ			
ORLANDO, FL 32804	1.00	0.	0.			0.	
	DIRECTOR			<del>                                     </del>			
312 N. PARK AVENUE, SUITE 2-A		1	}	l			
WINTER PARK, FL 32789	1.00	0.	0.			0.	
HILITOR TIME, THE SHOP				<del> </del>			
		J		]			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."	·				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(6	e) Expe	nse	
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation		illowan		
NONE							
				L			
	_						
				1			
Total number of other employees paid over \$50,000			<b>•</b>			0	
			Form	990	-PF (2	2018)	

SHERRY CHAPPELL COOPER FOUNDATION, INC.

03-0442925

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e	(c) Compensation
NONE		
	- 1	
Total number of others receiving over \$50,000 for professional services		0
Part X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
		<u> </u>
1 THE FOUNDATION EXISTS TO FUND VARIOUS CENTRAL FLORIDA AND OTHER 501(C)(3) ORGANIZATIONS TO ASSIST THOSE ORGANIZATIONS	_	
AND THEIR CHARITABLE PURPOSES.		500,000.
		300,000.
2		
	$\dashv$	
3		
3		
	$\neg$	
4		
	$\neg$	,
Part IX-B Summary of Program-Related Investments		<u>.                                    </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2	_	
	_	
All allows are average policial and a section of the control of th		<del></del>
All other program-related investments. See instructions.		
3	$\dashv$	
	$\dashv$	
	$\dashv$	
Total, Add lines 1 through 3		0.

`[F	Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
í	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	<del></del>
	Fair market value of all other assets	10	
	Total (add lines 1a, b, and c)	1d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 5	4	2,827,973.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	-2,827,973.
6	Minimum investment return. Enter 5% of line 5	6	-141,399.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here   ☐ and do not complete this part.)	d certain	
1	Mınımum investment return from Part X, line 6	1	-141,399.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,271.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art 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	500,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	500,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,271. 498,729.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	498,729.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section

Page 9

Part XIII Undistributed Income (see instructions)

SHERRY CHAPPELL COOPER FOUNDATION, INC.

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:			<u> </u>	
		0.		
3 Excess distributions carryover, if any, to 2018:			<del></del>	
a From 2013				
b From 2014				
c From 2015 400.	]			
d From 2016				
eFrom 2017				
f Total of lines 3a through e	400.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 500,000.				
a Applied to 2017, but not more than line 2a	,		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				0
e Remaining amount distributed out of corpus	500,000.			· · · · · · · · · · · · · · · · · · ·
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	500,400.			
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		ļ		
assessed	L	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				•
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2019			<del></del>	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				<del></del>
8 Excess distributions carryover from 2013	0.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	500,400.			
10 Analysis of line 9:	300, 400			
a Excess from 2014	1	ſ	ĺ	
b Excess from 2015 400.				
c Excess from 2016	}	}	1	
d Excess from 2017				
e Excess from 2018 500,000.				

	CHAPPELL CO			03-04	42925 Page 1
Part XIV Private Operating I	-oundations (see in	structions and Part V	II-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective f	or 2018, enter the date of	the ruling	▶		
b Check box to indicate whether the four	idation is a private operati	ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed	1	1			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		<u> </u>			
exempt activities	1	[		1	
e Qualifying distributions made directly			1		
for active conduct of exempt activities.			1	] ]	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:			1	1	
a "Assets" alternative test - enter: (1) Value of all assets					
,			<del>                                     </del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		ı			
b "Endowment" alternative test - enter				<del>                                     </del>	
2/3 of minimum investment return			ļ		
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			· · · · · · · · · · · · · · · · · · ·	<del> </del>	
(1) Total support other than gross	1			1	
investment income (interest					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)			<del> </del>	<del> </del>	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)			<u> </u>		
(3) Largest amount of support from				]	
an exempt organization					
(4) Gross investment income	wastisa (Carania	ta Alain mant ambi	if the foundation	hod 65 000 ox mo	vo in acceto
Part XV Supplementary Info			if the foundation	nad \$5,000 or mo	re in assets
<del></del>		uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed in			ributions received by the	foundation before the close	of any tax
	1016 man \$0,000). (366 36	5611011 307 (u)(2).)			
NONE		<del></del>			
<ul> <li>b List any managers of the foundation wh other entity) of which the foundation has</li> </ul>			(or an equally large portio	n of the ownership of a part	inership or
- ·	sa 1070 or greater interes	L-			
NONE				<del></del>	
2 Information Regarding Contributi					
Check here X if the foundation o					its for funds. If
the foundation makes gifts, grants, etc.,			<u></u>		
a The name, address, and telephone numl	per or email address of the	e person to whom applic	ations should be address	ed:	
			<del></del>		
b The form in which applications should b	e submitted and informati	on and materials they sh	ould include:		
c Any submission deadlines:					
	<del></del>	<del></del>	<del></del>	<del></del>	
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields,	kinds of institutions, or o	ther factors:	

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) or substantial contributor recipient a Paid during the year CASHIERS-HIGHLANDS HUMANE SOCIETY NONE HIGHWAY 64E CASHIERS, NC 28717 200,000. THE ELEPHANT SANCTUARY NONE PO BOX 393 HOHENWALD, TN 38462 200,000. NONE CATHEDRAL CHURCH OF ST. LUKE 130 N. MAGNOLIA 100,000. ORLANDO, FL 32801 500,000. Total ➤ 3a b Approved for future payment NONE Total Form **990-PF** (2018)

Enter gross amounts	s unless otherwise indicated.	Unrelated t	ousiness income		ed by section 512, 513, or 514	(e)
1 Program service		(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a a	revenue.	Couc		++		<del></del>
	<del></del>	— <del>  </del>	1	+ +		
<u> </u>		_		1-1		
4				1 1	<del></del>	<del></del>
е				1		
f						
g Fees and cont	racts from government agencies					
2 Membership dues	s and assessments					
3 Interest on saving	gs and temporary cash					
investments						
4 Dividends and int	erest from securities	<u> </u>				61,249
5 Net rental income	or (loss) from real estate.	, , , r		-		* ***
a Debt-financed				$\perp$		
<b>b</b> Not debt-finan				1		
	or (loss) from personal			1 1		
property		ļ		+		
7 Other investment		-				
	n sales of assets other					77 601
than inventory	na) fram anagal ayanta		<del></del>	1		77,621.
•	ss) from special events ss) from sales of inventory			+		
11 Other revenue:	ss) from sales of inventory	-		+		
a				1		
h		- <del>  -</del>		+		
c		-		+		
d	······	_	<del>, </del>	<del>    </del>		
e			<del></del>	+		
12 Subtotal. Add colu	ımns (b), (d), and (e)		0		0.	138,870.
	, columns (b), (d), and (e)	<u> </u>			13	138,870.
	e 13 instructions to verify calculations.	)				
Part XVI-B	Relationship of Activities	s to the Accom	plishment of E	xempt	Purposes	
Line No. Explai	in below how each activity for which in	ncome is reported in co	olumn (e) of Part XVI-	A contribut	ted importantly to the accomp	olishment of
	undation's exempt purposes (other th	an by providing funds	for such purposes).			
	REST AND DIVIDEND					
8 CAPIT	TAL GAINS EARNED	ARE USED T	O FUND CHA	ARITA	BLE CONTRIBUT	TIONS.
	<u> </u>					
		<del></del>				<del></del>
	<del></del>					
	<del> </del>	<del></del>	·		<del></del>	<del></del>
	<del></del>	····				
					<del></del>	
	<del> </del>				<del></del>	<del></del>
<del></del>		<del></del>				<del></del>
<del></del>						<del></del>
<del></del>						
	······································					

Form 9	90-PF (	2018) SHERI	RY CHAPPE	ELL COO	PER FOUN	DATIO	N, INC.	03	-0442925	Page 1
Part	XVII			nsfers to	and Transac	tions ar	nd Relation	ships With No	oncharitable	
		Exempt Organ			<del></del>	<del></del>	<del></del>			V IN
		rganization directly or ind	-			-	n described in se	ction 501(c)		Yes No
		an section 501(c)(3) orga from the reporting found	<u>-</u>		-	ilizations?				
	) Cash	· -	Jation to a nonchar	наше ехетрі с	nganization of.				1a(1)	Ŕ
•	•	r assets							1a(2)	$\frac{x}{x}$
	•	rassets rsactions;					•		18(2)	<del>-   -</del> -
		s of assets to a noncharita	able exempt organi	zation					16(1)	Ī
-	-	hases of assets from a no							1b(2)	<u></u>
•	•	al of facilities, equipment,	•	gaa					1b(3)	X
-	•	bursement arrangements	-						1b(4)	Х
-	•	s or loan guarantees							1b(5)	X
(6	) Perfo	ormance of services or mo	embership or fundr	aising solicitati	ions				1b(6)	Х
c St	arıng o	f facilities, equipment, ma	ailing lists, other as	sets, or paid er	nployees				1c	Х
d If	the ans	wer to any of the above is	s "Yes," complete th	e following sch	edule. Column (b)	should alw	ays show the fair	market value of the	goods, other asse	ets,
		s given by the reporting f				narket value	in any transaction	on or sharing arrang	jement, show in	•
		d) the value of the goods,					7			
(a)Line	10	(b) Amount involved	(c) Name		le exempt organiza	tion	(d) Description	on of transfers, transact	tions, and sharing arra	ingements
	-		<del> </del>	N/A			<del></del>			
							<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·	
	-		<del> </del>				<del></del>		<del></del>	
			<del> </del>				<del></del>			<del></del>
			<del> </del>				<del></del>			
	+		<del>                                     </del>				<del>                                     </del>			
			<del> </del>		<del></del>		<del>                                     </del>	<del></del>		
			<del> </del>				<del> </del>			
	+-		<del> </del>				<del> </del>			
			<del></del>	····			1			
	1	<del></del>					† · · · · · · ·	<del></del>	<del></del>	
	$\neg$									
2a Is I	he four	idation directly or indirec	tly affiliated with, or	r related to, one	e or more tax-exen	npt organiza	itions described			
		501(c) (other than sectio		section 527?					Yes	X No
<u>b</u>  f "	Yes," co	mplete the following sch				<del></del>				
		(a) Name of org	janization		(b) Type of orga	inization		(c) Description of r	relationship	
		N/A								
							<del></del>	<u> </u>		
		<del></del>	<del></del>				<del> </del>	<del></del>		·
		_ <del></del>			<del> </del>				<del></del>	
	Under	penalties of perjury, I declare	that I have examined ti	his return, includi	ng accompanying sch	edules and st	atements, and to the	e best of my knowledge	,	
Sign	and e								return with the	preparer
Here	<b>│                                    </b>	150000	ALL &		15/3	dra	DIREC	TOR	shown below?	See instr No
	Sign	ature of officer or trustee			Date		Title			140
	ات	Print/Type preparer's na		Preparer's s			Date	Check if	PTIN	
		, ,						self- employed		
Paid		THOMAS R.	TSCHOPP	1/16	Trely	_  .	5/15/19		P008368	92
Prepa	arer	Firm's name ► SCHL		CHOPP,	WHITCOME	, ET	AL	Firm's EIN ► 2	6-147238	

Firm's address ▶ 541 S. ORLANDO AVENUE, SUITE 312

MAITLAND, FL 32751

Form **990-PF** (2018)

Phone no. (407)875-2760

**Use Only** 

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

SHERRY CHAPPELL COOPER FOUNDATION, 03-0442925 INC. 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions 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 (entering "N/A" in column (b) instead of the contributor name and address), 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) LHA 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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Employer identification number Name of organization SHERRY CHAPPELL COOPER FOUNDATION, INC. 03-0442925 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 1 KATHERINE COOPER Person Payroll Noncash 3,200,549. 1904 ESPANOLA DRIVE (Complete Part II for ORLANDO, FL 32804 noncash contributions) (d) (a) (b) (c) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions) (d) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (d) (c) (a) (b) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll

(b)

Name, address, and ZIP + 4

(a)

No.

Person Payroll Noncash (Complete Part II for noncash contributions)

(c) Total contributions

Noncash (Complete Part II for noncash contributions)

(d)

Type of contribution

Name of organization

Employer identification number

## SHERRY CHAPPELL COOPER FOUNDATION, INC.

03-0442925

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1	CHARLES SCHWAB INHERITED IRA	s 3,200,549.	06/22/18
(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. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.			

Schedule	B (Form	990	990-F7	or 990-PF)	(2018

Page 4

, Name of organization Employer identification number SHERRY CHAPPELL COOPER FOUNDATION, 03-0442925 Part III . 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 info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND	INTER	EST E	ROM SECU	RITIES	5	STATEME	NT 1	
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDENDS			(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		C) USTED INCOME	
CHARLES SCHWAB	136,180.	0. 74,93		1. 61,24	61,249	19.	61,249	<del></del>		
TO PART I, LINE 4 136,18		74,931		1. ====	61,249.		61,249.			
FORM 990-PF	W W		LEGAL	FEES	<del></del>			STATEME	NT 2	
DESCRIPTION		(A EXPEN PER E	ISES		(B) INVEST- INCOME	ADJ	C) USTED INCOME	CHAR	D) ITABLE POSES	
LEGAL EXPENSES		1	,982.		1,982.		<u></u>		0.	
		1,982.			1,982.				0.	
TO FM 990-PF, PG 1, LN	16A	1	,982.		1,982.			<del>-</del>	0.	
TO FM 990-PF, PG 1, LN FORM 990-PF				SIONA	1,982.			STATEME		
	OT		PROFES	NET		ADJ	C) USTED INCOME	(I CHAR		
FORM 990-PF	OT	HER P (A EXPEN PER B	PROFES	NET	L FEES (B) INVEST-	ADJ	C) USTED	(I CHAR	NT 3	
FORM 990-PF	OTI	HER P (A EXPEN PER B	ROFES	NET	L FEES (B) INVEST- INCOME	ADJ	C) USTED	(I CHAR	NT 3	
FORM 990-PF  DESCRIPTION  MANAGEMENT FEES	OTI	HER P (A EXPEN PER B	ROFES	NET MENT	L FEES (B) INVEST- INCOME 9,805.	ADJ	C) USTED INCOME	(I CHAR	NT 3 D) ITABLE POSES 0.	
FORM 990-PF  DESCRIPTION  MANAGEMENT FEES  TO FORM 990-PF, PG 1, 1	OTI	HER P (A EXPEN PER B	ROFES	NET MENT	L FEES  (B) INVEST- INCOME  9,805.  9,805.	ADJ	C) USTED INCOME	CHAR.	NT 3 D) ITABLE POSES 0. 0. VT 4	
FORM 990-PF  DESCRIPTION  MANAGEMENT FEES  TO FORM 990-PF, PG 1, 1	OTI	HER P (A EXPEN PER B	ROFES SES OOKS ,805. ,805. R INVI	NET MENT	L FEES  (B) INVEST- INCOME  9,805.  9,805.  NTS  ON BOO	ADJ NET	C) USTED INCOME	CHAR PUR STATEMEN	NT 3  D)  ITABLE  POSES  0.  0.  NT 4	

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT PART X, LINE 4

ALL CASH HELD BY THE FOUNDATION IS RESERVED FOR CHARITABLE CONTRIBUTIONS OF THE FOUNDATION NET OF ADMINISTRATIVE COSTS INCURRED FOR MAINTAINING EARNING POTENTIAL OF THE FOUNDATION.