Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public.

		nue service						-
_	r calen	dar year 2018 or tax year beginning		, and	ending A Employe	r identification number		_
		ERS FOUNDATION, INC			Lilipioye	. recitation number	•	
_		I street (or PO box number if mail is not delivered to street address)	R	oom/suite	-	47-4711014	l	
		OKEIVEY LANE			B Telephone	e number (see instruction		_
		, state or province, country, and ZIP or foreign postal code			1	•	•	
МІ	LTON	GA	30004				•	
Fo	reign cou	ntry name Foreign province/state/county	Foreign p	ostal code	C If exemp	tion application is pendir	ng, check here	5/
-				-	· ·		1	
G	Check	all that apply 🔲 Initial return 🔲 Initial return	of a former publi	ic charity	D 1. Foreig	n organizations, check l	here ▶[
		☐ Final return ☐ Amended re		•	2. Foreig	n organizations meeting	the 85% test.	
		☐ Address change ☐ Name chan	ge		1	here and attach compu		
Н	Check	type of organization X Section 501(c)(3) exempt pi	α		foundation status was to	erminated under _ [_	
	Sectio	n 4947(a)(1) nonexempt charitable trust 🔲 Other tax	able private four	ndation	section 5	07(b)(1)(A), check here	- [
ī	Fair m	arket value of all assets at J Accounting method	X Cash	Accrual	- KAN-4-			
	end of	year (from Part II, col (c), Other (specify)				ndation is in a 60-month ction 507(b)(1)(B), check		\neg
	line 16	5) ► \$ 5999 (Part I, column (d) must b	e on cash basis)					
ŀР	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	,			(d) Disbursement	is
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	(D) Ne	t investment ncome	(c) Adjusted net	for charitable	
		equal the amounts in column (a) (see instructions))	books	"	COME	income	purposes (cash basis only)) A
	1	Contributions, gitts, grants, etc., received (attach schedule)	15,0	00 減緩影減	THE STATE OF THE S	是办法的材料和的根据	THE STATE OF THE S	Ni.
	2	Check ► ☐ if the foundation is not required to attach Sch B	机图则示图数			THE THE STATE OF	IN MEDIUM	顯
	3	Interest on savings and temporary cash investments					MILES REAL PROPERTY.	羄
X	4	Dividends and interest from securities					图20個網體影響	154
	5a	Gross rents .					認時的主义对法统	10
	b	Net rental income or (loss)	SECTION AND ADDRESS OF THE PARTY OF THE PART	多國際	業と対象に	注意的 如何	PARTIES N	
ne	6a	Net gain or (loss) from sale of assets not on line 10			学人 的特色		的知识。	3
en	b	Gross sales price for all assets on line 6a	NAME OF STREET	持 國際		有一批新政 的生态	是是是自然的	纖
Revenue	7	Capital gain net income (from Part IV, line 2)		CALL TO SERVICE	e. than to d	20023140000	412-9-51-4160	33
œ	8	Net short-term capital gain		A DELEGIS				<u> </u>
	9	Income modifications			的种类是50里的新 10种类是50里的新	A Charles and the Charles and Charles	PART AND ADDRESS OF THE PARTY O	<u> </u>
	10a	Gross sales less returns and állowances	AND THE PARTY OF T	And the second	The state of the s	THE ALL MANAGEMENT	THE MICHESTER CO.	ر بينية <u>المدة</u>
	b	Less Cost of goods sold	RECEIPTED TO THE	SPECIAL CONTRACTOR	Paragraphic	range in a seek at the artistic of	AL CONTROL VIEW OF A	<u>188</u> 1832
	C 11 /	Gross profit or (loss) (attach schedule) Other income (attach schedule)		4/524/14/11/06	er per and the part	-	STATE OF THE STATE	<u>선</u> [편
	12	Total. Add lines 1 through 11	15,0	00				<u> </u>
	13	Compensation of officers, directors, trustees, etc	10,0	-		 	ANTEREST OF TRANSPORT	\$1.2
nses	14	Other employee salaries and wages						_
ë	15	Pansion plans, amplayed handlits						_
Ř	16a	Legal fees (attach schedule) CEIVED IN CORRES						_
Ш	b	Accounting fees (attach schedule)	50	00				_
<u>ĕ</u> .	С	Accounting fees (attach schedule)S - OSC - 18 Other professional fees (attach schedule)			· • •			_
rat	17				<u> </u>			_
<u>is</u> t	18	Taxes (attach schedule) (see instructions) 2020						
를.	19	Depreciation (attach schedule) and depletion					が記録がは記録	園
튭	20	Occupancy OGDEN, UTAH						_
⋖	21	Travel, conferences, and meetings						_
ĭ	22	Printing and publications						_
Operating and Administrative Expe	23	Other expenses (attach schedule) .	ļ	30				_
댪	24	Total operating and administrative expenses.Add lines 13 through 23						
Fa				30	1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c	an man of the second man have been been		.
ğ	25	Contributions, gifts, grants paid	11,65	130,131 11 11 11 11	4次20万分级	erseration	11,65	
J	26	Total expenses and disbursements. Add lines 24 and 25	12,18	84	The MINISTER PRODUCT	MARINE ROLL CONTRACTOR OF THE PARTY OF THE P	11,65	4
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	2,8				PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	43
	b	Net investment income (if negative, enter -0-)		HAT DONOR COLOR	g posto de la reconstruit	The state of the s	A STATE OF THE STA	<u> </u>
	С	Adjusted net income (if negative, enter -0-)						

В	and II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	of year
	art II		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	2,678	5,494	5,494
	2	Savings and tempor	rary cash investments			
	3	Accounts receivable	•	REPORT FOR	Marie Chandel Street	PART TO STATE OF THE STATE OF T
		Less, allowance for	doubtful accounts ▶			
	4	Pledges receivable		经验的	THE WARM PART	MATERIAL MATERIAL
		Less allowance for	doubtful accounts			
	5	Grants receivable				
	6	Receivables due fro	om officers, directors, trustees, and other	_		
			(attach schedule) (see instructions)		1	
	7		eceivable (attach schedule)	A STANSON OF THE STAN	经过程的 基础控制。20	THE COMPANY THE CALL
		Less allowance for dou	, , , , , , , , , , , , , , , , , , , ,			
ম	8	Inventories for sale				
Se	9		and deferred charges			
Assets	10a	•	state government obligations (attach schedule)			
•	Ь		orate stock (attach schedule)			
	c	·	orate bonds (attach schedule)			
	11	•	dings, and equipment' basis	STATE OF THE PARTY	HAROTER INCLUSION	ATTENDED THE STATE OF THE STATE
	' '		reciation (attach schedule)	_ Hariaga Salara	Balling and the little of the later of the l	
	12	Investments—mortg	, , , , , , , , , , , , , , , , , , , ,			
	13	Investments—other	• •	-		
٠	14	Land, buildings, and equ		TENDENCE INCOME	PER PROPERTY OF THE PERSON OF	ETROPETERS E PROFESSOR
	'~				THE PERSON OF TH	WASHE HELD TANKEN
	15	Other assets (descri	, , , , , , , , , , , , , , , , , , , ,	 	· · · · · · · · · · · · · · · · · · ·	
	16	•	completed by all filers—see the			
	'0	instructions Also, se	· · · · · · · · · · · · · · · · · · ·	2,678	5,494	5.494
\dashv	17		nd accrued expenses	2,070		Fibres In 18
	18	Grants payable	nd accided expenses			THE SEW COMPANIE
Liabilities	19	Deferred revenue				AN CANTERNA
Ξ	20		are above twintener and ather discountified account			
abi	21		rectors, trustees, and other disqualified persons rectors, trustees, and other disqualified persons rectors.			PER TURE TARE
Ë,	22	Other liabilities (des				THE REAL PROPERTY.
	23	•	cribe ►) d lines 17 through 22)	0		MU DESCRIPTION
_	23					STATES AL MADE A MARKET PARTY.
Se	[pllow SFAS 117, check here 24 through 26, and lines 30 and 31.			The state of the s
ŭ	24	Unrestricted	24 tinough 20, and lines 30 and 31.	2,678		
alances	25		d	2,070		POSSESSE MANAGEMENT
B	26	Temporarily restricte Permanently restrict				CHICAGE THEIR
pu	20	•	_			EPADEMALED PASSES
Net Assets or Fund B		and complete lines	o not follow SFAS 117, check here .27 through 31			
Ö	27	· · · · · · · · · · · · · · · · · · ·	principal, or current funds			
S	28		rplus, or land, bldg, and equipment fund			THE REPORT OF THE PARTY OF THE
set	20		cumulated income, endowment, or other funds			THE PERSON SECTIONS AND ASSESSMENT OF THE
As	30 29		fund balances (see instructions)	2,678		STATE OF THE STATE
et	3120		net assets/fund balances (see	2,070		Skiller Carrier Children Process
Ž	4170		Het assets/fulld balances (see	2 679		
Do		instructions)	anges in Net Accets or Fund Polanece	2,678	0	WANTED SECTION OF THE PROPERTY
	rt III		anges in Net Assets or Fund Balances lances at beginning of year—Part II, column (a)	lino 20 /milet need	wath T	
1				0.070		
_		• •	l on prior year's return)		1	2,678
_		amount from Part I, I			2	2,816
3		increases not include	ed in line 2 (itemize)		3	
_		nes 1, 2, and 3	line 2 (demine)		4_	5,494
5		eases not included in	line 2 (itemize) ► lances at end of year (line 4 minus line 5)—Par	t II. ookumm /b\ line 0	5	5 494
-	IOIAL F	DELESSEIS OF THING DOL	rances at end of year dine 4 minus line 51—Par		,, , , , , , , , , , , , , , , , , , , ,	. AUM

a) List and describe the	e kind(s) of property sold (for example, real es house, or common stock, 200 shs MLC Co)	state,	(b) How acquired P—Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			D—Donation	(, day, y.)	(mo , day, yr)
b					
c					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	rother basis inse of sale		n or (loss) f) minus (g))
a					
b					
d				-,-·-·································	
e Constitution to		1			
Complete only for assets	showing gain in column (h) and owned		-		(h) gain minus
(i) FM V as of 12/31/69	(j) Adjusted basis		s of col (ı) -(ı), ıf anv		t less than -0-) or rom col (h))
а	 		<u> </u>		
b				 	
C					
d				·	
е					
2 Capital gain net income	OLDELCADIALIOSSI 1	also enter in Par), enter -0- in Par	. , ,	2	
3 Net short-term capital ga	ain or (loss) as defined in sections 1		· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	I, line 8, column (c) See instructio	· , · ,	r -0- in 1		
Part I, line 8	(3, 222	(),	}	3	
Part V Qualification U	nder Section 4940(e) for Redu	uced Tax on N	et Investment i	ncome	
	e section 4942 tax on the distributal qualify under section 4940(e) Do n			period?	Yes No
 Enter the appropriate arr 	nount in each column for each year,	see the instructi	ons before making	any entries	
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use asse	(d) ribution ratio divided by col. (c))	
2017		4,402		(3)	0 000000
2016		1,767			0 000000
2015					0 000000
2014					0 000000
2013					0 000000
2 Total of line 1, column (d	•			2	0 000000
	for the 5-year base period—divide				
the number of years the	foundation has been in existence if	less than 5 years	5	3	0 000000
4 Enter the net value of no	4				
5 Multiply line 4 by line 3	5				
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distribution		8			
If line 8 is equal to or great VI instructions	ater than line 7, check the box in Pa	art VI, line 1b, an	d complete that pa	rt using a 1% tax	rate See the

Form 990-PF (2018)

1a		(b), 494							
	Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter (attach copy of letter if ne		er "N/A" on line 1		1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	13,12	, pr	,73C 9	14. A.
b	Domestic foundations that meet the section 4940(e) requirements in Part	-	•	,	1	N.V.	244.5		تعتلندة ا
	here ▶ ☐ and enter 1% of Part I, line 27b			- [5,73	\$ 2.00	F1, F1	2	704
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 foundation	ns only, d	others, enter -0-)		2	ļ			
3	Add lines 1 and 2				3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)								
5	Tax based on investment income. Subtract line 4 from line 3 If zero or i	less, en	ter -0-		5				
6	Credits/Payments	1 - 1		1	W.	7			
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a		 	- 135t ·	v3.	***	14 m	1
b	Exempt foreign organizations—tax withheld at source	6b		+	3	The state of	, J.J.	(P)	3.24
C C	Tax paid with application for extension of time to file (Form 8868)	6c		\vdash	الجرير إ	() t	(. Š.)	1. Tr	
d 7	Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d	6d		<u>i</u>	11.0	ــــــــــــــــــــــــــــــــــــــ	-44		التخثقال
	<u> </u>		0000		7				├
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ow	ed	2220 is attached	•	9				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the are Enter the amount of line 10 to be Credited to 2019 estimated tax	nount c	overpaid Refunded		10				-
	VII-A Statements Regarding Activities		returiaet		···	i			
1a	During the tax year, did the foundation attempt to influence any national, s	state or	local legislation	or did	ıt	7-		Yes	No
	participate or intervene in any political campaign?		.soa logislation	uiu	•	r	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for	or politic	cal purposes? Se	e the		F			 ^- -
	instructions for the definition		p				1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activ	ities an	d copies of any m	ateria	le	1	77-47	32 A g	. 1
	published or distributed by the foundation in connection with the activities		a copies of any fi	iatone		[r	3 - * '	1	14.
С	Did the foundation file Form 1120-POL for this year?		d copies of any fi	atona		<u>-</u>	1c	المنطقة المنطقة	×
c d			•	idiciio		- -	3,7	lein do.	X
-	Did the foundation file Form 1120-POL for this year?	nposed (during the year			(T) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	3,7		×
-	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation \$\bigsim \bigsim \	nposed o	during the year ▶\$	-		₹	3,7	THE PARTY OF THE P	×
d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation \$\Bigsless \	nposed (inagers r politica	during the year \$ \bigseleft \square \text{2} 2	-			3,7		×
d e 2	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers \$\Begin{align*} \$align*	nposed of inagers r politica n report	during the year \$ al expenditure tax ed to the IRS?	· impo		10 mm	3,7	The state of the s	X
d e	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation (2) On foundation ma Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers (3) The foundation manager (4) On foundation manager for on foundation managers (5) The foundation manager for on foundation managers is a strictly stric	nposed of inagers of political of the po	during the year \$ all expenditure tax ed to the IRS? g instrument, article	· impo		10 mm	10	1000	X
d e 2 3	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation (2) On foundation ma Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers \$\$\\$\$\$\$ Has the foundation engaged in any activities that have not previously been if "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its goof incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformation in the intervious of the inter	nposed of inagers or political or report governing med copy	during the year \$ al expenditure tax ed to the IRS? g instrument, article y of the changes	· impo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c 2 3	1	X
d e 2 3 4a	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation \$\Bigslessep=\bigslessep=(2) \text{ On foundation mail}\$ Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers \$\Bigslessep=\bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep=\bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) \text{ On foundation during the year for on foundation managers} \$\Bigslessep==(2) On foundation during the year for	nposed of inagers or political or report governing med copy	during the year \$ al expenditure tax ed to the IRS? g instrument, article y of the changes	· impo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c 2 3 4a	200 mg	X
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d e 2 3 4a b	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation \$\(\) \(\)	nposed of inagers r politica n report governing med cop- pre durin	during the year \$\black \\$ \\ al expenditure tax ed to the IRS? g instrument, article y of the changes ng the year?	· impo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c 2 3 4a	200 mg	-
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d e 2 3 4a b 5	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation \$\(\) \(\)	nposed of inagers r politica n report governing med copy ore during	during the year \$	· impo		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c 2 3 4a	200 mg	-
d e 2 3 4a b 5	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) im (1) On the foundation (2) On foundation ma Enter the reimbursement (if any) paid by the foundation during the year for on foundation managers (3) The foundation during the year for on foundation managers (4) The foundation during the year for on foundation managers (5) The foundation managers (6) The foundation during the year for on foundation managers (7) The foundation engaged in any activities that have not previously been if "Yes," attach a detailed description of the activities (8) Has the foundation engaged in any activities that have not previously been if "Yes," attach a detailed description of the activities (8) Has the foundation engaged in any activities that have not previously been if "Yes," attach a detailed description of the activities (8) Has the foundation managers (9) The foundation form the interviously reported to the IRS, in its good incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformation have unrelated business gross income of \$1,000 or model in "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction of "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 400 or model in the foundation of the foundation in the foundatio	nposed of inagers r political n report governing med coppore during during 4945) sa	during the year \$	c impo	sed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c 2 3 4a	200 mg	-
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(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	灣門	3
(5) Transfer any income or assets to a disqualified person)?		
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 Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions 1to distribute income (section 4942(in)(2) to 4 mere and see instruction for 4942(j)(3) or 4942(j)(6). a 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? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20	75	
(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 Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions 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 Taxes on failure to distribute income (section 4942(j)(3) or 4942(j)(5)) a 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? 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) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20		33
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termination of government service, if terminating within 90 days)		9.77
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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 foundation had excess business holdings in 2018)	影片	
of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	樂局	150
foundation had excess business holdings in 2018)	題	
The state of the s	/A	
-a Did the roundation invest during the year any amount in a mariner 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		
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?		X

Part	VII-B	Statements Regarding Activities	for W	hich Form	<u>4720 l</u>	<u> May Be Re</u>	equire	d (contin	ued)			
5a		e year, did the foundation pay or incur an on propaganda, or otherwise attempt to			(section	1 4945(e))?		Yes	X No		Yes	No
		nce the outcome of any specific public ele ly or indirectly, any voter registration drive		see section 4	955), o	r to carry or	1,	Yes	X No			
		de a grant to an individual for travel, study		ner sımılar pur	poses?	1		Yes	X No	1100000		
		de a grant to an organization other than a on 4945(d)(4)(A)? See instructions	charita	ible, etc , orga	anızatıo	n described	l in	☐ Yes	—			
	(5) Provid	de for any purpose other than religious, cl ses, or for the prevention of cruelty to chi				or educatio	nal	Yes	X No	就主		
b	If any ans	swer is "Yes" to 5a(1)–(5), did any of the t	i–(5), did any of the transactions fail to qualify under the exception or in a current notice regarding disaster assistance? See instruction						d in	5b	N/A	
	_	tions relying on a current notice regarding	_	-				.0	▶ □	1 Sept.	2543	
С	If the ans	wer is "Yes" to question 5a(4), does the fortunation to the first maintained expenditure responsibility for	oundati	on claim exer				☐ Yes	□ No			
6a	Did the fo	uttach the statement required by Regulation and the statement required by Regulation and the statement of th				pay premiui	ms		[Z] A.			
	-	onal benefit contract?	المم مدالم				64	Yes	X No	تحادثات	re-	
b	If "Yes" to	oundation, during the year, pay premiums, 66b, file Form 8870					ient cor			6b		X
7a b		e during the tax year, was the foundation a pa lid the foundation receive any proceeds o					e tranc	∐ Yes	∐ No	7b	FER	X
8	Is the fou	ndation subject to the section 4960 tax or tion or excess parachute payment(s) duri	n paym	ent(s) of more				☐ Yes	□ No	550		
Part		nformation About Officers, Direct		<u> </u>	undat	ion Manag	gers, l				es,	3412.
		and Contractors										
1	List all of	ficers, directors, trustees, and foundat		nagers and fe, and average		mpensation		Contribution				
		(a) Name and address	hou devot	irs per week ted to position	`(If	not paid, nter -0-)	empl	oyee benefit erred compe	plans	(e) Expe	nse ace allowan	
80 BI		EY LANE MILTON, GA 30004	EXEC	5 00								
	RPREET K		CO DI	RECTOR					ļ			
180 BI	ROOKEIVE	EY LANE MILTON, GA 30004		2 00								
												-
2	Compens	sation of five highest-paid employees (other ti	han those inc	cluded	on line 1—	see ins	structions). If no	ne, ent	er	
2	"NONE."	sation of five highest-paid employees (other ti	(b) Title, and a hours per w	verage eek	On line 1—	 .	(d) Contribuemployee	itions to benefit eferred	(e) Expe		
	"NONE."		other ti	(b) Title, and a hours per w	verage eek		 .	(d) Contribu employee plans and d	itions to benefit eferred	(e) Expe	nse acc	
2 NONE	"NONE."		other ti	(b) Title, and a hours per w	verage eek		 .	(d) Contribu employee plans and d	itions to benefit eferred	(e) Expe	nse acc	
	"NONE."		other ti	(b) Title, and a hours per w	verage eek		 .	(d) Contribu employee plans and d	itions to benefit eferred	(e) Expe	nse acc	
	"NONE."		other ti	(b) Title, and a hours per w	verage eek		 .	(d) Contribu employee plans and d	itions to benefit eferred	(e) Expe	nse acc	
	"NONE."		other ti	(b) Title, and a hours per w	verage eek		 .	(d) Contribu employee plans and d	itions to benefit eferred	(e) Expe	nse acc	
ONE	"NONE."		other ti	(b) Title, and a hours per w	verage eek		 .	(d) Contribu employee plans and d	itions to benefit eferred	(e) Expe	nse acc	

Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the two	p largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NO OUTS	SIDE INVESTMENTS ARE MAINTAINED AT PRESENT, ONLY AN OPERATING CHECKING ACCOUNT AINED	
2		
All other program	n-related investments. See instructions	
3		
Total. Add line:	s 1 through 3	

Form 990-PF (2018)

Part	Minimum investment Return (All domestic foundations must complete this part Fore	ign toundation	ons,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	,	
	purposes	<u></u>	
а	Average monthly fair market value of securities	_1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
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	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	
Part		tions	
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5	,	
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	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	11,654
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	Suitability test (prior IRS approval required)	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	11,654
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	11,654
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who	ether the foun	dation
	qualifies for the section 4940(e) reduction of tax in those years		

Pari	XIII Undistributed Income	(see instruction	s)			
		(a)	(b)	(c)	, (q)	
1	Distributable amount for 2018 from	n Part XI,	Corpus	Years prior to 2017	2017	2018
•	line 7		PARAMETER AND AND ADDRESS OF THE PARAMETER AN		沙斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	
2	Undistributed income, if any, as of the	e end of 2018			经加速过程源 的	
а	Enter amount for 2017 only			認的製造學的		
b	Total for prior years 20,	.20, 20	新疆域的新疆域		是的話詞。可能們這位	THE STATE OF THE S
3	Excess distributions carryover, if a	iny, to 2018				
а	From 2013 -					
b	From 2014 .					
С	From 2014	8,204				
d	From 2016	11,767				
e	From 2017	14,402				
	Total of lines 3a through e	and VII	34,373			
4	Qualifying distributions for 2018 fr line 4 ► \$ 11.654					
•	Ine 4 ▶ \$ 11,654 Applied to 2017, but not more that	•				
a b			Printer of the Artist of the State of the St	STATE OF STA		用于公司的工作的工作的工作的工作。
D	(Election required—see instruction					
, с	Treated as distributions out of corp	•	ZIEKSKELES WASHELSKINGS CHRANTUS			
1	required—see instructions)	(2.00	'			
d	Applied to 2018 distributable amor	unt -		WITTH WATER		INCOMES AND ADDRESS OF THE PROPERTY OF THE PERSON OF THE P
е	Remaining amount distributed out		11,654	VENTARIA DE LA COMPANIONE DE LA COMPANIO	がいる。	
5 [°]	Excess distributións carryover app	olied to 2018	,	TATE OF THE PARTY.	NO STATE OF THE SECOND	
•	(If an amount appears in column (
	amount must be shown in column	·				
6	Enter the net total of each colun	1				
•	indicated below:					
a	Corpus Add lines 3f, 4c, and 4e S		46,027	NAME OF THE PERSON OF THE PERS		
b	Prior years' undistributed income line 4b from line 2b	Subiraci				
С	Enter the amount of prior years' ur	ndistributed	STEED STANDARD	-		
·	income for which a notice of defici					
	been issued, or on which the secti	•				
•	tax has been previously assessed					
ď	Subtract line 6c from line 6b Taxa	ble				
•	amount—see instructions?					
е	Undistributed income for 2017 Su					
	4a from line 2a Taxable amount—	·see ·				
	instructions		THE PERSON NAMED OF THE PERSON NAMED IN THE PE		thirties and allege the	
f	Undistributed income for 2018 Su 4d and 5 from line 1 This amount					
`	distributed in 2019	iliust be				
7	Amounts treated as distributions o	ut of cornus	CASSA CONTRACTOR OF SAME AND S	THE TANKS OF THE PARTY OF THE P		ETTER TOWNS LATER.
•	to satisfy requirements imposed by	·				
	170(b)(1)(F) or 4942(g)(3) (Electio					
	required—see instructions)					
8	Excess distributions carryover from	n 2013 not		在海岸地域在18 88		
	applied on line 5 or line 7 (see inst			學習過程的		
9	Excess distributions carryover t	o 2019.				
	Subtract lines 7 and 8 from line 6a	46,027			医型试验测测量	
10	Analysis of line 9					
' a	Excess from 2014					
b	Excess from 2014	8,204				
C	Excess from 2016	11,767				
d	Excess from 2017	14,402				
P	Excess from 2018	11 654	经日本运动的投资产品。	THE WALL PROPERTY AND AND THE PARTY OF THE P	THE PARTY OF THE P	国际发展的基础的基础的基础的基础的基础的基础的基础的基础的

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Form 990-PF (2018)

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SIKH EDUCATIONAL WELFARE ASSOC PC **CHARITABLE** 2,852 10590 WOODSTOCK RD ROSWELL, GA 30075 PC **CHARITABLE** ALL INDIA PINGALWARA CHARITABLE SOC 101 77131 TOBURK CT HANOVER, MD 21076 PC **CHARITABLE** WABE 500 740 BISMARK RD ATLANTA, GA 30324 **UNITED SIKHS** PC CHARITABLE 2,500 **POB 7203** NEW YORK, NY 10116 SIKH COALITION PC **CHARITABLE** 2,500 **50 BROAD ST ST 1637** NEW YORK, NY 10004 PC SALDEF CHARITABLE 2,500 1730 M STREET SW ST 809 WASHINGTON, DC 20036 PC SIKHRI **CHARITABLE** 500 **BOX 6317** BRIDGEWATER, NJ 08807 PC BHAIA KANHALYA CHARITABLE TRUST **CHARITABLE** 201 295 OLMSTEAD HILL RD WILTON, NC 06897 ▶ 3a 11,654 Approved for future payment

Pa	rt XV	I-A Analysis of Income-Producing Ad	tivities					
Enter gross amounts unless otherwise indicated				isiness income	Excluded by sect	uded by section 512, 513, or 514		
	J		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)	
1	Prog	gram service revenue		7		, , , , , , , , , , , , , , , , , , , ,	(See instructions)	
	a _				<u> </u>	_		
	b _				ļ			
	С _							
	d _							
	е_							
	f _				ļ			
	_	Fees and contracts from government agencies						
2		nbership dues and assessments	$-\sqrt{}$	/	ļ-			
3		est on savings and temporary cash investments	/	<u> </u>			_	
4		dends and interest from securities		5- 4 17.	1.3 2.4 3. 2		111 - 275	
5		rental income or (loss) from real estate	1	1. Page 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 2 2 2	27 99 86 2	Seedale * 1 1 13	
		Debt-financed property	 		ļ			
_		Not debt-financed property						
6		rental income or (loss) from personal property	/					
7		er investment income						
8		or (loss) from sales of assets other than inventory						
9		income or (loss) from special events						
10		ss profit or (loss) from sales of inventor			-			
11		er revenue a						
	b _							
	c _				 	×		
	d _							
12	e _	total Add columns (b), (d), and (e)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -			
		I. Add line 12, columns (b), (d), and (e)	-, *,		1 - 8	13	<u></u>	
		sheet in line 13 instructions to verify calculations	. 1			13		
		I-B Relationship of Activities to the A		ent of Evern	Purposes	.		
	e No.							
	▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	ie is reported in c poses (other than	bv providing fund	s for such purpos	impoπantly to the es) (See instruction	ons)	
				2) p. 2 v. 2 v. 3		(000		
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	_		VERS FOUNDATION					47-4711014	Pa	ge 13
Part	XV			sfers to and Transacti	ons and R	Relationship	s With No	oncharitable		
			ganizations						,	
1				engage in any of the followi				ped	Yes	No
			er than section 501(c)(3) organizations) or in se	ection 527, re	elating to politic	al		ľ ·	'
	-	anizations?				_		ľ	-	}
а			porting foundation to	a noncharitable exempt or	ganization o	f				
	٠.	Cash						1a(1)		X
		Other assets						1a(2)		X
þ	-	ner transactions								<u> </u>
			a noncharitable exe	· •				1b(1)		X
				able exempt organization		•		1b(2)	ļ	X
			equipment, or other	r assets				1b(3)		X
		Reimbursement a	-					1b(4)		X
		Loans or loan gua						1b(5)	ļ	X
				ip or fundraising solicitation				1b(6)		X
C				ts, other assets, or paid en				1c		<u> </u>
d				mplete the following schedule						
	valu	ie oi ine goods, oin ie in any transactioi	er assets, or services	given by the reporting founda ent, show in column (d) the v	ition if the fol	undation receive	ed less than	i fair market		
(a) Line	_	(b) Amount involved	1		<u>~</u>					
(a) Line	110	(b) Amount involved	(c) Name of non	charitable exempt organization	(a) 0	escription of transfe	ers, transaction	ns, and sharing arra	ngemer	its
					- 			 -		
				/		- .				
			<u> </u>							
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					<u> </u>					
			 /							
2a	ls th	ne foundation direc	ctly or indirectly affilia	ated with, or related to, one	or more tax-	exempt organ	ızatıons			
				ction 501(c)(3)) or in section		, , ,		☐ Yes	□ N	0
b	lf "Y	es," complete the	following schedule							
		(a) Name of organ	nization	(b) Type of organization	ion	<u> </u>	(c) Descriptio	n of relationship		
						}		· · · · · · · · · · · · · · · · · · ·		
	Und	er penalties of perjury, I dec	lare that I have examined this re	eturn, including accompanying schedules	and statements, an	d to the best of my kno	wiedge and beli	ef, it is true,		
ign	L	ect, and complete Decialed	on of preparer (other than taxpa	yer) is based on all information of which p	reparer has any kn	eparer has any knowledge May the IRS discuss				
ere	<u></u>	mente !	muse	1.13.2020		= (), R		with the preparer shows	Yes	v? No
	Sış	gnature of officer or trus		Date Tit	le	·	<u>L</u>		00[
aid		Print/Type preparer:		Preparer's signature	[Date	Check	〈 区 if PTIN		
repar	er	R DANIEL MCN		1/2/1/19		11/14/20	19 self-er	mployed P00108	046	
se O		Firm's name	RDMPC, INC				Firm's EIN 🕨	27-1716333		
_	,	Firm's address ▶	PO BOX 974, ROS	SWELL, GA 30077			Phone no	(770) 594-879	96	

Signed and submitted originally
11.14.19

(770) 594-8796 Form **990-PF** (2018)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

FIVE RIVERS FOUNDATION, INC.

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

Employer identification number

47-4711014

Organi	zation type (check one)	Organization type (check one)						
Filers o	of:	Section:						
Form 9	90 or 990-EZ	501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 9	90-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						
Check	if your organization is cov	ered by the General Rule or a Special Rule.						
Note: C	•	8), or (10) organization can check boxes for both the General Rule and a Special Rule See						
Genera	al Rule							
X	-	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.						
Special	Rules							
	regulations under sectio 13, 16a, or 16b, and tha	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line t received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
	contributor, during the yelliterary, or educational pe	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III						
	contributor, during the year contributions totaled more during the year for an ex-	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year.						
Caution	n: An organization that isr	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990.						

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)

Name of organization FIVE RIVERS FOUNDATION, INC

Employer identification number 47-4711014

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	MANMOHAN KHUMANN 180 BROOKEIVEY LANE MILTON GA 30004 Foreign State or Province Foreign Country	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)			

Name of organization
FIVE RIVERS FOUNDATION, INC

Employer identification number 47-4711014

Part II	Noncash Property (see instructions) Use duplicate co	pies of Part II if additional spa	ace is needed
(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 pristructions)	(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)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

Name of organization

FIVE RIVE	RS FOUNDATION, INC				47-4711014		
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 the year	·		instructions) ► S	B		
() NI -	Use duplicate copies of Part III if additional	al space is need	ded				
(a) No. from	(b) Purpose of gift	1	c) Use of gift	(d) Descripti	on of how gift is held		
Part I	(b) ruipose or girt		., Osc o. g.i.c	(u) Descripti	——————————————————————————————————————		
					•		
					·		
			•				
		<u> </u>					
		(e)	Transfer of gift				
	T	710 . 4	D-1-4				
	Transferee's name, address, and	<u>ZIP + 4</u>	Kelat	onship of transferor	to transteree		
					•••••••••••••••••••••••••••••••••••••••		
					•••••		
	For Prov Country			<i>-</i>			
(a) No.			<u> </u>	/			
from	(b) Purpose of gift	(0	:) Use of gift	(d) Descripti	on of how gift is held		
Part I		+		/ 			
			/				
			/				
		(e) 7	ransfer of gift	• • • • • • • • • • • • • • • • • • • •			
		Λ					
	Transferee's name, address, and	ZIP+4	Relati	onship of transferor t	o transferee		
			γ				
			17				
(a) No	For Prov Country						
(a) No. from	(b) Purpose of gift	/ (c) Use of gift	(d) Descripti	on of how gift is held		
Part I		<u>/</u>			· • • • • • • • • • • • • • • • • • • •		
	/		····				

	····						
		(0) 7	ransfor of gift				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's haire, address, and		Relati	onship of transferor t	o transièree		
	•••••			•••••••••••••			
	For Prov Country			••••			
(a) No.							
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held		

ſ	(e) Transfer of gift						
İ							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
Ī							
ļ					•••••		
1	For Prov. Country						

Part I, Line 16a (990-PF) - Legal Fees

	Description	Revenue and Expenses per Books	Net Investment	Adjusted Net	Disbursements for Charitable Purposes (Cash Basis Only)
1	APPLICATION FEE				(Sub-Fuel Gray)
2	REGISTRATION				

Part I, Line 16b (990-PF) - Accounting Fees

	500						
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)		
1	TAX PREP	500					

Part I, Line 23 (990-PF) - Other Expenses

		30			
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	REGISTRATIONS	30			

at VIII, Line 1 (99047) - Compareation of Officers, Directors, Trustees and Foundation Managers

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	Expense	t		,	
		P. C.	3		
		Pr.West			
	AgHs	P-West	200	280	
		THE OF	BAECOR	80 DRECTOR	
		Foreconforctive			
		Sate ZoOode	8	30005	
		Sate	8	8	
		ð	MLTON	MLTON	
		Street	180 BROOKEN LANE	180 BROOKBYLANE	
	OBOK'X	f B.sness			
		Name	MPNMO-PMIG-LMPN	INDESTRETINHUMAN	_
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