## Form 990-PF

2949134105900 Return of Private Foundation

1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990PFfor instructions and the latest information.

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For calendar year 2018 or tax year beginning 2018, and ending Name of foundation A Employer identification number GEGAX FAMILY FOUNDATION 41-1989478 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) P.O. BOX 75000 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here. DETROIT, MI 48275-7874 G Check all that apply: Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminate Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method: X Cash I Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here 16) ▶ \$ 1,265,506. (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (c) Adjusted net for charitable (b) Net investment total of amounts in columns (b), (c), and (d) expenses per income ıncome purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions).) 500,000 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to 2 Check > attach Sch B. . . . . . . . . . . . 3 5 5 Interest on savings and temporary cash investments. 53,889 53,889 4 Dividends and interest from securities . . . 5a Gross rents . . . . . . . . . . Net rental income or (loss) -43,563 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 793,353 Capital gain net income (from Part IV, line 2) . R Net short-term capital gain. . . Income modifications . 10a Gross sales less returns and allowances . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) 768 502 Other income (attach schedule) . . . . . . 11 099 Total. Add lines 1 through 11 . . . 54 396 12 13 Compensation of officers, directors, trustees, etc. NONE NONE 14 Other employee salaries and wages . . . . . NONE NONE 15 Pension plans, employee benefits . . . . . . Legal fees (attach schedule) . . . . 16a <u>1,3</u>20 660 660 Accounting fees (attach schedule) 2,750 2,750 Other professional fees (attacheschedule E.D C 17 80 2,324 18 Taxes (attach schedute) (see Instructions) 0.10 19 Depreciation (attach Sc 20 Occupancy . . . NONE NONE 21 Travel, conferences, and meeting DE.N. NONE NONE Printing and publications 22 멸23 25 25 Other expenses (attach schedule) . . . . . . 24 Total operating and administrative expenses. NONE 6,419 3,435 660 ô 36,267 36,267 25 Contributions, gifts, grants paid . . . . . . 435 NONE 36,927 42,686 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12. 27 468,413 Excess of revenue over expenses and disbursements 50,961 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions. HDV390 656P 11/25/2019 16:09:45

FO	1111 990	-PF (2016)			1-1303410		rage ≥
Ρ̈́	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year (a) Book Value	(b) Book Value	End of	year (c) Fair Market Value
_	1	Cook non-interest beer	amounts only (See instructions )				(c) rail Market Value
			_		195.7	732	195 732
	2	Associate resolvable	cash investments				1
		Less allewanes for deal	otful accounts >	was from a recognic against 10 resolves and 1000 topologies supplies supplies 10 to 5 givenified	angengle-mburtudayfl / miseatum analisidans.		ومواسطة الوقية أن الأحداء جاءه و جدم بهناميم - 194 منوانيو المارية
		'Diadage accessed by	otiui accounts -			·	
	4	'Pledges receivable ▶	otful accounts >		<del>- ' </del>	-	<u></u>
		Less, allowance for doub	otiui accounts -	···			
	5		officers, directors, trustees, and other		<del></del>		<del></del>
	6		· · · · · · · · · · · · · · · · · · ·				
	_		ach schedule) (see instructions)				i
	7	Other notes and loans re	eceivable (attach schedule)			-	
		Less: allowance for doul	otful accounts  NONE			-+	
Assets	8		se			-+	<del></del>
SS	9	Prepaid expenses and d	eferred charges			-+	
۹	10a	Investments - U.S. and state	government obligations (attach schedule)				
	b	Investments - corporate	government obligations (attach schedule) stock (attach schedule) . STMT .1 bonds (attach schedule) . STMT .2	50,000.	50,0	100.	31,948
	, c	Investments - corporate	bonds (attach schedule). STMT .2	791,088.	. 1,076,1	.05.	1,029,096
	11	and equipment basis	· •		<u> </u>		2.74 (4.27)
		Less accumulated deprecia (attach schedule)	ition >				
	12	Investments - mortgage	loans				
	13	Investments - other (atta	ch schedule) STMT .3		11,9	11.	8,730
	14	Land, buildings, and	<b>•</b>				
		Less accumulated deprecia (attach schedule)	ition				
	15	Other assets (describe	<b></b> )				
ı	16	Total assets (to be	completed by all filers - see the				
		instructions. Also, see pa	age 1, item l)	870,337.	1,333,7	<u> 48.</u>	1,265,506
	17	Accounts payable and a	ccrued expenses	110.			
		• •					
es					·· · · · ·		
Liabilities			rs, trustees, and other disqualified persons				]
ab.		•	tes payable (attach schedule)				]
Ë	22	Other habilities (describe	· • •				- 1
					·		]
	23	Total liabilities (add line	s 17 through 22)	110.	N	юив	]
			SFAS 117, check here				-
ès			through 26, and lines 30 and 31.				
5	24	Unrestricted					
Net Assets or Fund Baland				\			
8							Ī
Ĕ			t follow SFAS 117, check here ► X				1
띠		and complete lines 27					
ō	27	Canital stock trust princ	ipal, or current funds	870,227.	1,333,7	48.	
ţ	28	•	land, bldg , and equipment fund.	5.5755			
SS		•	ated income, endowment, or other funds				i
۲		<del>-</del> ·	balances (see instructions)	870,227.	1,333,7	48.	
Ę			net assets/fund balances (see	0,0,22,.	1/333//		<u> </u>
_			The assets/fully bulliness (300	870,337.	1,333,7	48	1
Ь			nges in Net Assets or Fund Bala		1,555,1	301	<u> </u>
			palances at beginning of year - Part		must agree with		
•			d on prior year's return)			1	870,227.
2			line 27a			2	468,413.
_						3	400/413.
3			led in line 2 (itemize) ▶			4	1,338,640.
4			line 2 (itemize) DIFFERENCE CASH RE			5	4,892.
5			alances at end of year (line 4 minus li			6	1,333,748.
b	ı ota	ı net assets or tund ba	mances at enu or year (line 4 minus li	ne oj - ran II, column (c	7, mie 30		<u> </u>

Par	t IV Capital Gains	s and Losses for Tax on Inve	estment Income			
	· ·	scribe the kind(s) of property sold (for ex		(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo., day, yr)
	<u>.</u>	orick warehouse; or common stock, 200	sns. IVILC Co.)	D - Donation	(1110 , day, y1 )	(1110.1, 0.0 4, 41 7
	PUBLICLY TRADED	SECURITIES	<del></del>			
<u>b</u>						
<del>_</del>						
e						
	(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) mini	
	793,353.	(e. ceven)	836,916.		((0) pido (1) //////	-43,563.
<u>а</u> Ь	773,333.		030,910.			<del>-43,303.</del>
c						
<u>d</u>					· · · · · · · · · · · · · · · · · · ·	
e	<del></del>					
	Complete only for assets sh	howing gain in column (h) and owned b  (j) Adjusted basis			Gains (Col. (h) ga	
	(i) FMV as of 12/31/69	(k) Excess of col (i) over col. (j), if any	col.	(k), but not less t Losses (from co		
a						-43,563.
b						
<u> </u>						
d	<del></del>					
ее		, If as	ain, also enter in Part I, line 7			
2	Capital gain net income	or inet capital lossi	oss), enter -0- in Part I, line 7	2		-43,563.
3		ain or (loss) as defined in sections	~			
	<del>-</del> '	Part I, line 8, column (c). See inst				
Par		Jnder Section 4940(e) for Redu		3		
Was		leave this part blank.  the section 4942 tax on the distrib 't qualify under section 4940(e). Do		ase period	<sub>4</sub> ,	Yes X No
1		mount in each column for each year		g anv ent	ries.	
•	(a)	(b)	(c)	g any one	(d)	
Cale	Base period years ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution rat (col (b) divided by	col (c))
	2017	35,826.	801,352.			0.044707
	2016	37,801.	797,020.			0.047428
	2015	47,156.	791,720.			0.059561
	2014 2013	56,951. 45,665.	933,556. 953,928.		<del></del>	$\frac{0.061004}{0.047870}$
	2013	45,005.	333,320.			0.047070
2	Total of line 1, column (	(d)		2		0.260570
3		io for the 5-year base period - divide				
-	•	foundation has been in existence i	, , , , , , , , , , , , , , , , , , ,	3		0.052114
4	Enter the net value of no	oncharitable-use assets for 2018 fro	om Part X, line 5	4	1,	109,441.
5	Multiply line 4 by line 3			5		57,817.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b) -		6		510.
7	Add lines 5 and 6			7	<del> </del>	58,327.
8	Enter qualifying distribute If line 8 is equal to or go Part VI instructions.	tions from Part XII, line 4 greater than line 7, check the box	in Part VI, line 1b, and complete t	8 hat part i	using a 1% tax	36,927. rate. See the

-	VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
	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,(	)19.
	here  and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		1	ONE
3	Add lines 1 and 2	•	1,0	)19.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			IONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,0	)19.
6	Credits/Payments:		•	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 844.			1
b	Exempt foreign organizations - tax withheld at source 6b NONE			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,220.			
d	Backup withholding erroneously withheld			. 1
7	Total credits and payments. Add lines 6a through 6d		2,0	)64.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,0	)45.
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax ▶ 1,020. Refunded ▶ 11			25.
Par	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		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation. ► \$(2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	,		
	on foundation managers > \$	<u></u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.   MN			
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? If "No," attach explanation	8b	X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х

Par	t VIPA Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	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		Χ
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ Telephone no. ▶			
	Located at ▶ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	
	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.	<u> </u>	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? Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			i l
	(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)?			i İ
				Í
	(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)			1
<b>h</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	<u> </u>		
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		
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))		Ì	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	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			
	all years listed, answer "No" and attach statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>—</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			- 1
	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			į
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u>ا</u>		
	foundation had excess business holdings in 2018.)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<b>-</b>		پ۔
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

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<sub>(</sub> Part	VII-B Statements Regarding Activities	for Which Form	1720 May Be Red	juired (contin	ued)			
5a	During the year, did the foundation pay or incur any an	nount to:			_	_	Yes	Nic
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	n 4945(e))?	. Yes	X No			ı
	(2) Influence the outcome of any specific public e	lection (see section	4955), or to carry o	n,				
	directly or indirectly, any voter registration drive?			. Yes	X No			
	(3) Provide a grant to an individual for travel, study, or	other similar purposes	7	. Yes	X No			
	(4) Provide a grant to an organization other than	a charitable, etc., org	ganization described			P	•	
	section 4945(d)(4)(A)? See instructions			Yes	X No	-		
	(5) Provide for any purpose other than religious,				<del>-</del>			
	purposes, or for the prevention of cruelty to childre	n or animals?		. Yes	X No	1 [		
b	If any answer is "Yes" to 5a(1)-(5), did any of th				bed in			
	Regulations section 53 4945 or in a current notice rega	arding disaster assistar	ce? See instructions			5b		
1	Organizations relying on a current notice regarding disa	aster assistance, check	here					
С	If the answer is "Yes" to question 5a(4), does the				• • •	' <b> </b> .		
•	because it maintained expenditure responsibility for the		•		No	1 .		
	If "Yes," attach the statement required by Regulations s			• [		1 1		
6a	Did the foundation, during the year, receive any fu		ectly to hav premili	me				
••	on a personal benefit contract?	•		Yes	X No		i	
ь	Did the foundation, during the year, pay premiums, dire					6b		X
_	If "Yes" to 6b, file Form 8870.		porconar bonom comm					
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	chalter transaction?	. Yes	X No	1 1		
	If "Yes," did the foundation receive any proceeds or have	•	•	. — -		7b		
	Is the foundation subject to the section 4960 tax on pa	•			• • • •	<del>'''  </del>		
Ū	remuneration or excess parachute payment(s) during the	•		. Yes	X No		ļ	
:Part	VIII Information About Officers, Directo					ees.		
	and Contractors							
1 1	ist all officers, directors, trustees, and foundation	(b) Title, and average	(c) Compensation.	(d) Contributions				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit p	olans (e	Expense other allo		
THOMAS	GEGAX	DIRECTOR/PRESIDE	circi -0-7	and deletted comper	15811011			
	LAKE OF THE ISLES PARKWAY, MINNEAPOLIS, MN 55	-   '	-0-		-0-			-0-
	ESCOTT	DIRECTOR/VICE PR	· · · · · · · · · · · · · · · · · · ·		-0-			-0-
	LAKE OF THE ISLES PARKWAY, MINNEAPOLIS, MN 55	- [ ' '	-0-		-0-			-0-
	NT GEGAX	DIRECTOR/VICE PR			-0-			-0-
	WEST MARY ST, AUSTIN, TX 78704	1 DIRECTOR/VICE FR	-0-		-0-			-0-
•	OPHER GEGAX	DIRECTOR/MEDIA			-0-			-0-
_	ORK AVE. S, #3, MINNEAPOLIS, MN 55410	1	-0-		-0-			۸
	Compensation of five highest-paid employees		e included on line	1 . see inst		lf no		-0-
	NONE II	,011.0.	·				,	
	NONE."							
•		(b) Title, and average		(d) Contribution	sto	Evnence	200011	nt
•	NONE."  Jame and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee bene plans and defer	fit (e) red c	Expense other allo	accou wance:	nt, S
•		hours per week	(c) Compensation	(d) Contribution employee bene plans and defer compensation	fit (e) red c	Expense other allo	accou wance:	nt, s
(a) N		hours per week	···	employee bene plans and defer compensation	fit (e) red c	other allo	wance	nt, s
(a) N		hours per week	(c) Compensation	employee bene plans and defer	fit (e) red c	other allo	accou wance:	nt, s
•		hours per week	···	employee bene plans and defer compensation	fit (e) red c	other allo	wance	nt, s
(a) N		hours per week	···	employee bene plans and defer compensation	fit (e) red c	other allo	ONE	nt, s
(a) N		hours per week	···	employee bene plans and defer compensation	fit (e) red c	other allo	ONE	nt,

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3 Five highest-paid independent contractors for professional services. See instructions. If non	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of	of service (c) Compensation
NONE	NONE
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	NONE
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such a organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of Expenses
1N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1N/A	
2	
	<del></del>
All other program-related investments. See instructions.	
3NONE	
Total. Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,043,044.
b	Average of monthly cash balances	1b	83,292.
C	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	1,126,336.
е	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	NONE
3	Subtract line 2 from line 1d	3	1,126,336.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
•	instructions)	4	16,895.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,109,441.
6	Minimum investment return. Enter 5% of line 5	6	55,472.
-	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun		55,412.
	and certain foreign organizations, check here ▶ and do not complete this part.}		
1	Minimum investment return from Part X, line 6	1	55,472.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 1,019.		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	1,019.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	54,453.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	54,453.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	54,453.
n i i i			
r ar	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	36,927.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	36,927.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	36,927.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when call		<del></del>
	qualifies for the section 4940(e) reduction of tax in those years.	Jaiating	Whother the loundation

Part XIII Undistributed Income (see instru	uctions)	·		rage 3
1 Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7			:	54,453.
2 Undistributed income, if any, as of the end of 2018				1
a Enter amount for 2017 only			NONE	}
b Total for prior years. 20,20,20		NONE		1
3 Excess distributions carryover, if any, to 2018	1			
a From 2013 NONE				
<b>b</b> From 2014				j
c From 2015 8,534.				
d From 2016 NONE				
e From 2017 NONE				
f Total of lines 3a through e	19,751.			
4 Qualifying distributions for 2018 from Part XII,				
line 4. ▶ \$ 36,927.				
a Applied to 2017, but not more than line 2a			NONE	
<b>b</b> Applied to undistributed income of prior years		27027		<b>{</b>
(Election required - see instructions)		NONE		<u> </u>
c Treated as distributions out of corpus (Election	MONT			į
required - see instructions)	NONB			26 027
d Applied to 2018 distributable amount	NONE			36,927.
e Remaining amount distributed out of corpus   5 Excess distributions carryover applied to 2018	NONB			
(If an amount appears in column (d), the same amount must be shown in column (a).)	17,526.			17,526.
6 Enter the net total of each column as indicated below:		;		
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,225.			,
b Prior years' undistributed income. Subtract line 4b from line 2b		NONE		1
c Enter the amount of prior years' undistributed				<u> </u>
income for which a notice of deficiency has				
been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		NONE		ļ
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2018. Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2019				NONE
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)	NONB	•		
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	2,225.		,	
10 Analysis of line 9.				
a Excess from 2014 NONE				
b Excess from 2015 2,225.	1			
c Excess from 2016 NONE				
d Excess from 2017 NONE				
e Excess from 2018 NONE				Form <b>990-PF</b> (2018)

	990-PF (2018)				1989478		Page 10
Pa	t XIV Private Opera	ating Foundations	(see instructions a	nd Part VII-A, quest	ion 9)	NO	OT APPLICABI
1 a	If the foundation has rec	-			- 1		
	foundation, and the ruling is				<del></del>	T	<del></del>
	Check box to indicate wh		s a private operating	<del></del>	n section	4942(j)(3) o	or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	т		(e) Total
	Justed net income from Part  I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 201	15	
	return from Part X for each						
	year listed						
b	85% of line 2a						
С	Qualifying distributions from Part XII, line 4 for each year listed						
d	Amounts included in line 2c not used directly for active conduct						
е	Oualifying distributions made		<del></del>				· · · · · · · · · · · · · · · · · · ·
	directly for active conduct of exempt activities Subtract line						
3	2d from line 2c			<b>-</b> /			
•	alternative test relied upon						
а	"Assets" alternative test - enter						
	(1) Value of all assets (2) Value of assets qualifying				^		<del>-</del>
	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						
C	"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						
	(j)(3)(B)(iii)					-	
	port from an exempt						
	organization					<del>   .</del>	<del> </del>
20.		my Information /C	amplete this next	anly if the found	otion had ¢E	. 000 or m	aro in cocoto et
Œ.		ing the year - see i		only if the found	ation nad \$5	o,uuu or me	ore in assets at
1	Information Regarding F						
' a	List any managers of the	•		e than 2% of the tot	al contribution	s received b	y the foundation
a	before the close of any ta						y the loanaution
	·	,	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. (-,(-,,	
<u>_</u>	NONE	a farradation who a	100/ 07 70070	f the steel of a serv			
D	List any managers of th ownership of a partnersh					i equally larg	ge portion of the
	·	ip of other entity, or	Willelf the loundation	i ilas a 1070 or greater	miterest.		
	NONE						
	Information Domandina C	Sandaibadan Canad (	Sife I am Cabalanah	in ata Danamana			
2	Information Regarding C						
	Check here ▶ if the						
	unsolicited requests for			ants, etc., to individu	ais or organiza	itions under	other conditions,
	complete items 2a, b, c, a The name, address, and t			norson to whom one	lications shoul	d bo addraga	nd:
а		elephone number or	email address of the	person to whom app	lications shoul	d be address	eu.
<u>_</u>	SEE STATEMENT 4 The form in which applica	ations should be sub-	mitted and information	on and materials they	should include		
D	SEE ATTACHED STA			on and materials they	Siloulu iliciuud	•	
_				<del> </del>			
C	Any submission deadlines		מו מו				
	SEE ATTACHED STA	TEMENT FOR LIN	NE Z		•		
d	Any restrictions or limi	tations on awards,	such as by geogra	aphical areas, charit	able fields, ki	nds of instit	tutions, or other

Part XV: Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or App	roved for	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 11				36,267.
Total	<u> </u>		<u> 3a</u>	36,267.
b Approved for future payment .				
Total			> 3h	

Part XVI		<del>,</del>			<del></del>	(-)
-	amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c)	(d) Amount	(e) Related or exempt function income
1 Program	service revenue:	Business code	Ameunt	Exclusion code	Allibuin.	(See instructions.)
					•	
			<u> </u>			
						<del></del>
-	· · · · · · · · · · · · · · · · · · ·					
f —			, , , , , , , , , , , , , , , , , , , ,			
	and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
_	ship dues and assessments					
	n savings and temporary cash investments			14	5.	
	ds and interest from securities			14	53,889.	
5 Net rent	al income or (loss) from real estate.					
a Debt	-financed property				<u></u>	
<b>b</b> Not o	debt-financed property					
6 Net renta	al income or (loss) from personal property					
7 Other in	vestment income	ļ		14	502.	· · · · · · · · · · · · · · · · · · ·
8 Gain or (I	oss) from sales of assets other than inventory	<b>/</b>		18	-43,563.	
9 Net inco	me or (loss) from special events • • •					
	ofit or (loss) from sales of inventory		-			·
11 Other re		-		14	266.	
	HER REVENUE			14	200.	
***						
e	Add columns (b) (d) and (e)				11,099.	
13 Total A	l. Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)			<del></del>	13	11,099.
(See worksh	neet in line 13 instructions to verify calci	ulations.)				
Line No. ▼	Explain below how each activit accomplishment of the foundation					
			NOT APPLICAB	LE		
· · · · · · · · · · · · · · · · · · ·						
			<u> </u>			
<u> </u>						
<del></del>	<u> </u>	<del></del>		-		
						<del></del>
					<u> </u>	
	<u> </u>	<del></del>				- 000 DE

	 ,						
Part X\	Information Regarding Exempt Organizations	to and	Transactions	and	Relationships	With	Noncharitable

	organi Transf (1) Ca (2) Ot Other (1) Sa (2) Pu (3) Re	ction 501(c) (other izations? fers from the reporting should be assets to a non rchases of assets from the facilities, equinations.	than section g foundation to ncharitable exem m a noncharitab pment, or other	501(c)(3) organization  a noncharitable exempt	s) or in so	any other organization described ection 527, relating to political nof:	1a(2) 1b(1) 1b(2) 1b(3)	Yes	X X X X X
	(5) Lo (6) Pe Sharin If the value	ans or loan guaranted rformance of services og of facilities, equipm answer to any of the of the goods, other	es	o or fundraising solicitate s, other assets, or paid e s," complete the follow ces given by the report	ons mployees . ring scheduling foundati	e. Column (b) should always show on. If the foundation received less ue of the goods, other assets, or s	1b(5) 1b(6) 1c v the f	air m	arket
(a) L	ne no	(b) Amount involved	<del>,                                      </del>	oncharitable exempt organizati		Description of transfers, transactions, and sha			
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		·			· · · · · · · · · · · · · · · · · · ·				
									<del></del>
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	descri		) (other than sec wing schedule.		tion 527?	nore tax-exempt organizations  (c) Description of relation		s X	No
					_				
		<del></del>							
Sigr Here	Sig	nature of officer or trustee	are that I have examing preparer (other than te	ned this return, including accompany by based on all information   11/25/2019	of which preparer	and statements, and to the best of my knowledge  RECTOR  May the IR with the pr	discuss	this	return
		Print/Type preparer's na	ime //	Preparer's anguature		Date Check If	PTIN		
Paid		BRADLEY N SP		Kroller 1V			P0064	1256	1
Prep	arer		PMG LLP	7 /			55652		
Use	Only			AL AVE, STE 700					
		1	OENIX, AZ		85004	Phone no. 855-8			
						Fo	rm <b>990</b>	-PF	2018)

JSA

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990for the latest information.

**Schedule of Contributors** 

OMB No 1545-0047

2018

Employer identification number Name of the organization 41-1989478 GEGAX FAMILY FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Name of organization GEGAX FAMILY FOUNDATION Employer identification number

41-1989478 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. N/A Person Payroll N/A 500,000. Noncash (Complete Part II for N/Anoncash contributions.) (d) (c) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroli** Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

GEGAX FAMILY FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
PACIFIC BOOKER MINERALS	TOTALS	.000,08	50,000.	31,948.
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STATEMENT

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	TOTALS	791,088.	1,076,105.	1,029,096.

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41-1989478

INVESTMENTS
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	TOTALS		8,730.

GEGAX FAMILY FOUNDATION
FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

THOMAS L. GEGAX

ADDRESS:

PO BOX 16323

MINNEAPOLIS, MN 55416

RECIPIENT'S PHONE NUMBER: 612-915-1112

FORM, INFORMATION AND MATERIALS:

NONE

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE

RECIPIENT NAME: WOUNDED WARRIOR PROJECT INC ADDRESS:

4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256

RELATIONSHIP:

NONE

PURPOSE OF GRANT: SUPPORT OF DAILY OPERATIONS FOUNDATION STATUS OF RECIPIENT:

EXEMPT CHARITY

AMOUNT OF GRANT PAID ..... 1,500.

RECIPIENT NAME:

JUST LIKE MY CHILD FOUNDATION

ADDRESS:

PO BOX 22025

SAN DIEGO, CA 92192

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 365.

RECIPIENT NAME:

NATIONAL FOUNDATION OF SWALLOWING

**DISORDERS** 

ADDRESS:

PO BOX 3725

CARMEL BY THE SEA, CA 93921

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ...... 605.

RECIPIENT NAME:
JUST IN TIME

JUST IN TIME FOR FOSTER YOUTH

ADDRESS:

PO BOX 601627

SAN DIEGO, CA 92160

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT DAILY OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT CHARITY

RECIPIENT NAME:

PAIDEIA SCHOOL INC

ADDRESS:

1509 PONCE DE LEON AVENUE

ATLANTA, GA 30307

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OPERATIONAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

CENTER FOR SCIENCE IN THE PUBLIC

INTEREST

ADDRESS:

1220 L ST MW SUITE 300

WASHINGTON, DC 20005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

FIRST COMMUNITY RECOVERY CHURCH

ADDRESS:

1220 LOGAN AVENUE NORTH
MINNEAPOLIS, MN 55411

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

FATHER JOE'S VILLAGES

ADDRESS:

3350 E STREET

SAN DIEGO, CA 92102

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT DAILY OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

LA JOLLA PARK & REC

ADDRESS:

7632 DRAPER AVENUE

LA JOLLA, CA 92037

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID ..... 3,000.

RECIPIENT NAME:
FIRST UNIVERSALIST CHURH
ADDRESS:
3400 DUPONT AVENUE SOUTH
MINNEAPOLIS, MN 55408
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT
FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
LAKE HARRIET COMMUNITY SCHOOLPTA
ADDRESS:
4912 VINCENT AVEUNE S
MINNEAPOLIS, MN 55410
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

SUPPORT

RECIPIENT NAME:
PRECIOUS PAWS HUMANE SOCIETY OF CHISHOLM
ADDRESS:
101 1ST AVENUE SW
CHISHOLM, MN 55719

RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT OF DAILY OPERATIONS
FOUNDATION STATUS OF RECIPIENT:
EXEMPT CHARITY

RECIPIENT NAME:

MIRAGLO FOUNDATION

ADDRESS:

PO BOX 1270

LA JOLLA, CA 92038

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

ARMS WITH ETHICS

ADDRESS:

9480 BYRON AVENUE

SURFSIDE, FL 33154

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OPERATIONAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

WONDERROOT INC

ADDRESS:

982 MEMORIAL DRIVE

ATLANTA, GA 30316

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

\_\_\_\_\_\_

RECIPIENT NAME:

CONGREGATION SHEARITH ISRAEL

ADDRESS:

1180 UNIVERSITY DR NE

ATLANTA, GA 30306

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

GIVING BACK TO AFRICA, INC

ADDRESS:

PO BOX 2328

BLOOMINGTON, IN 47402

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

MOVEMBER FOUNDATION

ADDRESS:

PO BOX 1595

CULVER CITY, CA 90232

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

OPERATIONAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

FOUNDATION

ADDRESS:

PO BOX 240015

LOS ANGELES, CA 90024

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY OPERATIONS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT CHARITY

200. AMOUNT OF GRANT PAID ......

TOTAL GRANTS PAID:

36,267.

=============

STATEMENT