Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

► Go to www.irs.gov/Form990PF for instructions and the latest information.

| ## Check yill that apply: Institute for the part of | For c | calendar year 2018 or tax year beginning | | , and ending | | , | | | | |
|--|-------------|---|------------------------------|--|--|-------------------------------|--|--|--|--|
| Telephone number Telephone | | | | | A Employer identification number | | | | | |
| 3495 PTEDMONT RD BLDG 11 Sty or town, state or province, country, and 21P or foreign postal code ATLANTA, GA 3030 S G Check all that apply: Final areturn Initial return Initial areturn of a former public charry Amended return Amen | | | | | | : | | | | |
| Cody at forms, state or province, country, and 2IP or foreign postal code ATLANTA, GA 3 0.30 50 G Check all that apply: It initial return Install return Installer ret | | • | address) | | | | | | | |
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| Check all that apply: Intella return Intella return of a former public charity Amended return Amen | | | ostal code | | If exemption application is pending, check here | | | | | |
| Final return | | · | Initial return of a fo | ormer nublic charity | D 1 Foreign organizations | check here | | | | |
| Actives by e of organization: Actives Change Name change Section 4947(a)(1) nonexempt private brundation DO | - 0 | | | ornor public onarity | T. Foreign organizations, check here | | | | | |
| # Check type of organization: | | | | | Foreign organizations me check here and attach co | eting the 85% test, mputation | | | | |
| Section 4947(a)(1) nonexempt charable trust | H C | Check type of organization: X Section 501(c)(3) ex | | 80 | 1 | | | | | |
| Trone Part II, col. (c), line 18 | | Section 4947(a)(1) nonexempt charitable trust | Other taxable private founda | ation | | | | | | |
| Part I Analysis of Revenue and Expenses The stool of amountain inclaims 80, (c), and (c) may not a common to the common 80, (c), and (c) may not a common 80, (c), and (c), and (c) may not a common 80, (c), and (c), and (c) may not a common 80, (c), and (c | Fa | | | Accrual | F If the foundation is in a (| 60-month termination | | | | |
| Part II Analysis of Revenue and Expenses (a) Regence and expenses (b) Net investment (c) Adjusted net (c) Adjusted | | | | | under section 507(b)(1) | (B), check here | | | | |
| The total of amountain neutrons 8), (c), and (g) may not necessary equal the semants in column 8). (c), and (g) may not necessary equal the semants in column 8). (c) and (g) may not necessary equal the semants in channel 8). (c) and (g) may not necessary equal the semants in channel 8). (c) and (g) may not necessary equal the semants of treated to state \$4.8.1.46. STATEMENT 1. (c) and (g) may not necessary equal the semants of treated to state \$4.8.1.46. STATEMENT 1. (c) and (g) may not necessary equal to state \$4.8.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.8.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) may not necessary equal to state \$4.9.1.46. STATEMENT 2. (c) and (g) and (g | <u></u> | | in (d) must be on cash basi | S.) | ļ <u> </u> | | | | | |
| 1 Contributions, grifs, grants, etc., received 2 | <u> [Ра</u> | (The total of amounts in columns (b), (c), and (d) may not | | | | for charitable purposes | | | | |
| 2 Cheek | | | 2,967,000. | | N/A | i | | | | |
| Interest on assumpts and temporary 1.46. 1.46. STATEMENT 1 | 1 | 2 Check I if the foundation is not required to attach Sch. B | | | | | | | | |
| Sa Gross rents b Nat rental income or (loss) 64 Not gain or (loss) from sales of assets not on time 10 6 Gross sales price for all 1 Security of the sales of the | | I a Interest on savings and temporary | | | | | | | | |
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| 68 Ner game of loss plant or large of assets not on time 10 4. | | 5a Gross rents | | <u></u> | | | | | | |
| b Gross sales price for all 4. Capital gain nat income (from Part IV, Inne 2) 8. Not Stort-lerm capital gain 9. Income modifications 10a Gross sales press pretures b Less Cost of goods sold 1 Other income 12 Total. Add lines 1 through 11 13 Compensation of efficers, directors, fusitees, etc 14. Other employee salaries and wages 15. Pension plans, employee benefits 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel. Conferences, and meetings 22 Printing and publications 23 Other & Spenses 24 Total Operating and administrative 24 expenses 25 Add ines 13 through 23 26 Total expenses and disbursements 27 Adjusted the income (in expensive, enter -0-) 28 Excess of reviews own expenses and disbursements 28 Excess of reviews own expenses and disbursements 29 Adjusted the income (in expensive, enter -0-) 20 Adjusted the income (in expensive, enter -0-) 21 Adjusted the income (in expensive, enter -0-) 22 Adjusted the income (in expensive, enter -0-) 23 Adjusted the income (in expensive, enter -0-) 24 Adjusted the income (in expensive, enter -0-) 25 Adjusted the income (in expensive, enter -0-) 26 Adjusted the income (in expensive, enter -0-) 27 Adjusted the income (in expensive, enter -0-) 28 Adjusted the income (in expensive, enter -0-) 29 Adjusted the income (in expensive, enter -0-) 3 Adjusted the income (in expensive, enter -0-) 4 Adjusted the income (in expensive, enter -0-) 4 Adjusted the income (in expensive, enter -0-) 4 Adjusted the income (in expens | | b Net rental income or (loss) | | | F- | DEOE: (FE | | | | |
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| b Net/investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A | | | | | - | | | | | |
| c Adjusted net income (if negative, enter -0-) | | | 2,970,938. | | | | | | | |
| | | | | 3,938. | | | | | | |
| | | c Adjusted net income (if negative, enter -0-) 12-11-18 LHA For Paperwork Reduction Act Notice | | • | I N/A | Form 990-PF (2018) | | | | |

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.



2,970,938. Form **990-PF** (2018)

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

8

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

| Form 990-PF (2018) THE BIERENBAUM FAMILY FOUNDAT | | 83-253 | | | Page 4 | 4 |
|--|--|---------------|----------|-------------------------|----------|----------------|
| Part VI Excise Tax Based on Investment Income (Section 49 | 40(a), 4940(b), 4940(e), c | or 4948 - se€ | instr | ıctio | ns) | - |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and | enter "N/A" on line 1. | | | | | Ī |
| Date of ruling or determination letter. (attach copy of letter if n | ecessary-see instructions) | _ | | | | _ |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | 1 | | | 79. | _ |
| of Part I, line 27b | | | | | | Ī |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter | 4% of Part I, line 12, col. (b). 丿 | _ | | | _ | _ |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, | others, enter -0-) | 2 | | | 0. | |
| 3 Add lines 1 and 2 | | 3 | | | 79. | - |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; | others, enter -0-) | 4 | | | 0. | _ |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | | 79. | |
| 6 Credits/Payments: | | - | | | | 1 |
| a 2018 estimated tax payments and 2017 overpayment credited to 2018 | | 0. | | | |] |
| b Exempt foreign organizations - tax withheld at source | | 0. | | | | 1 |
| c Tax paid with application for extension of time to file (Form 8868) | | 0. | | | | ĺ |
| d Backup withholding erroneously withheld | 6d | 0. | | | |] |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | | 0. | <u>.</u> |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at | tached | 8 | | | 0. | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SE | EE STATEMENT 4 | 9 | | | 79. | <u>.</u> |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | ▶ 10 | | | | _ |
| 11 Enter the amount of line 10 to be; Credited to 2019 estimated tax | Refunded | <u>▶ 11 </u> | | | | _ |
| Part VII-A Statements Regarding Activities | | | | | | _ |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local leg | islation or did it participate or interv | rene in | <u> </u> | Yes | | _ |
| any political campaign? | | | 1a | | Х | _ |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purp | oses? See the instructions for the d | lefinition | 1b | | X | - , |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies | s of any materials published or | | | | | 1 |
| distributed by the foundation in connection with the activities. | | | | | |] |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | | Х | - |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during to | | _ | | | i ' | 1 |
| (1) On the foundation. \blacktriangleright \$ (2) On foundation manage | | <u>0.</u> | | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expen | diture tax imposed on foundation | | | | } | Į |
| managers. ► \$0. | | |] | | | j |
| 2 Has the foundation engaged in any activities that have not previously been reported to the | IRS? | | 2 | | X | 7 |
| If "Yes," attach a detailed description of the activities. | | | | | , | Í |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing | j instrument, articles of incorporatio | on, or | | | | j |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | _ | | 3 | | X | - |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year. | ear? | 37 / 3 | 4a | | X | - |
| b if "Yes," has it filed a tax return on Form 990-T for this year? | • | N/A | 4b | | v | - |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the yea | r2 | | 5 | | Х | 7 |
| If "Yes," attach the statement required by General Instruction T | | | ν. | | | 1 |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied | either: | | | | | l |
| By language in the governing instrument, or | | | | | | 1 |
| By state legislation that effectively amends the governing instrument so that no mandate | ory directions that conflict with the s | tate law | | | | j |
| remain in the governing instrument? | colors Contill and (a) and Contill | | 6 | X | | - |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com | npiete Part II, col. (c), and Part XV | | 7 | ^ | | 7 |
| On Franchischer Annahabe Annah | | | | | | 1 |
| 8a Enter the states to which the foundation reports or with which it is registered. See instruct | ions. F | | | | | 1 |
| GA | Attarnay Canaval /ar danca-4-1 | | | | | 1 |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the | Altorney General (or designate) | | | $\overline{\mathbf{x}}$ | | i |
| of each state as required by General Instruction G? If "No," attach explanation | vention 4049(1)/2) or 4049(1)/E) for | aalaadar | 8b | ^ | | , 0 |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of s | | calciludi | | | | 1 H |
| year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," co | | STMT 5 | 9 | х | <u> </u> | . • |
| 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a scheen | dule listing their names and addresses | カイガイ ろ | 10 | Λ | | _ |

Form **990-PF** (2018)

| Pa | ırt VII-A | Statements Regarding Activities (continued) | | | | |
|----------|-------------|--|-----------------|----------|--------------|----------|
| | | | * | | Yes | No |
| 11 | At any time | e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | | |
| | section 512 | 2(b)(13)? If "Yes," attach schedule. See instructions | | 11 | | x |
| 12 | | undation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of a disqualified person had advisory private the foundation of the foun | vilenes? | | | |
| - | | tach statement. See instructions | · ···ogoo · | 12 | | х |
| 13 | • | undation comply with the public inspection requirements for its annual returns and exemption application? | | 13 | Х | |
| | Website ad | | | 10 | | |
| 14 | | are in care of THE FOUNDATION Telephone no. | 770-69 | 3-2 | 623 | |
| '7 | | | ZIP+4 ►30 | | 023 | |
| 15 | | 947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | 21F#4 <u>50</u> | 303 | | ТТ |
| 10 | | | 45 1 | N | /A | · L |
| 40 | | | 15 | | Yes | NIa |
| 10 | • | e during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, | | _ | 162 | No X |
| | | or other financial account in a foreign country? | | 16 | | |
| | | structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | | |
| <u> </u> | foreign cou | | | | | |
| Pa | | Statements Regarding Activities for Which Form 4720 May Be Required | | | | |
| | | n 4720 if any item is checked in the "Yes" column, unless an exception applies. | | <u> </u> | Yes | No |
| 18 | - | year, did the foundation (either directly or indirectly): | | | | |
| | | | X No | l | | |
| | (2) Borrov | w money from, lend money to, or otherwise extend credit to (or accept it from) | | | | |
| | a disq | ' | X No | 1 | | |
| | (3) Furnis | | X No | · | | |
| | (4) Pay co | ompensation to, or pay or reimburse the expenses of, a disqualified person? | X No | | ٠. | |
| | (5) Transf | fer any income or assets to a disqualified person (or make any of either available | | | | <u> </u> |
| | for the | e benefit or use of a disqualified person)? | X No | ļ | | |
| | (6) Agree | to pay money or property to a government official? (Exception. Check "No" | | ' | | |
| | ıf the f | foundation agreed to make a grant to or to employ the official for a period after | | | | ' |
| | termin | nation of government service, if terminating within 90 days.) | X No | , | | |
| b | If any ansv | wer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | | |
| | section 53. | 1.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | N/A | 1b | | |
| | Organizatio | ons relying on a current notice regarding disaster assistance, check here | ightharpoons | | | |
| C | Did the fou | undation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | | |
| | | first day of the tax year beginning in 2018? | | 10 | | X |
| 2 | | failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | | |
| | | section 4942(j)(3) or 4942(j)(5)): | | | | |
| a | | of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | | |
| | before 201 | | X No | | | |
| | | ti the years ▶ , , , , | | | | |
| t | | any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | | |
| | | of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | | 1 |
| | | - see instructions.) | N/A | 2b | | |
| | | risions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | ' | | | |
| | | | | ĺ | | |
| 32 | Did the for | undation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | | |
| 0. | during the | e vear? | s X No | | | |
| , | • | d it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons afte | | | | |
| • | | 969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis | | | | |
| | | is acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | , post | l. ' | 1 | |
| | | | N/A | 2h | | |
| 4. | | 0, to determine if the foundation had excess business holdings in 2018.) | 14 \ \P | 3b | <u> </u> | X |
| | | undation invest during the year any amount in a manner that would jeopardize its charitable purposes? | that | 4a | | ┢┸ |
| | | undation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose | uidl | | | - |
| | nau not be | een removed from jeopardy before the first day of the tax year beginning in 2018? | | 4b | <u> </u> | (2242) |

| orm 990-PF (2018) THE BIERENBAUM FAMILY FO | | | 83-25345 | 14 | Page 6 |
|--|---|-----------------------------------|--|--|----------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | Υe | al Na |
| 5a During the year, did the foundation pay or incur any amount to: | · 4045(a))0 | | es X No | 116 | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); or | ` '' | | ES LAL NO | - | 1 2 |
| any voter registration drive? | or to carry on, directly or main | | es 🛣 No | 1 | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | າ | | es X No | | . |
| (4) Provide a grant to an organization other than a charitable, etc., organization | | | ES LAL NO | - | - - ` |
| 4945(d)(4)(A)? See instructions | ii aescribea iii sectioii | | es X No | . | . r |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or adjugational nurnocae, or f | | ES LAL NO | | |
| the prevention of cruelty to children or animals? | or educational purposes, or i | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | dar the excentions described i | | 55 LZE 140 | | 1,. |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | · | iii negalalions | N/A | 5b - | |
| Organizations relying on a current notice regarding disaster assistance; occ mist | | | | * | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | | ined | | | |
| expenditure responsibility for the grant? | | | es No | . | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | ., | | | i i |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | nav premiums on | | , | - | |
| a personal benefit contract? | pay promising on | | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | - | 6b - | _ X |
| If "Yes" to 6b, file Form 8870. | | | | 7 | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y | es X No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | | r | i l | | |
| excess parachute payment(s) during the year? | | | es X No . |] ' | ' |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | y | | |
| Paid Employees, and Contractors | | | | | |
| List all officers, directors, trustees, and foundation managers and t | | La Composition | 721 | T | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | accou | xpense int, other |
| | to position | enter -0-) | compensation | allo | wances |
| | PRESIDENT | | | | |
| 122 LOVINGGOOD LANDING DRIVE | 1 00 | ١ , | _ | İ | ^ |
| WOODSTOCK, GA 30189 | 1.00 TREASURER/SEC | O. | 0. | <u> </u> | 0. |
| GAIL BIERENBAUM 422 LOVINGGOOD LANDING DRIVE | IKEASUKEK/SEC | KETAKI | | | |
| WOODSTOCK, GA 30189 | 1.00 | 0. | 0. | | 0. |
| WOODSTOCK, GA 30109 | 1.00 | 0. | | | . |
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| Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | | |
| | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | (e) E | xpense int, other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (c) Compensation | and deferred compensation | accou | nt, other Nances |
| NONE | | | 50ps | | |
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Total number of other employees paid over \$50,000

| Form 990-PF (2018) THE BIERENBAUM FAMILY FOUNDATION I | INC. | 83-25345 | 14 Page 7 |
|---|-------------------------|-------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | n Managers, High | ly | |
| 3 · Five highest-paid independent contractors for professional services. If none, enter "N | ONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of ser | rvice | (c) Compensation |
| NONE | | | |
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| | | İ | |
| Takal number of others recovered over \$50,000 for professional converse | | • | 0 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical | information such as the | | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers produced | d, etc. | | |
| 1 N/A | | | |
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| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2. | | Amount |
| 1 N/A | | | |
| | | | |
| | | | |
| 2 | | | |
| <u> </u> | | | |
| All other program-related investments. See instructions. | | | |
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| 3 | | | |
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Form **990-PF** (2018)

Total. Add lines 1 through 3

| ĮP, | art∤X Minimum Investment Return (All domestic foundations | must complete this part | Foreign fou | ndations, se | e instructions) |
|-----|---|------------------------------|-----------------|------------------|-----------------|
| 1. | Fair market value of assets not used (or held for use) directly in carrying out charita | ible, etc., purposes: | | | |
| | Average monthly fair market value of securities | | | 1a | 990,264. |
| b | Average of monthly cash balances | | | 1b | 990,264. 49. |
| | Fair market value of all other assets | | | 1c | |
| d | Total (add lines 1a, b, and c) | | | 1d | 990,313. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | | | · · · |
| | 1c (attach detailed explanation) | 1e | 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | | 3 | 990,313. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount | nt, see instructions) | | 4 | 14,855. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and | on Part V, line 4 | | 5 | 975,458. |
| 6 | Minimum investment return. Enter 5% of line 5 | · | | 6 | 48,773. |
| P | art XII Distributable Amount (see instructions) (Section 4942(j)(3) | and (j)(5) private operating | foundations ar | d certain | |
| _ | foreign organizations, check here and do not complete this pai | | | | |
| 1 | Minimum investment return from Part X, line 6 | | | 1 | 48,773. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | 2a | 79. | | |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 2b | | | |
| C | Add lines 2a and 2b | | | 2c | 79. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 48,694. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 48,694. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa | rt XIII, line 1 | | 7 | 48,694. |
| = | art:XIII Qualifying Distributions (see instructions) | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pu | ırposes: | | | |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 0. |
| | Program-related investments - total from Part IX-B | | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charit | able, etc., purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | | |
| | Suitability test (prior IRS approval required) | | | 3a | |
| | Cash distribution test (attach the required schedule) | _ | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; | | | 4 | 0. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv | vestment | | | • |
| | income. Enter 1% of Part I, line 27b | | | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | | 6 | 0. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years. | when calculating whether the | ne foundation o | ualifies for the | esection |

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, | | | | |
| line 7 | | | | 48,694. |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only | | | 0. | |
| b Total for prior years: | | | | |
| 2 | | 0. | | - |
| 3 Excess distributions carryover, if any, to 2018: | | | | , |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| dFron; 2016 | • | • • • | • | |
| e From 2017 | | | • | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2018 from | | | | |
| Part XII, line 4: ►\$ | | | | |
| a Applied to 2017, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | <u> </u> | | | <u> </u> |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| | | | | 0. |
| d Applied to 2018 distributable amount | 0. | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | • | | - | <u> </u> |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2017. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2018. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 | | | | 48,694. |
| 7 Amounts treated as distributions out of | | | | İ |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | , , , | |
| 8 Excess distributions carryover from 2013 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2019. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 0 Analysis of line 9: | | | | 1 |
| a Excess from 2014 | | | | |
| b Excess from 2015 | | | | |
| c Excess from 2016 | | | | |
| d Excess from 2017 | | | | <u> </u> |
| e Excess from 2018 | | | | |

| | RENBAUM FAM | | | | 34514 Page 1 |
|---|---------------------------------------|----------------------------|---------------------------------------|-----------------------------|--------------------|
| Part XIV Private Operating F | | · | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | | | | | |
| • foundation, and the ruling is effective fo | | | ▶ | | |
| b Check box to indicate whether the foun | dation is a private operatir | g foundation described | ın section | 4942(j)(3) or 49 |)42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | (e) Total |
| investment return from Part X for | \ | | | | |
| each year listed | | | | / | |
| b 85% of line 2a | | | | | - |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | 1 | | |
| 3 Complete 3a, b, or c for the | | | | <u> </u> | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | j | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying | | | | | |
| under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment 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) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | | | if the foundation | had \$5,000 or mo | re in assets |
| at any time during t | he year-see instr | uctions.) | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | o have contributed more t | han 2% of the total conti | ributions received by the | foundation before the clos | e of any tax |
| year (but only if they have contributed n | nore than \$5,000). (See se | ection 507(d)(2).) | | | |
| SEE STATEMENT 8 | ··· · · · · · · · · · · · · · · · · · | | | | |
| b List any managers of the foundation wh | o own 10% or more of the | stock of a corporation (| or an equally large portion | on of the ownership of a pa | rtnership or |
| other entity) of which the foundation has | s a 10% or greater interes | Ľ. | | | |
| IONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here ► X if the foundation o | nly makes contributions to | preselected charitable of | organizations and does n | ot accept unsolicited requi | ests for funds. If |
| the foundation makes gifts, grants, etc., | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| a The name, address, and telephone numl | ber or email address of the | e person to whom applic | ations should be address | sed. | |
| | | | | | |
| | | | | | |
| b The form in which applications should b | e submitted and informati | on and materials they sh | ould include: | | |
| a Any submission deadliness | | | | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards | such as by neographical | areas, charitable fields | kinds of institutions, or o | other factors | |
| 2 : My resultations of amandis on awards | , -san as of goograpinoal | a. sao, onarrasio noido, i | ao or montanona, or c | and fuotofs, | |

Page 11

| Part XV Supplementary Informatio | | | | |
|--|--|--------------------------------|--------------------------------------|-----------|
| 3 Grants and Contributions Paid During the | Year or Approved for Future | Payment | | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial continuotor | recipient | | |
| w Tala during the year | | | | |
| | | | | |
| NONE | | | | |
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| Total b Approved for future payment | | | | |
| b Approved for fatare payment | | | | |
| RIDER UNIVERSITY | | | TO PROVIDE FUNDS TO | |
| 2083 LAWRENCEVILLE ROAD | | | THE UNIVERSITY FOR | |
| LAWRENCEVILLE, NJ 08648 | | | ENDOWMENT, | |
| | | | SCHOLARSHIPS AND CAPITAL PROJECTS TO | 3 000 000 |
| | | | CAPITAL PROJECTS TO | 3,000,000 |
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| Total | | | ▶ 3b | 3,000,000 |
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|------------|----------|--------|-------------|--------|-----------|------|-------|----------|------|---------|----------|-------|---------|------|--------|--------|-----|-----|-------|-----|-------------|
| Pai | rt XV | Supp | olementa | ary In | ormat | ion | | | | | | | | | | | | | | | |
| 3b | Grants a | nd Cor | ntributions | Appro | ved for l | Futu | re Pa | yment | Cont | inuatio | n of P | urpos | e of Gr | rant | or Cor | tribut | ion | | | | |
| <u>NAI</u> | IE OF | REC | CIPIEN | T - | RIDE | ΞR | UN | IVER | SIT | ΓY | | | | | | | _ | | | | |
| TO | PROV | IDE | FUNDS | то | THE | UN | IIVI | ERSI | ΤY | FOR | EN | DOW | MENT | ŗ, | SCH | OLAI | RSH | IPS | AND | | |
| CAI | PITAL | PRO | JECTS | то | PRO | ron | E I | EDUC | AT | ON. | | | | | | | | | | | |
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| | | | | | | | | | | | <u> </u> | | | | | | | | | | |

| er gross amounts unless otherwise indicated. Program service revenue: a | (a) | business income | | y section 512, 513, or 514 | / ₄ \ |
|---|----------------|-----------------|--|----------------------------|---------------------------------------|
| | (a) | | [C] | | (e) |
| | Business | (b) Amount | (C) Exclu- sion | (d) | Related or exempt |
| 2 | code | Amount | code | Amount | function income |
| * | | | | | |
| b | _ | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 146. | |
| Dividends and interest from securities | | | 14 | 3,788. | |
| Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | · • | | | |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| Other investment income | | | 1 1 | | |
| Gain or (loss) from sales of assets other | · · · · | | | | |
| than inventory | | | 18 | 4. | |
| Net income or (loss) from special events | | | +=+ | | · · · · · · · · · · · · · · · · · · · |
| Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue: | | | | | |
| | 1 | | | | |
| a b | - | | | | |
| | - | | + + - | | <u> </u> |
| d | - | | | | |
| 0 | - | <u> </u> | + +- | | |
| Subtotal. Add columns (b), (d), and (e) | - | | | 3,938. | |
| Total. Add line 12, columns (b), (d), and (e) | <u> </u> | | •1 | 13 | 3,93 |
| e worksheet in line 13 instructions to verify calculations.) | | | | 13 | |

the foundation's exempt purposes (other than by providing funds for such purposes).

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| † Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) | | | | | | | | | | | | |
|--|--------------|---|-----------------------|-----------------------|-----------------------------------|--------------------------|--------------------------------------|----------|----------------------|------------|--|--|
| | (other tha | an section 501(c)(3) organ | izations) or in sec | tion 527, relatin | g to political organizations? | ı | | | | | | |
| a | Transfers | from the reporting founda | ation to a nonchar | itable exempt or | ganızatıon of: | | | | | <u> </u> j | | |
| | (1) Cash | 1 | | | | | | 1a(1) | | X | | |
| | (2) Other | r assets | | | | | | 1a(2) | | X | | |
| b | Other tran | nsactions: | | | | | | | | | | |
| | (1) Sales | s of assets to a noncharital | ble exempt organi | zation | | | | 1b(1) | | X | | |
| | (2) Purc | hases of assets from a nor | ncharitable exemp | t organization | | | | 1b(2) | | X | | |
| | | al of facilities, equipment, (| or other assets | | | | | 1b(3) | | X | | |
| | • • | bursement arrangements | | | | | | 1b(4) | | X | | |
| | | is or loan guarantees | | | | | | 1b(5) | | X | | |
| | | ormance of services or me | • | • | | | | 1b(6) | | X | | |
| | - | of facilities, equipment, mai | - | | • • | | | 1c | | X | | |
| a | | | | | | | market value of the goods, ot | | ets, | | | |
| | | s given by the reporting it d) the value of the goods, (| | | eu 1655 tilali iali iliaiket valt | ue ili aliy ilalisaciloi | n or sharing arrangement, sh | J VV 111 | | | | |
| (a)∟ | ine no | (b) Amount involved | | | e exempt organization | (d) Description | n of transfers, transactions, and sh | arıng an | angeme | nts | | |
| (-,- | | (0) | (-) | N/A | | (-, | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | - | | | | | | |
| | | | - | | | | | | | | | |
| | - | | | | | | | | | | | |
| 2a | Is the four | ndation directly or indirect | ly affiliated with, o | r related to, one | or more tax-exempt organi | zations described | | | | | | |
| | | 501(c) (other than section | • | • | | | | Yes | X |] No | | |
| b | If "Yes," co | omplete the following sche | edule. | | | | | | | | | |
| | | (a) Name of org | anization | | (b) Type of organization | | (c) Description of relationship |) | | | | |
| | | N/A | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | · | | | | | | | | | | |
| | | | | | | ļ | | | | | | |
| | Under | penalties of periury. I declare t | that I have examined | this return, includin | g accompanying schedules and | statements, and to the | best of my knowledge | | - | | | |
| Sig | and he | | | | taxpayer) is based on all inform | | r has any knowledge return | with the | iscuss to prepare | er | | |
| He | | 1919 Jose 1 | | | 1 4/15/19 | PRESI | | Yes | See ins | No | | |
| | Sigr | nature of officer or trustee | | | Date | Title | | 163 | | | | |
| | <u>~</u> | Print/Type preparer's na | me | Preparer's si | gnature / | Date | Check if PTIN | | | | | |
| | | CHRISTOPHE | R M. | late | W Bush | | self- employed | | | | | |
| Pa | id | BAILEY CHRISTOPHER M. BA 11/11/19 P001 | | | | | | | | | | |
| | eparer | | | | | | | | | | | |
| Us | e Only | | | | | | | | | | | |
| | | | | | S BLVD NW, S | UITE 200 | | | | | | |
| | | KE | NNESAW, | GA 3014 | 4 | | Phone no. 770-42 | | | | | |
| | | | | | | | Eore | ~ ወወሰ | | (2018) | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Name of the organization

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

THE BIERENBAUM FAMILY FOUNDATION INC.

Employer identification number

83-2534514

Organization type (check one) Filers of: Section: ____ 501(c)(Form 990 or 990-EZ) (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** 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 totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-FF),

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

Employer identification number

THE BIERENBAUM FAMILY FOUNDATION INC.

83-2534514

| Part I | Contributors (see instructions) Use duplicate copies of Part I if addition | al space is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | BARRY AND GAIL BIERENBAUM 422 LOVINGGOOD LANDING DRIVE WOODSTOCK, GA 30189 | \$ 2,967,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Occash Occash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

THE BIERENBAUM FAMILY FOUNDATION INC.

83-2534514

| Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (b) FMV (or estimate) (See instructions) Description of noncash property given (See instructions) | | | | | |
|---|--|--|----------------------|--|--|
| No. from | | FMV (or estimate) | | | |
| | | \$ | | | |
| (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 | | |
| | | \$ | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | |
| | | \$ | | | |

Name of organization **Employer identification number** THE BIERENBAUM FAMILY FOUNDATION INC. 83-2534514 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 (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| | | S AND TI | EMPOR | ARY (| CASH IN | VESTMENTS | STATEMENT | 1 |
|---|--|-----------------------------|-------|---------------------------------|-----------------------|-------------------------------|-----------------------|-----|
| SOURCE | RE | (A) REVENUE PER BOOKS 146. | | (B) NET INVESTMENT INCOME 146. | | (C) ADJUSTED NET INCOME | | |
| CHARLES SCHWAB | | | | | | | | |
| TOTAL TO PART I, LI | | | | | | | | |
| FORM 990-PF | DIVIDENDS | AND INT | EREST | FROI | M SECUR | ITIES | STATEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITA GAINS DIVIDEN | S | REV | (A) VENUE BOOKS | (B) NET INVES MENT INCO | | |
| CHARLES SCHWAB | 3,788. | | 0. | | 3,788. | 3,78 | 38. | • |
| TO PART I, LINE 4 | 3,788. | | 0. | | 3,788. | 3,78 | 38. | |
| FORM 990-PF | U.S. AND STA | ATE/CITY | GOVE | RNME | NT OBLI | GATIONS | STATEMENT | 3 |
| | | TT | | | | | | |
| DESCRIPTION | | GO/ | | OTHER GOV' | | K VALUE | FAIR MARKE VALUE | т |
| | STMENTS | | /'T | | ВОО: | K VALUE ,970,792. | | |
| CHARLES SCHWAB INVE | | GO/ | /'T | | BOO: | | VALUE | 92. |
| CHARLES SCHWAB INVE | NT OBLIGATIO | GOV | /'T (| GOV ' 1 | BOO: 2 | ,970,792. | VALUE 2,970,7 | 92. |
| DESCRIPTION CHARLES SCHWAB INVE TOTAL U.S. GOVERNME TOTAL STATE AND MUN TOTAL TO FORM 990-P | ENT OBLIGATIO | GOV DNS RNMENT OF | /'T (| GOV ' 1 | 2 2 2 | ,970,792. | VALUE 2,970,7 | 92. |
| CHARLES SCHWAB INVE TOTAL U.S. GOVERNME TOTAL STATE AND MUN | ENT OBLIGATION OF THE PART II, | GOV DNS RNMENT OF | /'T (| GOV'1 | 2 2 2 3 2 | ,970,792. | 2,970,7 2,970,7 | 92. |
| CHARLES SCHWAB INVETOTAL U.S. GOVERNMETOTAL STATE AND MUNTOTAL TO FORM 990-P | ENT OBLIGATION ICIPAL GOVER F, PART II, INTER 990-PF, PART EREST | GOVENNS RIMENT OF LINE 10A | /'T (| GOV'1 | 2 2 2 3 2 | ,970,792. | VALUE 2,970,7 2,970,7 | 92. |

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

5

NAME OF CONTRIBUTOR

ADDRESS

BARRY AND GAIL BIERENBAUM

422 LOVINGGOOD LANDING DRIVE

WOODSTOCK, GA 30189

| FORM 990-PF | LA | LATE PAYMENT PENALTY | | | STA | | | ATEMENT 6 | |
|---|----------------------------------|----------------------|---------|-------------------|-------------|-------|-------|-----------|--|
| DESCRIPTION | DAT | E AMOU | NT | BALANC | E N | ONTHS | PENAL | ТY | |
| TAX DUE DATE FILED | 05/15 11/15 | • | 79. | | 79. 79. | 6 | | 2. | |
| TOTAL LATE PAYMENT PE | NALTY | | | | | | | 2. | |
| FORM 990-PF | LA | TE PAYMENT | INTERES | T | | STAT | EMENT | 7 | |
| DESCRIPTION | DATE | AMOUNT | BALA | NCE | RATE | DAYS | INTER | ES1 | |
| TAX DUE INTEREST RATE CHANGE DATE FILED | 05/15/19 06/30/19 11/15/19 | 79. 0. | | 79. 80. 82. | .0600 | | | 1. | |
| TOTAL LATE PAYMENT IN | TEREST | | | | | | | 3. | |
| FORM 990-PF | | T XV - LINE | | .s | | STAT | EMENT | 8 | |

NAME OF MANAGER

BARRY BIERENBAUM GAIL BIERENBAUM