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.

2949131306416

int	emal i	Revenue Service Go	o www.irs.g	ov/Form990PF for insti	uctions and the latest info		Open to Public Inspecti
_	_	lendar year 2018 or tax year be	ginning	JANUARY 1	, 2018, and endir		
		f foundation				A Employer ide	ntification number
		ROMA, INC .				20-062	2367
Nu	ımber	and street (or P O box number if mail is r	ot delivered to	o street address)	Room/suite	B Telephone nu	mber (see instructions)
P	OB	BOX 1796 '				254-89	7-3145
Cit	ty or to	own, state or province, country, and ZIP o	r foreign posta	il code			_
						C If exemption ap	plication is here
(GLE	N ROSE, TX 76043				, , , , , , , , , , , , , , , , , , , ,	
G	Che	ck all that apply: Initial re	turn	Initial return	of a former public chari	D 1 Foreign orga	nizations, check here ►
		Final ret	urn	Amended re	turn		nizations meeting the
		Address	change	Name chang	е		eck here and attach
н	Che	ck type of organization X Se	ction 501(c)(3) exempt private	foundation OL	1	_
Γ	_	section 4947(a)(1) nonexempt charit		Other taxable pi	()-	e 1	ation status was terminated 07(b)(1)(A), check here
ï		market value of all assets at		unting method: X C			in is in a 60-month termination _
		of year (from Part II, col (c), line		ther (specify)			07(b)(1)(B), check here .
				column (d) must be on ca	ash basis)	_	
E		Analysis of Revenue and Expe				1	(d) Disbursement
		total of amounts in columns (b), (c)	, and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for charitable
		may not necessarily equal the amo column (a) (see instructions))	unts in	books	income	income	purposes (cash basis only
П	1	Contributions, gifts, grants, etc., received (attach	schodule)				<u> </u>
	2	Check I if the foundation is not	required to				
		attach Sch B Interest on savings and temporary cash in			—		
	3 ₄	• , ,		308,083.00	308,083.00		
	4	Dividends and interest from securitie		200,002.00	300,003.00		
		Gross rents					
		Net rental income or (loss)		652,033.00			
ğ	ба b	Net gain or (loss) from sale of assets not Gross sales price for all		032,033.00			
Revenue		assets on line 6a			652,033.00		
å	7	Capital gain net income (from Part)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		032,033.00		
_	8	Net short-term capital gam.	· ,	bl			
	9 10a	Income modifications	3010 1	81			
		Gross sales less retents and allowances	ZUIS	፮ 			,
	b	Less Cost of goods sod .		<u>¥ </u>			
	C	Gross profit or (loss) (attach schedul	የ ! UT · ˈ	13,888.00	-13,888.00		
	• •	Other income (attach schedule)		946,228.00	946,228.00		
\dashv	12	Total. Add lines 1 through 11		180,278.00			
اي	13	Compensation of officers, directors, truste		100,278.00	100,2/8.00		
Se	14	Other employee salaries and wages					
ě	15	Pension plans, employee benefits .			-		
X		Legal fees (attach schedule)		6 000 00	6 000 00	·	
٥		Accounting fees (attach schedule)		6,000.00	6,000.00		
Administrative Expenses		Other professional fees (attach sche		119,107.00	119,107.00		
ī	17	Interest		10 500 00	10 500 00		
	18	Taxes (attach schedule) (see instruc		12,590.00	12,590.00		
Ē	19	Depreciation (attach schedule) and					
2	20	Occupancy			2 2 2 2 2 2		
힏	21	Travel, conferences, and meetings .		9,942.00	9,942.00		<u> </u>
ā	22	Printing and publications					
5	23	Other expenses (attach schedule) .		11,052.00	11,052.00		
ati	23 24	Total operating and administrative					
e c		Add lines 13 through 23		338,969.00	338,969.00		
ō	25	Contributions, gifts, grants paid		631,812.00	<u> </u>		631,812.
╛	26	Total expenses and disbursements Add line	s 24 and 25	970,781.00	338,969.00		631,812.
	27	Subtract line 26 from line 12					1.
	а	Excess of revenue over expenses and dis	sbursements	<u>-24,553.00</u>			
	b	Net investment income (if negative	enter -0-)		607,259.00		
- 1	c or Par 1 000	Adjusted net income (if negative, ei	nter -0-)				
'		perwork Reduction Act Notice, see I					Form 990-PF (2

	art II	Attached schedules and amounts in the	Beginning of year	End o	f year
	art 8	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,993,019.00	5,154,604.00	5,154,604.00
+	2	Savings and temporary cash investments			
	3	Accounts receivable	<u></u> -		
		Less allowance for doubtful accounts ▶			
		Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)	1 526 315 00	F26 672 00	536 672 00
S		Less allowance for doubtful accounts ▶	1,526,315.00	536,672.00	536,672.00
Assets		Inventories for sale or use			
Asi		Prepaid expenses and deferred charges			
		Investments - 0.5 and state government congations (attach schedule)	6.310.559.00	7,197,593.00	10.370.259.00
		Investments - corporate bonds (attach schedule)	0,010,003.00	7,137,7333.00	10/3/0/233.00
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
		Investments - other (attach schedule)	1,576,429.00	1,670,158.00	1,670,158.00
		Lend, buildings, and equipment basis Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·		
		(attach schedule)			
		Other assets (describe		 	
		Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	14 406 322 00	14 559 027 00	17 731 603 00
\dashv		Accounts payable and accrued expenses		14,559,027.00	17,731,093.00
		Grants payable			
ဖွ		Deferred revenue			
≝		Loans from officers, directors, trustees, and other disqualified persons.			1
Liabilities		Mortgages and other notes payable (attach schedule)			-
ت		Other liabilities (describe >)			1
					[
4		Total liabilities (add lines 17 through 22)			
S		Foundations that follow SFAS 117, check here >			
ces		and complete lines 24 through 26, and lines 30 and 31.			
lar	24	Unrestricted			. <u>.</u> <u>.</u>
Ea	25	Temporarily restricted			
p	20	Permanently restricted			<u>`</u>
ᆲ		and complete lines 27 through 31.			Ì
6	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			j
Net Assets or Fund Ealan	29	Retained earnings, accumulated income, endowment, or other funds	14,406,322.00	14,559,027.00	
2	30	Total net assets or fund balances (see instructions)	14,406,322.00	14,559,027.00]
2	31	Total liabilities and net assets/fund balances (see			
		instructions)	14,406,322.00	14,559,027.00	
		Analysis of Changes in Net Assets or Fund Bala			
1		I net assets or fund balances at beginning of year - Part		-	1
_		of-year figure reported on prior year's return)		1	14,406,322.00
		er amount from Part I, line 27a			-24,553.00
		er increases not included in line 2 (itemize) NONTAXAB			177,258.00
_		lines 1, 2, and 3		4 5	14,559,027.00
5 6		reases not included in line 2 (itemize) ► Inet assets or fund balances at end of year (line 4 minus	line 5) - Part II, column /I		14,559,027.00
<u> </u>	ioia	That assets of fund balances at one of year (line 4 minus	mio of Farth, Columnity	o _{j, mio} oo , , , , U	Form 990-PF (2018)

Pa	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and de	scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200 s		(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
<u>.</u>		SCHEDULE ATTACHED	····	D - Donation P	VARIOUS	VARIOUS
b						
d						_
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a	1,909,643.00		1,257,610.00		6	52,033.00
b						
c						
d					· -	
<u> </u>						
	Complete only for assets s	howing gain in column (h) and owned		(1)	Gains (Col (h) ga (k), but not less t	ain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	l (h))
<u>a</u>					6.	52,033.00
<u>b</u>					· · ·	
<u>c</u>						
<u>d</u>					·	.
<u>е</u>			on also enter in Deat I lies 7			
2	Capital gain net income	or (not contol loce)	ain, also enter in Part I, line 7 sss), enter -0- in Part I, line 7	2	6	52,033.00
3	Not short term capital a	ain or (loss) as defined in sections				32,033.00
3		Part I, line 8, column (c) See inst	· · · · · · · · · · · · · · · · · · ·			
	_			3	_	65,141.50
Pa		Jnder Section 4940(e) for Rec		ncome		33,723,333
Was		leave this part blank. the section 4942 tax on the distrib n't qualify under section 4940(e) D		ase perio	d?	Yes No
1		mount in each column for each yea		ng anv er	ntries.	
·	(a)	(b)	(c)		(d)	
Cal	Base period years andar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2017	14,292.00	16,965,388.00			0.0008
	2016	9,693.00				0.0006
	2015	502,842.00	15,697,739.00			0.0320
	2014	1,000,000.00	14,701,498.00			0.0680
	2013	500,000.00	14,658,368.00			0.0341
2		d)		2		0.1355
3	_	io for the 5-year base period - divide				
	the number of years the	foundation has been in existence i	f less than 5 years	3		0.0271
4	Enter the net value of ne	oncharitable-use assets for 2018 fr	rom Part X, line 5	4	17,4	65,717.60
_	Multiply line 4 his line 2			5	4	73,320.95
5						
6	Enter 1% of net investm	nent income (1% of Part I, line 27b).		6		6,072.59
7	Add lines 5 and 6			7	4	79,393.54
8	Enter qualifying distributed line 8 is equal to or go Part VI instructions	tions from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part		31,812.00 x rate. See the
JSA					Form	990-PF (2018)

orm 9	90 ₁ PF (2018)	Pag	je 4
Part			_
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		\neg
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check	6,073.0	00
1	here X and enter 1% of Part I, line 27b		\neg
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		
	Part I, line 12, col (b)		
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		
	Add lines 1 and 2	6,073.0	<u>70</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	6,073.0	50
	Credits/Payments		
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 5,868.00		
	Exempt foreign organizations - tax withheld at source		j
	Tax paid with application for extension of time to file (Form 8868)		Ī
	Backup withholding erroneously withheld		1
d 7	Total credits and payments Add lines 6a through 6d	5,868.0	20
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	205.0	50
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
	Enter the amount of line 10 to be Credited to 2019 estimated tax Refunded 11		
	VII-A Statements Regarding Activities		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes N	No
	participate or intervene in any political campaign?		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		
	instructions for the definition	16	Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		
	published or distributed by the foundation in connection with the activities		
	Did the foundation file Form 1120-POL for this year?	1c	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-
	(1) On the foundation ►\$(2) On foundation managers ►\$		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
	on foundation managers \$	_	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	X
	If "Yes," attach a detailed description of the activities		
	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	Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	х
	If "Yes," attach the statement required by General Instruction T		
	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 remain in the governing instrument?	6 X	
	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	_
	Enter the states to which the foundation reports or with which it is registered. See instructions.		_
Ju	and the court to things the regulation reports of this trings it is registered associated as		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_	
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"		
	complete Part XIV	9	Х
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		
	names and addresses	10	Х
		om 990-PF (20	

Par	t VII-A Statements Regarding Activities (continued)			
	•	L	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	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	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶			
14	The books are in care of ▶ M. CHRISTINE JURZYKOWSKI Telephone no ▶ 254-897	-314	5	
	Located at ▶ PO BOX 1796 GLENROSE, TX ZIP+4 ▶ 76043			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authorit	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	:		
	the foreign country >			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			[
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(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)			
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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			ĺ
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<u> </u>	 	
	all years listed, answer "No" and attach statement - see instructions)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	-			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
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, Form 4720, to determine if the	<u></u>	 	
	foundation had excess business holdings in 2018)	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	46		Ţ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<u> 4b</u>		X

	90-PF (2018)	for Which Form	4720 May Bo Boa	uirod (oont	inuad)			Page 6
	t VII-B Statements Regarding Activities		4/20 May be Req	uirea (cont	iriueu)		7	T
5a	During the year, did the foundation pay or incur any amo		40.45()\0		X No	-	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	=			X No	'		
•	(2) Influence the outcome of any specific public ele	•			□	ļ		[
	directly or indirectly, any voter registration drive?				X No			
	(3) Provide a grant to an individual for travel, study, or of	ther similar purposes?	·	Yes	X No	·		
	(4) Provide a grant to an organization other than a	charitable, etc, org	anization described ii	n		ļ		
	section 4945(d)(4)(A)? See instructions				X No	·		
	(5) Provide for any purpose other than religious, ch	arıtable, scientific, I	iterary, or educationa	al	_		1	
	purposes, or for the prevention of cruelty to children				X No			1
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions des	scribed in	·	_	<u> </u> _
	Regulations section 53 4945 or in a current notice regard	ding disaster assistani	ce? See instructions.			5b		<u> </u>
	Organizations relying on a current notice regarding disas	ster assistance, check	here		▶			
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the ta	ax				
	because it maintained expenditure responsibility for the g			I I	No	,		
	If "Yes," attach the statement required by Regulations se						ł	
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiur	ns				}
Vu.	on a personal benefit contract?			Yes	X No	,		}
b	Did the foundation, during the year, pay premiums, dire			• ——		6b		X
_	If "Yes" to 6b, file Form 8870	ony or manoony, on a						1
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Yes	X No	.		
b	If "Yes," did the foundation receive any proceeds or have					7b	.	
8	Is the foundation subject to the section 4960 tax on pay					<u> </u>	<u> </u>	 1
0	remuneration or excess parachute payment(s) during the			. Yes	No	.		
Dor	t VIII Information About Officers, Director							
гаі		0,,		-, · · · · · · · · · · · · ·	_F	, ,		
	and Contractors							
1	and Contractors List all officers, directors, trustees, and foundati		their compensation					
1		on managers and (b) Title, and average hours per week devoted to position	their compensation (c) Compensation (If not paid, enter -0-)	(d) Contribut employee bend and deferred cor	ions to efit plans		nse acco	
	List all officers, directors, trustees, and foundati	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	ions to efit plans			
1. (List all officers, directors, trustees, and foundati (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contribut employee bene	ions to efit plans			
1. (List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans			
1. (20 I	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans			
1. (PO I	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans			
1. (PO HARI	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR	(c) Compensation (if not paid, enter -0-) 25,920.00	(d) Contribut employee bene	ions to efit plans			
1. (PO HARI	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	ions to efit plans			
1. (PO HARI	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR	(c) Compensation (if not paid, enter -0-) 25,920.00	(d) Contribut employee bene	ions to efit plans			
1. (PO HARH	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JUDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribut employee beneand deferred con	ions to afit plans npensation	öther	allowanc	es
1. (PO HARH	List all officers, directors, trustees, and foundati (a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN VABENA WAY PUTNAM, VT 05346	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than thos	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribut employee beneared con and deferred con	ions to affit plans in pensation	öther	allowanc	es
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1. (PO HARI) LI	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than thos	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred cor	nons to sfit plans in pensation	ons). If	none,	enter
1. (PO HARI) LI	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter
11. (PO II	(a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter
11. (PO II	(a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter
11. (PO II	(a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter
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11. (PO I	(a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter
11. (PO I	(a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter
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1. (PO HARI) LI	(a) Name and address CHRISTINE JURZYKOWSKI BOX 1796 GLEN ROSE, TX 76043 K FINSER EYTON COURT MILL VALLEY, CA 9494 JDE DEL PEPIN WABENA WAY PUTNAM, VT 05346 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 8 HRS/WK DIRECTOR 18 HRS/WK DIRECTOR 35 HRS/WK (other than those)	(c) Compensation (if not paid, enter -0-) 25,920.00 25,920.00 128,438.00	(d) Contribute and deferred core and deferred core (d) Contribute employee balance and deferred core a	nons to sfit plans in pensation	ons). If	none,	enter

Part"VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
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		
otal numb	er of others receiving over \$50,000 for professional services	0
Part IX-A	Summary of Direct Charitable Activities	
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of its and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 FUNDS	DEDICATED TO PURPOSES OUTLINED IN SECTION 501C 3 OF THE INTERNAL	
REVEN	UE CODE	
2		
. ——		
³		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe th	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
All other pr	ogram-related investments. See instructions	
3		
Cotal Add	lines 1 through 3	

Pa	* Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
а	purposes Average monthly fair market value of securities	1a	10,434,301.00
	Average of monthly cash balances	1b	5,063,770.00
c		1c	2,233,622.00
d	Total (add lines 1a, b, and c)	1d	17,731,693.00
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3_	17,731,693.00
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	265,975.40
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,465,717.60
6	Minimum investment return. Enter 5% of line 5	6	873,285.88
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	873,285.88
			0.07200.00_
		1	
b		2c	6,073.00
C		-	867,212.88
3	Distributable amount before adjustments Subtract line 2c from line 1	-	807,212.88
4	Recoveries of amounts treated as qualifying distributions	5	867,212.88
5	Add lines 3 and 4	6	007,212.00
6	Deduction from distributable amount (see instructions)	 • 	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	067 212 00
	line 1	7	867,212.88
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	631,812.00
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc,		
	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а		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	631,812.00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	631,812.00
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Page 9

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				867,212.88
	Undistributed income, if any, as of the end of 2018				ļ
	Enter amount for 2017 only				,
	Total for pnor years 20,20,20			· · · · · · · · · · · · · · · · · · ·	i i
	Excess distributions carryover, if any, to 2018				1
	From 2013				!
	From 2014				[
	From 2016				
_	Total of lines 3a through e	399,626.00			
	Qualifying distributions for 2018 from Part XII,				
•	line 4 ▶ \$ 631,812.00				
а	Applied to 2017, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2018 distributable amount		<u> </u>	· · · · · · · · · · · · · · · · · · ·	631,812.00
	Remaining amount distributed out of corpus				205 100 00
Э	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same	235,400.88			235,400.88
	amount must be shown in column (a))				- ,
6	Enter the net total of each column as				1
	indicated below:	164,225.12			1
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	164,223.12			, , , , , , , , , , , , , , , , , , ,
b	Prior years' undistributed income Subtract				!
c	line 4b from line 2b				
•	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
4	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				1
	instructions				
f	Undistributed income for 2018 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2019				<u> </u>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				·
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)		·		
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
c	· · · · · · · · · · · · · · · · · · ·				<u> </u>
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	164,225.12			
10	Analysis of line 9				-
	Excess from 2014				
	Excess from 2015 164,225.00				
	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				<u> </u>

	n 99Q-PF (2018)					Page 10
Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2018, e	nter the date of the ruling		▶N/A	
γþ	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 4942(J)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	I or the minimum investment		(-)		(0) = 0.1	/
	return from Part X for each					
	year listed			-		
b	85% of line 2a			_	//	
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
a	Amounts included in line 2c not used directly for active conduct					
	of exempt activities				/	
е	Qualifying distributions made			/		
	directly for active conduct of exempt activities. Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
а	atternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed "Support" alternative test - enter			-		
·	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties),					+ •
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	()(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income .				<u> </u>	<u> </u>
Pa				only if the founda	ation had \$5,000 c	or more in assets at
	any time d	uring the year - see	instructions.)	<u>-</u>		
1	Information Regardin					
а						ived by the foundation
	before the close of any	tax year (but only if th	iey have contributed i	more than \$5,000) (S	ee section 507(d)(2).)	
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equal	ly large portion of the
	ownership of a partner					
NOI	NE					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsl	hip, etc., Programs:	-	
	Ž	-		-	itable organizations	and does not accept
	unsolicited requests for	or funds. If the found:	ation makes offs or	ants etc. to individua	itable organizations u	inder other conditions,
	complete items 2a, b,			amo, etc , to marriage	no or organizations a	moor ounce containone,
	The name, address, a			he nerson to whom an	alications should be ad	dressed
а	me name, audress, a	na telephone number	or oman address of the	no person to whom app	Shoulder of Iddia be ad	u10036u
	The form in which app	ligations should be sul	amittad and information	on and materials they	should include	
D	The form in which app	ilications should be sui	onniced and information	on and materials they	Should include	
	Any submission deadli	nec.			. <u> </u>	
C	Any submission deadil	1163				
ام	Any restrictions or li	mitations on awards	such as hy geogr	aphical areas charits	able fields kinds of	institutions, or other
u	factors	audiono on amaido	, 525. 45 5, 95091		22.3 No.00, Killion 01	

Part*XV Supplementary Information (c	continued)		Estano Dormont	
3 Grants and Contributions Paid Duri	Ing the Year or App	Foundation		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		İ		20.165.00
RUDOLF STEINER FOUNDATION INC			CHARITABLE	30,165.00
RUDOLF STEINER FOUNDATION PRI FUND			CHARITABLE	1,647.00
ANJEL FUND			CHARITABLE	600,000.00
			1	
		Ì		
			İ	
Total			▶ 3a	631,812.00
b Approved for future payment				
,,				
			1	
			1	
			1	
				'
			D 26	

ter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
d					<u> </u>
e			-		·
f		<u> </u>			
g Fees and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
Membership dues and assessments			+		
Interest on savings and temporary cash investments -			14	308,083.00	
Dividends and interest from securities Net rental income or (loss) from real estate					<u> </u>
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventor			14	652,033.00	
Net income or (loss) from special events · · ·				.= .=	
Gross profit or (loss) from sales of inventory					<u> </u>
Other revenue a					
b PARTNERSHIP INCOME (LOSS	·}		14	-13,888.00	
c					
d					 .
e					
				046 220 00	
				946,228.00	946 228
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activiti	culations)	ccomplishment of I	Exempt Pur	poses	946,228.
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activiti	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activition Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitiene No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitiene No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti ne No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
rotal. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti e No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
rotal. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti e No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
rotal. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti e No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
rotal. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti e No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
rotal. Add line 12, columns (b), (d), and (e). worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti e No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e). e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activiti ne No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal ret XVI-B Relationship of Activitions No. Explain below how each activities.	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal ret XVI-B Relationship of Activitions No. Explain below how each activities.	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitiene No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal ret XVI-B Relationship of Activitions No. Explain below how each activities.	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to
ine No. Explain below how each activ	culations) es to the A	ccomplishment of I	Exempt Pur	poses e) of Part XVI-A contribu	ited importantly to

Form 990-PF		, n. , i.,	41.	1, 1,	16.	Carry College		Pege 1
Part XVI	Exempt Orga	nizations		and Transactio				aritable
in seconglar a Trans (1) Co (2) O b Other (1) So (3) Ro (4) Ro (5) Lo (6) Po c Shani d If the yelue	he organization direction 501(c) (other extions? there from the reportings) there assets. It ansections: ales of assets to a nouronage of assets to a nouronage of assets from the reporting of facilities, equipment of services of facilities, equipment of facilities of facilities.	then section than section or foundation to incharitable exeruments or other section on a noncharital protect of the section of	a noncharital a noncharital mpt organizatio ble exempt on assets ip or fundrals s, other asset s," complete ces given by	ganizations) or it is a second	n: section: atlon of: edule, Cot dation. If	527 relating	to prolitical	an falr marke
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Paid Preparer

JOE D BULLOCK Firm's hame . > BULLOCK HARTLEY Use Only Firm's address > 1200 SUMMIT, SUTTE 430 FORT WORTH, TX 76102

#### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2018

Name of the organization		Employe	er identification number
PLEROMA, INC .		20-06	22367
Organization type (check o	ne)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated	l as a private foundation	
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as	a private foundation	
	501(c)(3) taxable private foundation		
Note: Only a section 501(c instructions  General Rule	)(7), (8), or (10) organization can check boxes for both the Gei	neral Rule and a Special Ru	ule. See
X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during t ey or property) from any one contributor. Complete Parts I and I contributions	-	-
Special Rules			
regulations unde 13, 16a, or 16b,	on described in section 501(c)(3) filing Form 990 or 990-EZ to sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedand that received from any one contributor, during the year, to 6 of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form	lule A (Form 990 or 990-Ez otal contributions of the gi	Z), Part II, line reater of <b>(1)</b>
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 ig the year, total contributions of more than \$1,000 exclusively tional purposes, or for the prevention of cruelty to children or b) instead of the contributor name and address), II, and III	for religious, charitable,	scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions exclusively for religious, charitable, educed more than \$1,000. If this box is checked, enter here the tor an exclusively religious, charitable, etc., purpose. Don't complies to this organization because it received nonexclusively religious, charitable, etc., purpose.	etc, purposes, but no such otal contributions that wer iplete any of the parts unle gious, charitable, etc, co	re received ess the
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rules	doesn't file Schedule B (F	

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).

Name of organization

Employer identification number

PLEROMA, INC . 20-0622367

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
PLEROMA, INC .

Employer identification number

20-0622367

³ art II Non	cash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(2) M2		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	- <u>-</u> .		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	Date :

(d) received

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

## Pleroma, Inc.

12/31/2018 Part 1 Line 11

#### Partnership K-1's

Beartooth Capital II LP	-5,135
Conservation Forestry Cap III	4,589
Elevar Equity III, L.P.	-7,150
Microvest Short Dur Fund LP	22,526
Partnership Cap Growth III AIV	-3,148
Partnership Cap Growth III LP	-12,106
RSF Mezzaine Fund LP	-68,317
SJF Ventures III LP	16,288
SJF Ventures IVA LP	1,079
Virtu Inv Multi Fam Opp Fund II	22,147
Virtu Inv Multi Fam Op Fund III	15,339
Total Partnership K-1's	-13,888

# PLEROMA, INC SCHEDULE ATTACHED TO FORM 990-PF – 12/31/2018

## Page 1, Part I, Line 16(a) & (b), Accounting Fees

Accounting and tax preparation fees	<u>\$ 6,000</u>
Page 1, Part I, Line 16(c), Other Professional Fees	
Portfolio Advisory fees	\$ 90,187
Consulting fees	\$ <u>28,920</u>
	<u>\$ 119,107</u>
Page 1, Part I, Line 18, Taxes	
Foreign taxes paid	\$ 879
Delaware State Tax	\$ 25
Payroll taxes paid	<u>\$ 11,686</u>
	<u>\$ 12,590</u>
Page 1, Part I, Line 23, Other Expenses	
Bank Charges	\$ 230
Insurance	\$ 750
Health Insurance	\$ 5,419
Office expenses	\$ 874
Memberships	\$ 2,825
Auto	\$ 110
Filing fees	<u>\$ 844</u>
	<u>\$ 11,052</u>
Page 2, Part II, Line 13, Investments, Other	
Partnership Investments	<u>\$ 1,670,158.</u>

## Pleroma, Inc.

#### 12/31/2018

### Partnership K-1's

Beartooth Capital II LP	-5,135.00
Conservation Forestry Cap III	4,589.00
Elevar Equity III, L.P.	-7,150.00
Microvest Short Dur Fund LP	22,526 00
Partnership Cap Growth III AIV	-3,148 00
Partnership Cap Growth III LP	-12,106 00
RSF Mezzaine Fund LP	-68,317 00
SJF Ventures III LP	16,288 00
SJF Ventures IVA LP	1,079 00
Virtu Inv Multi Fam Opp Fund II	22,147 00
Virtu Inv Multi Fam Op Fund III	15,339.00
Total Partnership K-1's	-13,888 00

## Pleroma Inc. 12/31/2018 Part II Line 7

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Total Loans

Latino Comm Credit Un Cap Call	100,991
Ne Biodiesel Loan	129,025
Other Loan (PRI)	6,656
Unicef _	250,000
Root Capital	50,000
	536,672

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