

Form **990-PF**  
 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.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation RAYNIE FOUNDATION		<b>A Employer identification number</b> 13-6086825	
Number and street (or P O box number if mail is not delivered to street address) 1610 CRABAPPLE LANE		<b>B Telephone number (see instructions)</b>	
City or town, state or province, country, and ZIP or foreign postal code CHAMPAIGN, IL 618223313		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>2,161,037</u>		<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	628	628		
	<b>4</b> Dividends and interest from securities	52,413	52,413		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	17,058			
	<b>b</b> Gross sales price for all assets on line 6a <u>121,177</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		13,297		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	48	48			
<b>12 Total.</b> Add lines 1 through 11	70,147	66,386			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	1,800	1,800		
	<b>c</b> Other professional fees (attach schedule)	14,012	14,012		
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	1,219	1,219		
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	53	53		
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	17,084	17,084		
	<b>25</b> Contributions, gifts, grants paid	102,750			102,750
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	119,834	17,084		102,750	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-49,687				
<b>b Net investment income</b> (if negative, enter -0-)		49,302			
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	353	22,892	22,892
	<b>2</b> Savings and temporary cash investments . . . . .	71,451	103,705	103,705
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	360		
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	606,765	502,645	828,445
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	1,076,623	1,075,928	1,205,995
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,755,552	1,705,170	2,161,037	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	1,755,552	1,705,170	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	1,755,552	1,705,170		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	1,755,552	1,705,170		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .		<b>1</b>	1,755,552
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	-49,687
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____		<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	1,705,865
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____		<b>5</b>	695
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		<b>6</b>	1,705,170

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	13,297
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	107,250	2,301,292	0.046604
2016	122,350	2,157,650	0.056705
2015	121,750	2,326,647	0.052329
2014	119,500	2,352,066	0.050806
2013	124,203	2,197,039	0.056532

<b>2</b> Total of line 1, column (d)	2	0.262976
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.052595
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	2,349,236
<b>5</b> Multiply line 4 by line 3	5	123,558
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	493
<b>7</b> Add lines 5 and 6	7	124,051
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	102,750

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due/overpayment. Total tax due is 1,026.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 1610 CRABAPPLE LANE 1610 CRABAPPLE LANE CHAMPAIGN IL ZIP+4 618223313

Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt charitable trusts and foreign accounts.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year did the foundation pay or incur any amount to									
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	<input type="checkbox"/>					<b>5b</b>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					<b>6b</b>		<b>No</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	<input type="checkbox"/>	<input type="checkbox"/>							
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					<b>7b</b>		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	<input type="checkbox"/>							
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No							

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KRISTIN SAFANIE 101 COUNTY ROAD 1500 N SEYMOUR, IL 61875	TRUSTEE 000 00	0	0	0
SUSAN LOWRY 1610 CRABAPPLE LANE CHAMPAIGN, IL 61822	TRUSTEE 000 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000.** ▶

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b>	
<b>3</b> All other program-related investments. See instructions	

**Total.** Add lines 1 through 3 . . . . . ▶

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	2,271,131
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	113,880
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,385,011
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,385,011
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	35,775
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	2,349,236
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	117,462

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	117,462
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	986
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	986
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	116,476
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	116,476
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	116,476

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	102,750
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	102,750
<b>5</b>	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.	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	102,750

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				116,476
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			36,050	
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>102,750</u>				
<b>a</b> Applied to 2017, but not more than line 2a			36,050	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				66,700
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				49,776
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 RAYNIE FOUNDATION  
 1610 CRABAPPLE LANE  
 CHAMPAIGN, IL 61822  
 (217) 352-4705

**b** The form in which applications should be submitted and information and materials they should include  
 SPECIAL FORM NOT REQUIRED

**c** Any submission deadlines  
 NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 ORGANIZATIONS CREATED OR ORGANIZED IN THE UNITED STATES OR ITS POSSESSIONS FOR RELIGIOUS, SCIENTIFIC, CHARITABLE, LITERARY OR EDUCATIONAL PURPOSES

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>▶ 3b</b>

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue (a-f), g Fees and contracts from government agencies, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 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 inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions).

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

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
 

	<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of		
<b>(1)</b> Cash		<b>No</b>
<b>(2)</b> Other assets		<b>No</b>
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets		<b>No</b>
<b>(4)</b> Reimbursement arrangements		<b>No</b>
<b>(5)</b> Loans or loan guarantees		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	<b>No</b>
- d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2019-04-26	*****	
	Signature of officer or trustee	Date	Title	

May the IRS discuss this return with the preparer shown below  
 (see instr )?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  MELISSA Y WALLACE	Preparer's Signature  	Date  2019-04-23	Check if self-employed <input type="checkbox"/>	PTIN  P00093113
	Firm's name <b>▶</b> MICHAEL J SMITH & ASSOCIATES INC				Firm's EIN <b>▶</b> 37-1389068
	Firm's address <b>▶</b> 3127 VILLAGE OFFICE PLACE  CHAMPAIGN, IL 61822				Phone no (217) 378-4311

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DOCTORS WITHOUT BORDERS USA DOCTORS WITHOUT BORDERS USA 333 7TH AVE 333 7TH AVE NEW YORK, NY 10001	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	4,000
BOOKS FOR AFRICA BOOKS FOR AFRICA 26 E EXCHANGE ST STE 411 26 E EXCHANGE ST STE 411 ST PAUL, MN 55101	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
MAP INTERNATIONAL MAP INTERNATIONAL 4700 GLYNCO PARKWAY 4700 GLYNCO PARKWAY BRUNSWICK GA, GA 31525	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	4,000
<b>Total . . . . . ▶ 3a</b>				102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMPASSION AND CHOICES COMPASSION AND CHOICES PO BOX 101810 PO BOX 101810 DENVER, CO 80250	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	4,000
ARTHRITIS FOUNDATION ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE 600 1355 PEACHTREE ST NE 600 ATLANTA, GA 30309	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	2,000
OCEAN CONSERVANCY OCEAN CONSERVANCY 1300 19TH ST NW 8TH FLR 1300 19TH ST NW 8TH FLR WASHINGTON, DC 20036	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	2,500
<b>Total . . . . .</b>			▶ <b>3a</b>	102,750

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EASTERN IL FOOD BANK EASTERN IL FOOD BANK 2405 N SHORE DR 2405 N SHORE DR URBANA, IL 61802	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	3,000
COURAGE CONNECTION COURAGE CONNECTION 508 E CHURCH ST 508 E CHURCH ST CHAMPAIGN, IL 61820	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	2,000
CRISIS NURSERY CHAMPAIGN CO CRISIS NURSERY CHAMPAIGN CO 1309 W HILL ST 1309 W HILL ST CHAMPAIGN, IL 61801	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,500
<b>Total . . . . . ▶ 3a</b>				102,750



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREENPEACE GREENPEACE 702 H STREET NW STE 300 702 H STREET NW STE 300 WASHINGTON, DC 20001	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
SPECIAL OLYMPICS IL SPECIAL OLYMPICS IL 902 N COUNTRY FAIR DR 7 902 N COUNTRY FAIR DR 7 CHAMPAIGN, IL 61821	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	500
INTERNATIONAL RESCUE COMMITTEE INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST 122 E 42ND ST NEW YORK, NY 10168	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	4,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	102,750

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY SALVATION ARMY2212 N MARKET ST 2212 N MARKET ST CHAMPAIGN, IL 61822	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
AMNESTY INTERNATIONAL AMNESTY INTERNATIONAL 5 PENN PLAZA 16TH FLOOR 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	4,000
READING GROUP READING GROUP 3011 VILLAGE OFFICE PLACE 3011 VILLAGE OFFICE PLACE CHAMPAIGN, IL 61822	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FEEDING AMERICA FEEDING AMERICA 35 E WACKER DR STE 2000 35 E WACKER DR STE 2000 CHICAGO, IL 60601	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	3,000
DEVELOPMENTAL SERVICES CENTER DEVELOPMENTAL SERVICES CENTER 1304 W BRADLEY AVE 1304 W BRADLEY AVE CHAMPAIGN, IL 61821	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
ALZHEIMER ASSOCIATION ALZHEIMER ASSOCIATION 8430 W BRYN MAWR STE 800 8430 W BRYN MAWR STE 800 CHICAGO, IL 60631	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	3,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INNOCENCE PROJECT INNOCENCE PROJECT 40 WORTH ST STE 701 40 WORTH ST STE 701 NEW YORK, NY 10013	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	3,000
US FUND FOR UNICEF US FUND FOR UNICEF125 MAIDEN LANE 125 MAIDEN LANE NEW YORK, NY 10038	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	500
SOUTHEASTERN GUIDE DOGS SOUTHEASTERN GUIDE DOGS 4210 77TH ST E 4210 77TH ST E PALMETTO, FL 34221	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
USO USOPO BOX 96860 PO BOX 96860 WASHINGTON, DC 20077	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
NATURAL RESOURCES DEFENSE COUNCIL NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST 11TH FLOOR 40 W 20TH ST 11TH FLOOR NEW YORK, NY 10011	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
NATIONAL DISASTER SEARCH DOG FDN NATIONAL DISASTER SEARCH DOG FDN 6800 WHEELER CANYON RD 6800 WHEELER CANYON RD SANTA PAULA, CA 93060	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,500
<b>Total . . . . . ▶ 3a</b>				102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
US HOLOCAUST MUSEUM US HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PL 100 RAOUL WALLENBERG PLAC WASHINGTON, DC 20024	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	250
HABITAT FOR HUMANITY CHAMPAIGN CO HABITAT FOR HUMANITY CHAMPAIGN CO 119 E UNIVERSITY AVE 119 E UNIVERSITY CHAMPAIGN, IL 61820	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,500
DON MOYER BOYS AND GIRLS CLUB DON MOYER BOYS AND GIRLS CLUB 201 E PARK ST 201 E PARK ST CHAMPAIGN, IL 61820	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				102,750

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEART TO HEART INTERNATIONAL HEART TO HEART INTERNATIONAL 13250 W 98TH ST 13250 W 98TH ST LENEXA, KS 66215	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	5,000
HUMAN RIGHTS WATCH HUMAN RIGHTS WATCH 350 FIFTH AVENUE 34TH FL 350 FIFTH AVENUE 34TH FL NEW YORK, NY 10118	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	2,000
CHARITY WATER CHARITY WATER40 WORTH ST STE 330 40 WORTH ST STE 330 NEW YORK, NY 10013	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	2,500
<b>Total . . . . . ▶ 3a</b>				102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FOOD FOR SENIORS FOOD FOR SENIORS15 MAIN ST 15 MAIN ST CHAMPAIGN, IL 61820	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	500
TOYS FOR TOTS TOYS FOR TOTS 18251 QUANTICO GATEWAY DR 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	PUBLIC CHAR	AID TO CHARITABLE PURPOSE	2,500
FOREST PRESERVE FRIENDS FDN FOREST PRESERVE FRIENDS FDN PO BOX 100 PO BOX 100 MAHOMET, IL 61853	NONE	PUBLIC CHAR	AID TO CHARITABLE PURPOSE	1,000
<b>Total . . . . . ▶ 3a</b>				102,750



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHAMPAIGN URBANA SCHOOLS FDN CHAMPAIGN URBANA SCHOOLS FDN PO BOX 1166 PO BOX 1166 CHAMPAIGN, IL 61820	NONE	PUBLIC CHAR	AID TO CHARITABLE PURPOSE	2,000
OXFAM AMERICA OXFAM AMERICA 226 CAUSEWAY ST 226 CAUSEWAY ST BOSTON, MA 02114	NONE	PUBLIC CHAR	AID TO CHARITABLE PURPOSE	4,000
GLOBALGIVING GLOBAL GIVING 1110 VERMONT AVE NW S 550 1110 VERMONT AVE NW S 550 WASHINGTON, DC 20005	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	20,000
<b>Total . . . . . ▶ 3a</b>				102,750

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIRECT RELIEF DIRECT RELIEF 6100 WALLACE BECKNELL RD 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	PUBLIC CHAR	AID IN CHARITABLE PURPOSE	10,000
<b>Total . . . . .</b>				<b>102,750</b>



**3a**

**TY 2018 Accounting Fees Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MICHAEL J SMITH & ASSOC	1,800	1,800		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Gain/Loss from Sale of Other Assets Schedule

**Name:** RAYNIE FOUNDATION

**EIN:** 13-6086825

### Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
345 SHS - CVS HEALTH	2012-03	PURCHASE	2018-08		22,587	20,462			2,125	
50 SHS - COGNIZANT TECH	2012-03	PURCHASE	2018-10		3,577	1,917			1,660	
15 SHS - GAFFEIT MOTION	2016-07	PURCHASE	2018-10		251	187			64	
65 SHS - GENERAL ELECTRIC	2012-03	PURCHASE	2018-05		920	1,300			-380	
155 SHS - VERSUS	2012-03	PURCHASE	2018-06		19,840	12,141			7,699	
25 SHS - RESIDEO TECHNOLOGIES	2016-07	PURCHASE	2018-10		490	501			-11	
240 SHS - SCHLUMBERGER	2012-03	PURCHASE	2018-10		12,869	16,649			-3,780	
115 SHS - 3M COMPANY	2012-03	PURCHASE	2018-10		21,308	10,151			11,157	
180 SHS - COGNIZANT TECH	2011-10	PURCHASE	2018-10		12,879	6,205			6,674	
930 SHS - GENERAL ELECTRIC	2000-06	PURCHASE	2018-05		13,159	34,606			-21,447	

**TY 2018 Investments Corporate Stock Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
CORPORATE STOCK	502,645	828,445

**TY 2018 Investments - Other Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
MUTUAL FUNDS		513,344	476,346
EXCHANGE TRADED FUNDS		562,584	729,649

**TY 2018 Other Decreases Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825

<b>Description</b>	<b>Amount</b>
BASIS ADJUSTMENT	695

**TY 2018 Other Expenses Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
POSTAGE	8	8		
SUPPLIES	45	45		



**TY 2018 Other Income Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PERSHING LLC	48	48	

**TY 2018 Other Professional Fees Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ADVISORY FEES	14,012	14,012		

**TY 2018 Taxes Schedule****Name:** RAYNIE FOUNDATION**EIN:** 13-6086825

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ILLINOIS TAXES	30	30		
EXCISE TAXES	1,189	1,189		