990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury

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

2018

Open to Public Inspection ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service For calendar year 2018 or tax year beginning January 1 , 2018, and ending December 31 . 20 18 Name of foundation A Employer identification number American Revolution Round Table 90-0622381 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 843-705-9410 1 Tipo White Court City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Bluffton, South Carolina. 29909 G Check all that apply: ☑ Initial return Initial return of a former public charity D 1. Foreign organizations, check here . . . ☐ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, □ Name change □ Address change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here ▶ . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II col. (c), Other (specify) under section 507(b)(1)(B), check here . line 16) ▶ \$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable (b) Net investment (c) Adjusted net expenses per amounts in columns (b), (c), and (d) may not necessarily equal income income purposes (cash basis only) books the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 466 1 Check ► ☐ if the foundation is not required to attach Sch. B 2 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 0 O. 0 SCANNED 0 0 b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a b Capital gain net income (from Part IV, line 2) . . 7 0 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) n Other income (attach schedule) 0 11 6580 12 Total. Add lines 1 through 11 7046 13 Compensation of officers, directors, trustees, etc. 0 14 Other employee salaries and wages 0 15 Pension plans, employee benefits 0 RECEIVED 16a Legal fees (attach schedule) 0 0 Accounting fees (attach schedule) Administrative APR 0 9 2019 Other professional fees (attach schedule) . . 0 C 0 17 18 Taxes (attach schedule) (see instructions) . . . 0 OGDEN. 0 19 Depreciation (attach schedule) and depletion . . . 0 20 21 8654 Travel, conferences, and meetings 0 0 0 and 0 22 0 0 0 376 0 0 23 Other expenses (attach schedule) 0 Total operating and administrative expenses. 24 9030 0 Contributions, gifts, grants paid 600 25 600 Total expenses and disbursements. Add lines 24 and 25 26 9630 0 9630 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements (2584)Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

Pa	ert II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		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	4369	2322	2322
	2	Savings and temporary cash investments	0	0	O
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶ 0	0	0	0
	5	Grants receivable	0	0	
	6	Receivables due from officers, directors, trustees, and other	Ì		
		disqualified persons (attach schedule) (see instructions)	0	0	<u> </u>
	7	Other notes and loans receivable (attach schedule) ▶ 0			
		Less. allowance for doubtful accounts ▶ 0	0	0	0
Assets	8	Inventories for sale or use	0	0	0
256	9	Prepaid expenses and deferred charges	0	0	0
Ä	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	
	b	Investments—corporate stock (attach schedule)	0	0	0
	С	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment: basis ▶ 0		·	
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶ 0			
		Less: accumulated depreciation (attach schedule) ▶ 0	. 0	0	0
	15	Other assets (describe ► 0	0	0	0
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	4369	2322	2322
	17	Accounts payable and accrued expenses	0	0	
တ္ထ	18	Grants payable	0	0	
Liabilities	19	Deferred revenue	0	0	
ğ	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
Ľ	21	Mortgages and other notes payable (attach schedule)	0	0	
	22	Other liabilities (describe ► 0)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31.			
ၓၟႍ	24	Unrestricted			Ì
<u>ā</u>	2 5	Temporarily restricted	U	0	
Ba	26		0		
밀	20	Foundations that do not follow SFAS 117, check here ▶ □	U	U	
Fund Balances		and complete lines 27 through 31.]	J
ō	27	Capital stock, trust principal, or current funds	o	ا]
2	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
AS	30	Total net assets or fund balances (see instructions)	0	0	<u> </u>
t l	31	Total liabilities and net assets/fund balances (see			
z	٠.	instructions)	o	o	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	<u>_</u>	
		I net assets or fund balances at beginning of year—Part II, colur	nn (a) line 30 (must	agree with	
•		of-year figure reported on prior year's return)			4369
2		r amount from Part I, line 27a		2	(2047)
3		er increases not included in line 2 (itemize)		3	0
4		lines 1, 2, and 3		4	2322
5		reases not included in line 2 (itemize)	· ·	5	0
6		I net assets or fund balances at end of year (line 4 minus line 5)—F	art II, column (b). lin		2322

Part	V Capital Gains and	d Losses for Tax on Investm	ent Income				
		nd(s) of property sold (for example, real esuse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acq (mo., day,		(d) Date sold (mo., day, yr)
1a	N/A						
b							
С							
<u>d</u>							
е				l			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale	((n or (loss) f) minus (g))
a				· · · · · · · · · · · · · · · · · · ·			
<u> </u>							
<u>C</u>	i						<u> </u>
d						· · · · ·	
е	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69.	W.C.	una (Cal	(h) goin minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i) . (j), rf any	col. (k)	but no	l. (h) gain minus t less than -0-) or rom col (h))
а						-	
<u>a</u>							·
d							
е							
2	Capital gain net income o		also enter in Pa , enter -0- in Pa		2		0
3		in or (loss) as defined in sections I, line 8, column (c). See instru	1222(5) and (6)	ı			
	Part I, line 8			<u> </u>	3		
Part	V Qualification Unc	der Section 4940(e) for Redu	iced Tax on N	let Investment	Income		
•	ptional use by domestic pr ion 4940(d)(2) applies, leav	ivate foundations subject to the average that the same tha	section 4940(a)	tax on net invest	ment incom	e.)	
Was t	he foundation liable for the	section 4942 tax on the distribution and section 4942 tax on the distribution 4940(e). Do			base period	?	☐ Yes <page-header> No</page-header>
1		ount in each column for each yea			aking any er	ntries.	· · · · · · · · · · · · · · · · · · ·
	(a)	And the Court of Court years	1,000 1110 111011				(d)
Cale	Base period years andar year (or tax year beginning in	Adjusted qualifying distributions	s Net value o	(c) f noncharitable-use a	ssets		tribution ratio divided by col. (c))
	2017		0		0		0
	2016		0		0		0
	2015		0		0		0
	2014		0		0		0
	2013		0		0		00
2	Total of line 1, column (d))			. 2		0
3	· ·	, o for the 5-year base period—div		line 2 by 5.0, o	r by		
	the number of years the fo	oundation has been in existence	if less than 5 ye	ears	. 3		0
4	Enter the net value of nor	ncharitable-use assets for 2018 for	rom Part X, line	5	. 4		0
5	Multiply line 4 by line 3				. 5		0
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6		0
7	Add lines 5 and 6				. 7		0
8		ons from Part XII, line 4 ater than line 7, check the box in			. 8	ng 2 1	06 tay rate. See the
	Part VI instructions.	ater than line 1, check the box if	ı ran vi, iine it	o, and complete	mai pari usi	ny a 1	i /u lax rate. See the

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га	u	ы	•

art		nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		N/A	
	here ▶ 🗌 and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0			
b	Exempt foreign organizations—tax withheld at source 6b 0			
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0			
ď	Backup withholding erroneously withheld 6d 0			
,	Total credits and payments. Add lines 6a through 6d		0	
3	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	, -
•	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
)	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0	
1	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 0 Refunded ▶ 11		0	
	/II-A Statements Regarding Activities			
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
_	participate or intervene in any political campaign?	1a		1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
_	instructions for the definition	1b		1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		$\overline{\mathcal{J}}$
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			<u>, , </u>
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities.			_
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
,	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		7
а	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		1
;	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
	If "Yes," attach the statement required by General Instruction T.			- V
5	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1 1		
	conflict with the state law remain in the governing instrument?	6	1	•
,	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		1
а	Enter the states to which the foundation reports or with which it is registered. See instructions.			_ Y
a	Enter the states to which the foundation reports of with which it is registered, dee mondotions.			
_	If the annuar is "Vee" to line 7, here the foundation furnished a serve of Form 000 DE to the Atternay Consul			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b		_
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	00		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	اما		./
	complete Part XIV	9	ļ	
)	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		./
	Halles and addresses			~

-	DVIDA Ct-tamente Descondina Astistica (continued)			rage C
Par	t VII-A Statements Regarding Activities (continued)	т	Yes	No
. 44	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	<u> </u>	163	140
<u>11</u>	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		/
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12	<u> </u>	/
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	L	L
	Website address ►			
14	The books are in care of ► Located at ► ZIP+4 ►			
15	Located at ► ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			▶ [
15	and enter the amount of tax-exempt interest received or accrued during the year	• •	•	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		V
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	<u> </u>		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		157	1 41-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
та	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ļ	
	disqualified person?	İ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	}		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ļ]]
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	Ì		
	(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			لـِـــا
	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, check here	1b	-	V
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	were not corrected before the first day of the tax year beginning in 2018?	1c		7
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			V
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and]	
	6e, Part XIII) for tax year(s) beginning before 2018?	ł		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	·	
, с	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 .	1		
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	ĺ		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	1		1
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1	
	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.)	2F	 -	
40	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	-	\ <u>\</u>
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	Ta		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		一

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	VII-B	Statements Regarding Activitie			4/20	may Be F	equire	e a (conti	nuea)	.,	V	A
<u> </u>	_	ne year, did the foundation pay or incur	-		/ ·	ham 40.451	\\ ^	-1	 .		Yes	No
<u>.</u>		on propaganda, or otherwise attempt		_		•		∐ Yes	∠ No	'		
		nce the outcome of any specific publi		on (see sect	ion 495	oo); or to c	arry on	_	F3			
		tly or indirectly, any voter registration d					• • •	∐ Yes	☑ No	I		
		de a grant to an individual for travel, stu						☐ Yes	✓ No	'		
	-	de a grant to an organization other tha			_	ation desc	ribed ir	_				
								. ∐Yes	✓ No	'		
		de for any purpose other than religious				-			_	1		
_		oses, or for the prevention of cruelty to						Yes	₩ No	1	i :	
b		swer is "Yes" to 5a(1)-(5), did any of the							scribed	'		
	•	itions section 53.4945 or in a current no								5b	<u></u> _	✓
	•	tions relying on a current notice regard	-]		
C		swer is "Yes" to question 5a(4), does						t			ļ ļ	
	because	it maintained expenditure responsibility	y for the	grant?				Yes Yes	🔽 No			
		attach the statement required by Regul										
6a		oundation, during the year, receive any	funds,	directly or in	directly	, to pay pre	emiums	3				
		sonal benefit contract?						☐ Yes	☑ No	·		
b	Did the fo	oundation, during the year, pay premiur	ms, dire	ctly or indire	ctly, on	a personal	benefi	t contract	t? .	6b		✓
	If "Yes" t	o 6b, file Form 8870.										
7a	-	e during the tax year, was the foundation						☐ Yes	₩ No			
b		did the foundation receive any proceed							n? .	7b		✓
8		undation subject to the section 4960 ta	•	•			-					
		ation or excess parachute payment(s) d										
Part	VIII	Information About Officers, Direc	ctors, 7	rustees, F	ounda	tion Mana	agers,	Highly I	Paid E	mploy	ees,	
		and Contractors										
_1	List all o	fficers, directors, trustees, and found			nd their	compens	ation. S	See instr	uctions			
		(a) Name and address		e, and average		mpensation		Contribution		(e) Expe		
		(a) Name and address	ì hou	e, and average rs per week ed to position	``(Hr	mpensation not paid, iter -0-)	emple	Contribution byee benefit erred compe	plans		nse acc allowan	
Peggy	Pickett-78 P	(a) Name and address ipers Pond Rd, Bluffton, SC 29910	ì hou	rs per week	``(Hr	not paid,	emple	yee benefit	plans			
Peggy	Pickett-78 P		hou devot	rs per week	``(Hr	not paid,	emple	yee benefit	plans			
			hou devot	rs per week ed to position	``(Hr	not paid, iter -0-)	emple	yee benefit	plans ensation			ces
		ipers Pond Rd, Bluffton, SC 29910	Preside	rs per week ed to position	``(Hr	not paid, iter -0-)	emple	yee benefit	plans ensation			ces
Roy Vil	tters-1087 S	ipers Pond Rd, Bluffton, SC 29910	Preside	rs per week ed to position ent - 2hr	``(Hr	not paid, iter -0-)	emple	yee benefit	plans ensation 0			ces 0
Roy Vil	tters-1087 S	ipers Pond Rd, Bluffton, SC 29910 erenity Point Dr, Bluffton, SC.29909	Preside	ent - 2hr	``(Hr	not paid, iter -0-)	emple	yee benefit	plans ensation 0			ces 0
Roy Vil	tters-1087 S ennett-12 Hi	ipers Pond Rd, Bluffton, SC 29910 erenity Point Dr, Bluffton, SC.29909	Preside	ent - 2hr	``(Hr	not paid, iter -0-)	emple	yee benefit	plans ensation 0			0 0
Roy Vil	tters-1087 S ennett-12 Hij Manno-1 Tip	erenity Point Dr., Bluffton, SC 29910 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909	Preside Vice-Pr Secreta	ent - 2hr resident - 2hr ary-2hr rer - 3hrs	(If r	0 0	emple and def	oyee benefit erred compo	plans ensation 0 0	other	allowan	0 0
Roy Vil	ennett-12 High	ripers Pond Rd, Bluffton, SC 29910 erenity Point Dr, Bluffton, SC.29909 ghbush Dr, Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta	ent - 2hr resident - 2hr ary-2hr rer - 3hrs	(If r	0 0	emple and def	oyee benefit erred compo	plans ensation 0 0	other	allowan	0 0
Roy Vil	tters-1087 S ennett-12 Hij Manno-1 Tip	ripers Pond Rd, Bluffton, SC 29910 erenity Point Dr, Bluffton, SC.29909 ghbush Dr, Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta	ent - 2hr resident - 2hr ary-2hr rer - 3hrs	(If r	0 0	emple and def	oyee benefit erred compo	plans ensation 0 0	other	allowan	0 0
Roy Vil	ennett-12 High	ripers Pond Rd, Bluffton, SC 29910 erenity Point Dr, Bluffton, SC.29909 ghbush Dr, Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta	ent - 2hr resident - 2hr resident - 2hr rer - 3hrs rer than thos	(if r en	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions	other	one, (0 0 0 enter
Roy Vill	ennett-12 High Manno-1 Tip Compen "NONE."	ripers Pond Rd, Bluffton, SC 29910 erenity Point Dr, Bluffton, SC.29909 ghbush Dr, Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, (0 0 0 enter
Roy Vill	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	ent - 2hr resident - 2hr resident - 2hr rer - 3hrs rer than thos	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill Ivan Be	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter
Roy Vill	ennett-12 High Manno-1 Tip Compen "NONE."	erenity Point Dr., Bluffton, SC 29910 erenity Point Dr., Bluffton, SC.29909 ghbush Dr., Hilton Head Island.SC.29926 o White Court, Bluffton, SC. 29909 sation of five highest-paid employe	Preside Vice-Pr Secreta Treasures (oth	rs per week ed to position ent - 2hr resident - 2hr ary-2hr rer - 3hrs er than those (b) Title, and a hours per week	se inclusiverage	0 0 0 uded on li	emple and def	see instr	plans ensation 0 0 0 uctions benefit deferred	other	one, o	0 0 0 enter

Form **990-PF** (2018)

	90-PF (2018)	Page
-28Ti	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	pioyees,
3	<u>Five</u> highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	n
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		· · · · · · · · · · · · · · · · · · ·
otal	number of others receiving over \$50,000 for professional services	
	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Hentage Libraryc/o the Community Foundation of the Low Country, PO Box 23019, Hilton Head Is, SC. 29925	
		50
2	Coastal Discovery Museum, Hilton Head Is, South Carolia. 29925	
		10
3		
4		
	IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	4 luncheons with speakers related to the American Revolutionary War and/or issues related to the American Revolution as it	
•	happened in South Carolina or the SouthEast.	
		617
2	Educational Programs	
		247
	other program-related investments. See instructions.	
3		
otal	. Add lines 1 through 3	865

Part	·	gn fou	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► and do not complete this part.)	oundat	tions
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2018 from Part VI, line 5 2a		
ь	Income tax for 2018. (This does not include the tax from Part VI.) 2b][
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
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	0
b	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 charitable, etc.,	1 1	
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0
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	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 when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	ner the foundation

Form **990-PF** (2018)

	All Undistributed income (see instruction	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				
2 a	Undistributed income, if any, as of the end of 2018. Enter amount for 2017 only			0	
	· · · · · · · · · · · · · · · · · · ·		0		<u> </u>
ь 3	Total for prior years: 20, 20, 20 Excess distributions carryover, if any, to 2018:		U U		·
	From 2013		1		
a					
b	From 2014		1		
C	From 2015		Ì		
ď	From 2016		}		
е	From 2017				
f	Total of lines 3a through e		0		
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$				
а	Applied to 2017, but not more than line 2a .	:		0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)		0		
đ	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)		0		
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		ol lo		
	Prior years' undistributed income. Subtract line 4b from line 2b	, , , , , , , , , , , , , , , , , , , ,	0	•	
С	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		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
_			 		<u> </u>
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).		0		
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a		0		
10	Analysis of line 9:				
. а	Excess from 2014		1		
b	Excess from 2015 0			ł	
C	Excess from 2016 0				
d	Excess from 2017 0]	ļ	
-	Excess from 2018		1		

orm 99	0-PF (2018)					Page 10
Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo	r 2018, enter the da	ate of the ruling .			
b	Check box to indicate whether the four	ndation is a private	operating foundate	tion described in se	ection 🗌 4942(j)(3) or 🗹 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	each year listed					
b	85% of line 2a					
	Qualifying distributions from Part XII,					
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
ď	for active conduct of exempt activities					
_	Qualifying distributions made directly					
е	for active conduct of exempt activities.	İ				
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
3	alternative test relied upon:					
_	•					
а	"Assets" alternative test—enter:	ļ	}			
	(1) Value of all assets					
	(2) Value of assets qualifying under	ĺ				
b	section 4942(j)(3)(B)(i)			 		
U	of minimum investment return shown in					
	Part X, line 6 for each year listed		<i></i>			
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest,	1				
	dividends, rents, payments on		1			
	secunties loans (section					
	512(a)(5)), or royalties)	 		ļ	· · · · · · · · · · · · · · · · · · ·	
	(2) Support from general public and 5 or more exempt	/				
	organizations as provided in		ĺ			
	section 4942(j)(3)(B)(iii)	ļ <i>[</i>				
	(3) Largest amount of support from	/				
	an exempt organization					
	(4) Gross investment income	/- /OI-I- A		ha farmdation h	ad \$5 000 ar m	oro in occoto ot
Part				ne roundation n	au \$5,000 or m	ore in assets at
	any time during the year		15.)			
	Information Regarding Foundation List any managers of the foundation		stad more than 20	6 of the total contr	ibutions received	by the foundation
а	before the close of any tax year (but of	only if they have co	ontributed more th	an \$5 000\ (See s	ection 507(d)(2).)	by the roundation
	belove the close of any tax year tout	may in they have oc		40,000). (000 0		
<u> </u>	List any managers of the foundation	who own 10% o	r more of the stor	ck of a corporation	o (or an equally la	rge portion of the
D	ownership of a partnership or other e					igo portion or the
	ownership of a paranoiding of outer of	inty) or intiion and	10411441101111404	, o , o o . g. o a . o		
2	Information Regarding Contribution	Grant Gift Los	n Scholarshin e	to Programs:		
~	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the f					
	complete items 2a, b, c, and d. See in		go, g.ao, o.o.,		gamaanone amaa	,
	The name, address, and telephone nu		dress of the nerso	n to whom annlica	tions should be a	ddressed:
а	The name, address, and telephone no	minute of times aut	dicas of the perso	to mioni applica	along onload be at	
b	The form in which applications should	be submitted and	d information and	materials thev sho	uld include:	
-	in in applications of our	din				
c	Any submission deadlines:			······································		
	•					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fie	elds, kinds of ins	titutions, or other
	factors:					

Part	XV Supplementary Information (conti	inued)			
3	Grants and Contributions Paid During t	he Year or Approv	ed for Ful	ture Payment	
· 	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
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	Total	<u>l</u>	l	▶ 3a	
<u>b</u>	Total	1	· · · · · ·	▶ 3a	<u> </u>
b	Approved for future payment	,			
		İ			
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		}	1		
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			<u></u>		
	Total			▶ 3b	

Pai	rt XVI	-A Analysis of Income-Producing Ad	tivities				
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	on 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Prog	ram service revenue:					(444
	a 4	luncheons with speakers		5379	03	5379	5379
	ь_						
	c _				ļ		
	d _						
	θ						······································
	f						
	-	ees and contracts from government agencies					
2		bership dues and assessments		1201	03	1201	1201
3		est on savings and temporary cash investments					
4		ends and interest from securities	ļ				
5		ental income or (loss) from real estate:					
		ebt-financed property		<u> </u>		···	
_		ot debt-financed property					
_		ental income or (loss) from personal property	ļ				
7		r investment income	\ 				
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events	<u> </u>				
10		s profit or (loss) from sales of inventory	ļ	400		466	400
11		r revenue: a		466		400	466
	b _						
	c _					··-	
	~		1	ļ			
	d _						
12				7046		7046	7046
	e Subto	otal. Add columns (b), (d), and (e)				7046	
13	e Subto	otal. Add columns (b), (d), and (e)		7046		7046 13	7046 7046
13 See	e Subto Total works	otal. Add columns (b), (d), and (e)	s.)				
13 See Pa	e Subto Total works	otal. Add columns (b), (d), and (e)	s.)	ent of Exemp	t Purposes	13	7046
13 See Pal Lin	e Subto Total works	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
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13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
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13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
13 See Pal Lin	e Subto Total works t XV	otal. Add columns (b), (d), and (e)	s.) ccomplishm ncome is repo	ent of Exemported in column in by providing fun	t Purposes (e) of Part XVI- ds for such purpo	A contributed in ses). (See instruc	7046 nportantly to the
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Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a nonchantable exempt organization of: 1 (1) Cash			Organizati	0113									
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash	1	in s	ection 501(c) (o	directly or indirectly elether than section 5	ngage in any of the fo 501(c)(3) organization	ollowing with any ns) or in secti	y other orgar on 527, rel	nızatıc latıng	n des to p	cribed olitical		Yes	No
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d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	_									• •			
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Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instructions Yes No		desc	ribed in section 5	501(c) (other than sec							☐ Ye	es 🗌	No
Sign Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below? See instructions Yes No		(a) Name of organization			(b) Type of orga	(c) Description of relationship							
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Form 990-PF-Attachment

American Revolution Round Table – SC

EIN: 90-0622381

Part 1

Line 1.	Donations for Educational Purposes	466
Total		<u>466</u>
Line 11	Dues Received	1201
	Cost of Luncheons	5379
Total		<u>6580</u>
Line 21	Travel, Conferences and meetings Cost of 4 luncheons, speakers and	6179
	Educational programs	2475
	1	
Total		<u>8654</u>
Line 23	Other Expenses	
	Name Badges	290
	Costumes	64
	Check Reorder	22
Total		<u>376</u>
Line 25	Contributions, gifts, grants paid	600
Total		600