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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 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
Atlas Foundry Foundation Inc

% WILLIAM GARTLAND

Number and street (or P O box number if mail is not delivered to street address) Room/suite
601 N Henderson Ave

City or town, state or province, country, and ZIP or foreign postal code
Marion, IN 469523348

A Employer identification number
35-6041739

B Telephone number (see instructions)
(765) 662-2525

C If exemption application is pending, check here

D 1. Foreign organizations, check here

2 Foreign organizations meeting the 85%

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☒ Final return

☐ Amended return

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

9

128

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

10

11 Enter the amount of line 10 to be Credited to 2019 estimated tax

Refunded

11

Part VII-A

Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

Yes

No

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).

1b

Yes

No

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

1c

Yes

No

1c Did the foundation file Form 1120-POL for this year?

1c

Yes

No

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation

(2) On foundation managers

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed

| Part III Balance Sheets | Attached schedules and amounts in the description column | Beginning of year | End of year |
|--------------------------------|--|-------------------|-------------|
|--------------------------------|--|-------------------|-------------|

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) |
|---|---|---|-------------------------------------|
| 1 a MERRILL LYNCH | | | |
| b MERRILL LYNCH | | | |
| c | | | |
| d | | | |
| e | | | |

| (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) |
|--------------------------|---|--|---|
| a 70,350 | | 69,654 | 696 |
| b 1,431 | | | 1,431 |
| c | | | |
| d | | | |
| e | | | |

| (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 | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|-----------------------------|---|--|---|
| a | | | 696 |
| b | | | 1,431 |
| c | | | |
| d | | | |
| e | | | |

2 Capital gain net income or (loss) If gain, also enter in Part I, line 7

3 Capital loss net income or (loss) If (loss), enter on Part I, line 7

4 Net capital gain or (loss)

5 Other income or (loss)

6 Total income or (loss)

7 Taxable income or (loss)

8 Taxable income or (loss) after capital gains and losses

9 Taxable income or (loss) after capital gains and losses

10 Taxable income or (loss) after capital gains and losses

11 Taxable income or (loss) after capital gains and losses

12 Taxable income or (loss) after capital gains and losses

13 Taxable income or (loss) after capital gains and losses

14 Taxable income or (loss) after capital gains and losses

15 Taxable income or (loss) after capital gains and losses

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check ☐

1

576

| | | |
|--|-----------|-----------|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(h)(13)? If "Yes" attach schedule. See instructions. | 11 | No |
|--|-----------|-----------|

[illegible]

[REDACTED]

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906 | NONE | PC | GENERAL | 300 |
| FIRST LIGHT CHILD ADVOCACY 904B WEST THIRD STREET MARION, IN 46952 | NONE | PC | GENERAL | 500 |
| CANCER SERVICES OF GRANT COUNTY 305 S NORTON AVE MARION, IN 46952 | NONE | PC | GENERAL | 100 |
| Total | | | 3a | 78,225 |

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 |
|---|---------------------|------------------|
|---|---------------------|------------------|

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

| | | |
|---|-----------|---------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a Average monthly fair market value of securities. | 1a | 805,567 |
| b Average of monthly cash balances. | 1b | 63,845 |
| c Fair market value of all other assets (see instructions). | 1c | 0 |
| d Total (add lines 1a, b, and c). | 1d | 869,412 |

Part XIII Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|---|---|---------------|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2018 from Part XI, line 7 | | | | 42,243 |
| 2 | Undistributed income, if any, as of the end of 2018 | | | | |
| a | Enter amount for 2017 only. | | | 0 | |
| b | Total for prior years 2016, 2015, 2014 | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | | |
| a | From 2013. | | | | |
| b | From 2014. 433,275 | | | | |
| c | From 2015. 18,783 | | | | |
| d | From 2016. 27,442 | | | | |
| e | From 2017. 64,979 | | | | |
| f | Total of lines 3a through e. | 544,479 | | | |
| 4 | Qualifying distributions for 2018 from Part XII, line 4 ► \$ 80,365 | | | | |
| a | Applied to 2017, but not more than line 2a | | | 0 | |
| Applied to undistributed distributions of prior years | | | | | |

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

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 name and address

Foundation

Amount of grant or contribution

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

1 Program service revenue

a _____
 b _____
 c _____
 d _____
 e _____
 f _____

g Fees and contracts from government agencies

2 Membership dues and assessments.**3** Interest on savings and temporary cash 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 IRS REFUND _____

b _____

c _____

d _____

e _____

12 Subtotal. Add columns (b), (d), and (e).**13 Total.** Add line 12, columns (b), (d), and (e). **13** 34,560

(See worksheet in line 13 instructions to verify calculations.)

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

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.)

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)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| (1) Cash. | | 1a(1) |
| (2) Other assets. | | 1a(2) |
| b Other transactions | | |
| (1) Sales of assets to a noncharitable exempt organization. | | 1b(1) |
| (2) Purchases of assets from a noncharitable exempt organization. | | 1b(2) |
| (3) Rental of facilities, equipment, or other assets. | | 1b(3) |
| (4) Reimbursement arrangements. | | 1b(4) |
| (5) Loans or loan guarantees. | | 1b(5) |
| (6) Performance of services or membership or fundraising solicitations. | | 1b(6) |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | | 1c |
| 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 | | |

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

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

[illegible]

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| HOSTESS HOUSE723 West 4th Street Marion, IN 469523901 | NONE | PC | GENERAL | 2,000 |
| ST PAUL1009 Kem Road Marion, IN 46952 | NONE | PC | GENERAL | 30,750 |
| Foundry Educational Foundation 1695 N Penny Lane Schaumburg, IL 60173 | NONE | PC | GENERAL | 1,500 |
| Total ▶ 3a | | | | 78,225 |

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) | | | | |
| a <i>Paid during the year</i> | | | | |
| MARION PARKSPO BOX 716 MARION, IN 46952 | NONE | PC | GENERAL | 3,000 |
| INDEPENDENT COLLEGES OF INDIANA | NONE | SO T | GENERAL | 500 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| MEALS ON WHEELS 624 SOUTH ADAMS STREET MARION, IN 469532041 | NONE | PC | GENERAL | 250 |
| PAL CLUB555 E NORTON STREET MARION, IN 46952 | NONE | PC | GENERAL | 500 |
| LIONS CLUB10152 SOUTH 100 EAST FAIRMONT, IN 469289329 | NONE | PC | GENERAL | 250 |
| Total ▶ 3a | | | | 78,225 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| TAYLOR FILM FESTIVAL 236 W READE AVE UPLAND, IN 46989 | NONE | PC | GENERAL | 100 |
| Gilead MinistriesPO Box 134 JONESBORO, IN 46938 | NONE | PC | GENERAL | 100 |
| LOUISVILLE COMMUNITY FOUNDATION 325 WEST MAIN STREET NO 1110 LOUISVILLE, KY 40202 | NONE | PC | GENERAL | 225 |
| Total ▶ 3a | | | | 78,225 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| CASA OF GRANT COUNTY INC 303 SOUTH NORTON AVENUE MARION, IN 46952 | NONE | PC | GENERAL | 500 |
| COMMUNITY IMPACT FUND 102 N Lebanon St STE 200 LEBANON, IN 46052 | NONE | PC | GENERAL | 5,000 |
| Marion High Athletic Endowment PO BOX 1029 MARION, IN 469527429 | NONE | PC | GENERAL | 1,000 |
| Total ▶ 3a | | | | 78,225 |

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 | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-------------------------------------|--|--------------------------------|----------------------------------|--------|
| Name and address (home or business) | | | | |
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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

| 5a During the year did the foundation pay or incur any amount to | | Yes | No |
|---|---|-----|----|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) 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 | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described | | | |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| Gas City Park211 East Main Street Gas City, IN 46933 | NONE | PC | GENERAL | 250 |
| Indiana Wesleyan 4201 S Washington Street Marion, IN 469534974 | NONE | PC | GENERAL | 500 |
| Kinwell Academy2930 S NAPPANEE ELKHART, IN 46517 | NONE | PC | GENERAL | 2,000 |
| Total ▶ 3a | | | | 78,225 |

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) | | | | |
| a <i>Paid during the year</i> | | | | |
| M&M Law Enforcement Support 1121 W Deer Creek Dr Brazil, IN 478347950 | NONE | PC | GENERAL | 150 |
| ALLEN COUNTY SPCA 4914 HANNA STREET FORT WAYNE, IN 46806 | NONE | PC | GENERAL | 200 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| EASTERSEALS CROSSROADS 4740 KINGSWAY DRIVE INDIANAPOLIS, IN 46205 | NONE | PC | GENERAL | 500 |
| GRANT COUNTY SPORTS HALL OF FAME 123 SUTTER WAY MARION, IN 46952 | NONE | PC | GENERAL | 250 |
| SANDUSKY CENTRAL CATHOLIC SCHOOLS 410 W JEFFERSON STREET SANDUSKY, OH 44870 | NONE | PC | GENERAL | 250 |
| Total ▶ 3a | | | | 78,225 |

| 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) | | | | |
| a <i>Paid during the year</i> | | | | |
| UNITED WAY215 S ADAMS STREET MARION, IN 46952 | NONE | PC | GENERAL | 10,000 |
| MARION CIVIC THEATRE 509 S WASHINGTON STREET MARION, IN 46953 | NONE | PC | GENERAL | 2,000 |
| MARION PHILHARMONIC ORCHESTRA 236 W READE AVENUE UPLAND, IN 46989 | NONE | PC | GENERAL | 1,000 |
| Total ▶ 3a | | | | 78,225 |

[illegible]

TY 2018 Accounting Fees Schedule**Name:** Atlas Foundry Foundation Inc**EIN:** 35-6041739

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| TAX PREP FEES | 4,160 | 2,080 | | 2,080 |

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

TY 2018 Depreciation Schedule

Name: Atlas Foundry Foundation Inc

EIN: 35-6041739

TY 2018 Investments Corporate Stock Schedule

Name: Atlas Foundry Foundation Inc

EIN: 35-6041739

Investments Corporation Stock Schedule

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------|------------------------|-------------------------------|
| | | |

TY 2018 Investments - Other Schedule

Name: Atlas Foundry Foundation Inc

EIN: 35-6041739

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|------------------|-----------------------|------------|-------------------------------|
| LORD ABBETT BOND | AT COST | 377,554 | 358,746 |

TY 2018 Other Expenses Schedule**Name:** Atlas Foundry Foundation Inc**EIN:** 35-6041739**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------|--------------------------------------|--------------------------|------------------------|---|
| MISCELLANEOUS EXPENSE | 60 | | | 60 |

TY 2018 Other Income Schedule

Name: Atlas Foundry Foundation Inc

EIN: 35-6041739

Other Income Schedule

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|-------------|-----------------------------------|--------------------------|---------------------|
| IRS Refund | 3,345 | | |

TY 2018 Other Professional Fees Schedule**Name:** Atlas Foundry Foundation Inc**EIN:** 35-6041739**Category****Amount****Net Investment
Income****Adjusted Net
Income****Disbursements
for Charitable**

TY 2018 Taxes Schedule**Name:** Atlas Foundry Foundation Inc**EIN:** 35-6041739

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------|---------------|----------------------------------|--------------------------------|--|
| FOREIGN TAXES PAID | 31 | 31 | | |

| | | |
|--|---|------------------|
| Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small> | Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information | OMB No 1545-0047 |
| | | 2018 |

| | |
|---|---|
| Name of the organization Atlas Foundry Foundation Inc | Employer identification number 35-6041739 |
|---|---|

Organization type (check one)

| | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Part I and II. See instructions for determining a contributor's total.

| | |
|---|---|
| Name of organization Atlas Foundry Foundation Inc | Employer identification number 35-6041739 |
|---|---|

| 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 |
| 1 | ATLAS FOUNDRY COMPANY INC 601 N HENDERSON AVE MARION, IN 46952 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small> |

Employer identification number

35-6041739

| Part II | Noncash Property |
|---------|------------------|
|---------|------------------|

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Atlas Foundry Foundation Inc

Employer identification number

35-6041739

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for