Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning, 2018, and ending, 20						rn	OMB No 1545-0687		
7 01111							,	୬⋒ 1 0		
		For cale	Bo to www.irs.gov/Form990					·•—·	4	W 10
	ment of the Treasury I Revenue Service	▶ Do	not enter SSN numbers on this form a					c)(3)	Open to P	ublic Inspection for Organizations Only
A _	Check box if address changed	1	Name of organization (Check bo		· — ·			D Empl	yer identifi	cation number e instructions)
B Eve	mpt under section	}	THE GREG AND INDIA F	KETT	H FOUNDATIO	ON				
	501(C (O3_)	Print	Number, street, and room or suite no			_		20-2	016795	
H	408(e) 220(e)	or								ss activity code
H	408A 530(a)	1 y PC	5201 GORHAM DRIVE					(See in	istructions)	
-	529(a)	}	City or town, state or province, country	, and Z	IP or foreign postal	code		1		
C Boo	k value of all assets	1	CHARLOTTE, NC 28226					5239	99	
at e	nd of year	F Gro	up exemption number (See instructi	ons) I	>					
1	1,542,697.	G Che	ck organization type X 501	(c) cor	poration	501(c) trust	401(a)	trust	Other trust
H Er	iter the number of	the orga	nization's unrelated trades or busine	sses	<u>≥</u>		Describe	e the only	(or first) u	nrelated
	ide or business hei						complete Parts I			describe the
fır	st in the blank spa	ice at the	end of the previous sentence, cor	nplete	Parts I and II, cor	nplete a S	chedule M for ea	ch additio	nal	
	ide or business, th									
	-		corporation a subsidiary in an affili			ubsidiary o	controlled group?		▶∟	Yes _X_ No
			identifying number of the parent cor	poration	on 🕨		7.0	74. 264	C10E	
_	e books are in care						e number ▶ 70		-6102	
Par			or Business Income		(A) Incor	ne	(B) Exper	ises	 	(C) Net
1a	Gross receipts or			١. ا						
ь	Less returns and allows	_	c Balance ▶	-					-	
2	=		ule A, line 7)	2					 	
3	-		2 from line 1c	3						
4a			attach Schedule D)	4a					+	
b			Part II, line 17) (attach Form 4797)	4b 4c					 	
C E	•		rusts	5	-3	3,875.	ATCH 2		+	-3,875.
5 6			r an S corporation (attach statement). 🗸	6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	711011 2			
7			come (Schedule E)	7				·	 	
8			ents from a controlled organization (Schedule F)		<u> </u>					
9			1(c)(7), (9), or (17) organization (Schedule G)	9					-	
10			ncome (Schedule I)	10						
11		-	fule J)	11			-			
12			ctions, attach schedule)	12						
13			ough 12	13	-3	3,875.				-3,875.
Par	t Deductio	ns Not	Taken Elsewhere (See instr	ructio	ns for limitati	ons on c	deductions-)-(Except	for contri	butions,
	deduction	is must	Taken Elsewhere (See instant to be directly connected with the second se	he ur	related busiń	ess inco	me.) 📢	í		
14	Compensation of	officers.	directors, and trustees (Schedule K)		151	- 		14		
15	Salaries and wage	es			5 n	<u></u> ∩ a.9	SI 10106 - 8	' <u>15</u>	<u> </u>	
16	Repairs and mair	tenance			! [2]			16		
17	Bad debts		(see instructions)					J <u>17</u>		
18	Interest (attach s	chedule)	(see instructions)		<u></u> ! .)!'		$1,1,3,\dots$	<u>18</u>		
19	raxes and license	s						· · 19		
20			See instructions for limitation rules)					20	_	
21	Depreciation (att	ach Form	4562)		_2	21				
22			on Schedule A and elsewhere on re							
23										
24	·		compensation plans							
25			s							·
26	677		Schedule I)							
27	-, -		chedule J)							
28			schedule)							
29			es 14 through 28							-3,875.
30	1		ole income before net operating							3,073.
31	720	-	ng loss arising in tax years beginnii							-3,875.
32	Unrelated busine	ss taxab	e income. Subtract line 31 from line	:3U .	<u> </u>	<u></u>	<u> </u>	32		

For Paperwork Reduction Act Notice, see instructions. 8x2740 1,000 6970 M170 11/14/2019 10:32:21 AM

Form 990-T (2018)

Form	990-T (20				F	Page 2
Pa	rt:III	Total Unrelated Business Taxable Income				
33	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruct	ons)	33			
34	Amount	s paid for disallowed fringes	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
	ınstruct	ons)	35			
36	Total o	f unrelated business taxable income before specific deduction. Subtract line 35 from the sum	l			
		33 and 34	36			
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000.
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter th	e smaller of zero or line 36	38			0.
-	rt IV	Tax Computation				
39		ations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
		unt on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41		x. See instructions	41		_	
42 43		ve minimum tax (trusts only) · · · · · · · · · · · · · · · · · · ·	42			
43 44		Noncompliant Facility Income. See instructions	43			
_		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		-		
45 a	_	edits (see instructions)				
		business credit Attach Form 3800 (see instructions)	ı İ			
		or prior year minimum tax (attach Form 8801 or 8827)				
		edits. Add lines 45a through 45d	45e			
46		line 45e from line 44	46			
47		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48		c. Add lines 46 and 47 (see instructions)	48			0.
49		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		ts A 2017 overpayment credited to 2018				
		timated tax payments				
		osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions) 50d				
е		withholding (see instructions)				
f		or small employer health insurance premiums (attach Form 8941) 50f				
g	Other cr	edits, adjustments, and payments Form 2439	i İ			
	F	orm 4136 Other Total ▶ 50g				
51		yments. Add lines 50a through 50g	51			
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed $\dots \dots \dots$	53			
54		ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55		amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶				
		Statements Regarding Certain Activities and Other Information (see instructions				
56	-	time during the 2018 calendar year, did the organization have an interest in or a signature or		-	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma				
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign	country		l v
	here 🕨					X
57		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?			1
		see instructions for other forms the organization may have to file				
58	Enter th	e amount of tax-exempt interest received or accrued during the tax year \$\infty\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	est of my	knowledge	and hel	ief it i
o:	_ tn	der penalises of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the be, correct, and complete Doclaration of preparer (out-of than taxpayer) is based on all information of which preparer has any knowledge		viireuge	- 10 DEI	, n. 1
Sig	" L	Ma and and an an an an an an an an an an an an an	y the IF	RS discuss	this i	retum
Hei			h the p e-instruction	oreparer sh		~
		,		ns)? X Ye	:5	No
Paid	1	mp. rep. 11/14/2019 Check		1	2722) 6
	parer	TRICIA REMINISTRAÇÃO	mployed	P014 56-176		
'	Only	Firm's name PESTA, FINNIE&ASSOC. L.L.P Firm's		4-364-		

Form 990-T (2018)

JSA

%

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

Form 990-T (2018)

Enter here and on page 1,

Part I, line 7, column (B)

2

3

(1) (2) (3) (4)

(1) (2) (3) (4)

(1) (2) (3) (4)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu	ntico, regunico			olled Org			4000		, <u>,</u>		
Name of controlled organization	2. Employer identification numb	iei	t unrelated) (see instr		4. Total payme	of speci	fied include:	of column 4 th I in the contro tion's gross in	olling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)					L						
Nonexempt Controlled Organiz	ations				 						
7. Taxable Income	8. Net unrelated in (loss) (see instruc	i i		of specific		inc	Part of column luded in the co anization's gro	ontrolling		Deductions directly nected with income in column 10	
(1)					_						
(2)											
(3)											
(4)		<u> </u>					dd columns 5			d columns 6 and 11	
Totals			· · · · · · · · · · · · · · · · · · ·), or (17) Orga	Pá	ter here and or int I, line 8, coli on (see ins	ımn (A)		er here and on page 1, rt I, line 8, column (B)	
1. Description of income	2 Amount of	fincome	,	3 Deduction of the 3 Deduction o	nected			et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)			ļ								
(2)											
(3)			ļ				<u>. </u>				
(4)	Enter here and		<u> </u>							Enter here and on page 1	
Totals ► Schedule I-Exploited Exe	Part I, line 9, c					com	e (see instr	uctions)		Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	with 2	I. Net incorrom unrelated by business 2 minus collification, colors 5 three collifications.	ed tradé (column lumn 3) ompute	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)						-		<u> </u>			
(2)											
(3)											
(4)								1			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J-Advertising In	<u> </u>										
Part I Income From Peri	iodicals Repor	ted on a Co	nsolida	ated Bas	sis						
1. Name of periodical	2. Gross advertising income	3 Directadvertising o	costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute	5. Circulation 6. Readership income costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)											
(2)											
(3)						· · · · · ·					
(4)											
Totals (carry to Part II, line (5))				·						Form 990-T (2018	

Page 5

(4)

Total. Enter here and on page 1, Part II, line 14.

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7 Excess readership 4. Advertising gain or (loss) (col costs (column 6 2 Gross 3. Direct 5 Circulation 6. Readership minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs costs not more than a gain, compute income column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4. Compensation attributable to unrelated business business (1) % % (2) (3) %

%

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	No	1545	-0687

For calendar year 2018 or other tax year beginning Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal	Revenue S	ervice	▶ D	o not enter	SSN numbers on this form as it may be made public if your organization is a 5	01(c)(3).
Name	of organiz	ation				Employ
THE	GREG	AND	INDIA	KEITH	FOUNDATION	20-2

Employer Identification number

20-2016795

Unrelated business activity code (see instructions) ▶ 523999 Describe the unrelated trade or business ► INVESTMENT IN PASS THROUGH ENTITY

Par	t1 Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales			-	
ь	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH. 3 .	5	-55,220.		-55,220.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-55,220.		-55,220.

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I).	1	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	1	
29	Total deductions Add lines 14 through 28	Į.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-55,220.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30		-55,220.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT	
------------	--

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT IN AMERIGAS PARTNERS, LP

ATTACHMENT	2	

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AMERIGAS PARTNERS, LP (EIN: 23-2787918)

-3,875.

INCOME (LOSS) FROM PARTNERSHIPS

-3,875.

ATTACHMENT	3		

KERANETICS, LLC

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

ORDINARY BUSINESS INCOME

-55,220.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-55,220.

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www.irs.gov/Form1120 for instructions and the latest information.

THE GREG AND INDIA KEITH FOUNDATION

Employer identification number 20-2016795

Par	Short-Term Capital Gains and Losses	(See instructions)					
•	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	(s)	(h) Gain or (loss) Subtract column (e) from		
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	column (d) and combine the result with column (g)		
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
18	Totals for all transactions reported on Form(s) 8949							
	with Box A checked							
2	Totals for all transactions reported on Form(s) 8949							
	with Box B checked ,							
3	Totals for all transactions reported on Form(s) 8949							
	with Box C checked			<u> </u>				
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4			
5	Short-term capital gain or (loss) from like-kind excha-	nges from Form 8824			5			
6	Unused capital loss carryover (attach computation)				6	()		
	Net short-term capital gain or (loss) Combine lines				7			
Par		(See instructions)				Title		
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to or loss from Form		(h) Gain or (loss) Subtract column (e) from		
	This form may be easier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	8949, Part II, line		column (d) and combine		
	whole dollars	(Sales price)	(Of Office Dasis)	column (g)		the result with column (g)		
88	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.							
86	Totals for all transactions reported on Form(s) 8949							
	with Box D checked							
9	Totals for all transactions reported on Form(s) 8949			,				
	with Box E checked							
10	Totals for all transactions reported on Form(s) 8949							
	with Box F checked							
11	Enter gain from Form 4797, line 7 or 9				11			
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12			
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13			
14	Capital gain distributions (see instructions)		14	86,689.				
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	ih ,,,,		15	86,689.		
Part		 	<u> </u>					
								
16	Enter excess of net short-term capital gain (line 7) o		16					
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over n	et short-term capital los	s (line 7)	17	86,689.		
18	Add lines 16 and 17 Enter here and on Form 1120,				18	86,689.		
	Note: If losses exceed gains, see Capital losses in the			* • • • • • •		<u> </u>		
For Pa	or Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018							