Form 990-T	Exempt Organization Bus	sine	ss Income T	ax Return		OMB No 1545-0687		
	(and proxy tax und	]	2018					
	For calendar year 2018 or other tax year beginning IMAX I,	<del>"</del>	ZU 10					
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may		Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed	Name of organization ( Check box if name of GARY FOUNDATION	changed	and see instructions )		Emp	loyer identification number ployees' trust see uctions)		
B Exempt under section	Print C/O JUDITH M. GARY				+	8-6034032		
X 501(c (3)	or Number, street, and room or suite no. If a P.O. bo	x, see II	nstructions.			lated business activity code instructions )		
408(e)220(e)	Type 3032 BRANSFORD ROAD				]			
408A 530(a) 529(a)	City or town, state or province, country, and ZIP of AUGUSTA, GA 30909	or foreig	n postal code		900	099		
C Book value of all assets at end of year	F Group exemption number (See instructions )	<b>•</b>						
202,0	77. G Check organization type 🕨 🗶 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust		
H Enter the number of the	organization's unrelated trades or businesses. 🕨	1	Describe	the only (or first) ur	related			
trade or business here	INVESTMENT IN LIMITED PAR	TNE	$\overline{\mathtt{RSHIP}}$ If only one,	complete Parts I-V	If more	e than one,		
describe the first in the b	lank space at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	e or		
business, then complete	Parts III-V.					·		
	the corporation a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	► L	Y	es X No		
	nd identifying number of the parent corporation		<u> </u>					
J The books are in care of			<del></del>	one number 🕨 7				
L	Trade or Business Income	1	(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale								
b Less returns and allow		1c				1		
2 Cost of goods sold (S	•	2				1		
3 Gross profit. Subtract		3						
4a Capital gain net incom	•	4a				-		
	4797, Part II, line 17) (attach Form 4797)	4b						
c Capital loss deduction		4c						
	partnership or an S corporation (attach statement)	5						
6 Rent income (Schedu	•	6				<u> </u>		
	ed income (Schedule E)	8'						
· · · · · · · · · · · · · · · · · · ·	alties, and rents from a controlled organization (Schedule F) a section 501(c)(7), (9), or (17) organization (Schedule G)	-						
	a section 30 f(c)(7), (3), or (17) organization (Schedule G) /ity income (Schedule I)	10						
11 Advertising income (S	•	11						
	structions; attach schedule)	12						
13 Total. Combine lines	•	13	0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ns Not Taken Elsewhere (See instructions for					·		
	contributions, deductions must be directly connected			ıncome )				
14 Compensation of offi	cers, directors, and trustees (Schedule RECEIVE	<u>=</u> n			14			
15 Salaries and wages	RECEIVE		امد		15			
16 Repairs and mainten	ance	~ 4 ^	280-8		16			
17 Bad debts	SEP 1 7 2	019	16		17			
18 Interest (attach sche	dule) (see instructions)		751		18			
19 Taxes and licenses	OGDEN	HT			19			
20 Charitable contribution	ons (See instructions for limitat on rule OGDEN,	UI	i		20			
21 Depreciation (attach	Form 4562)		21		ļ			
22 Less depreciation cla	umed on Schedule A and elsewhere on return		22a		22b			
23 Depletion	,				23			
24 Contributions to defe	rred compensation plans				24	<u> </u>		
25 Employee benefit pro					25			
26 Excess exempt exper	26_							
28 Other deductions (at	•				28			
	dd lines 14 through 28				29	0.		
	axable income before net operating loss deduction. Subtrac				30	0.		
=	erating loss arising in tax years beginning on or after Janua	ry 1, 20	18 (see instructions)		31			
	axable income Subtract line 31 from line 30				32	0.		
823701 01-09-19 LHA Fo	r Paperwork Reduction Act Notice, see instructions					Form <b>990-T</b> (2018)		

Form 990-F (2018) C/O JUDITH M. GARY

Part I	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instruc	lions)	33			0.	
34	Amounts paid for disallowed fringes		34					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	STMT 5	35			0.		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
•	lines 33 and 34	-		36				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37		1.0	00.	
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3	36		<u> </u>	1	, -	-	
30	enter the smaller of zero or line 36	00,		38			0.	
Part I				1 00	<u> </u>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			▶ 39	Т		0.	
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 3		- 0.5	†			
40	Tax rate schedule or Schedule D (Form 1041)	JII IIIIC O	5 11 O 111	▶ 40	<u>'</u>			
41								
41	Proxy tax See instructions  Alternative minimum tax (trusts polic)		•	41	<del> </del>			
42	Alternative minimum tax (trusts only)			42	<del> </del>			
43	Tax on Noncompliant Facility Income See instructions			43			0.	
Part \	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments			44	1		0.	
	<u> </u>	145-			1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		-				
b	Other credits (see instructions)	45b						
6	General business credit Attach Form 3800	45c		-				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 45a through 45d	45d		45-	-			
				45e	<del>                                     </del>		0.	
46	Subtract line 45e from line 44	cc [	Othan	46	<del>                                     </del>		0.	
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 880	00	Other (attach schedule				0.	
48	Total tax. Add lines 46 and 47 (see instructions)			48	1		0.	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ro.		49			<u> </u>	
	Payments A 2017 overpayment credited to 2018	50a	•	_	ŀ			
	2018 estimated tax payments	50b		_				
	Tax deposited with Form 8868	50c						
	Foreign organizations Tax paid or withheld at source (see instructions)	50d		_				
	Backup withholding (see instructions)	50e		_				
f	Credit for small employer health insurance premiums (attach Form 8941)	50f						
g	Other credits, adjustments, and payments: Form 2439	1						
	☐ Form 4136 Other Total ►	50g			.			
51	Total payments. Add lines 50a through 50g			51	<u> </u>			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	<del> </del>			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	<u> </u>	-		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1	► <u>54</u>	<u> </u>			
Part \	Enter the amount of line 54 you want Credited to 2019 estimated tax  Statements Regarding Certain Activities and Other Information	n /	Refunded	<b>▶</b>   55	<u> </u>			
L						т	١	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		•			Yes	No	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	toreign c	ountry			·		
	here >	<del></del>					X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	to, a foreign trust?			-	X_	
	If "Yes," see instructions for other forms the organization may have to file							
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			1. 4 4			<u> </u>	
Sign	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and stat correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	lemenis a has any k	nd to the best of my know nowledge	wledge and	belief, it is tru	16,		
Here	Maria Gallery Maria Gallery Mariamore			May the IF	S discuss th	ıs return v	vith	
11010	Signature of officer Date Trustee				er shown bel		¬	
				instruction	1	es	No	
	Print/Type preparer's name Preparer's signature Dat		Check	ıf PT	IN			
Paid	J DOUGLASS CATES Jonglass Cales 2019 09 08 0	19 32 36	self- employ			200		
Prepa	rer U. DOUGLASS CATES JOHOO		<u> </u>		00293		4	
Use C	nly Firm's name ► CHERRY BEKAERT LLP		Firm's EIN	<u>&gt;</u> 5	6-057	444	4	
	1029 GREENE STREET			700	704 3			
	Firm's address ► AUGUSTA, GA 30901		Phone no	/06-	724-3	557		

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Schedule A - Cost of Goods S	Sold. Enter	method of inver	ntory valuation   N	I/A	<del> </del>			
1 Inventory at beginning of year	1		6 Inventory at end of	of year	<del></del>	6		
2 Purchases	2		7 Cost of goods sold Subtract line 6					
3 Cost of labor	3		from line 5. Enter	here and in	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of se	ction 263A (	(with respect to		Yes	No
b Other costs (attach schedule)	4b		property produces	d or acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?		·			
Schedule C - Rent Income (Free (see instructions)	om Real I	Property and	Personal Proper	ty Lease	ed With Real Prop	erty)		
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receive	ed or accrued						
(a) From personal property (if the percent rent for personal property is more than 10% but not more than 50%)	tage of n	` of≀ent for p	and personal property (if the per personal property exceeds 50% of is based on profit or income)	centage or if	3(a) Deductions directly columns 2(a) ar	connected with the nd 2(b) (attach sched	income in lule)	
(1)		\ <u>-</u>						
(2)					- "			
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A	í)	<b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt-	Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly cont to debt-finance		ble	
Description of debt-finance	ed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deductions schedule)	s
(1)			i i			1		
(2)	•			<u> </u>	•			
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property i schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x t 3(a) a		
(1)				%	"	-		
(2)				%		1		
(3)				%				
(4)		•	†	%				
	•			E	Enter here and on page 1, Part I, line 7 column (A)	Enter here an Part I, line 7,		
Totals				<b>•</b>	0	.		0.
Total dividends-received deductions inclu	ded in column	8			<b>&gt;</b>			0.

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			Exempt	Controlled C	rganızatı	ons					
1 Name of controlled organization		2 Employer identification number				ments made included in		art of column 4 that is ded in the controlling zation s gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)		•									
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		ited income (loss) istructions)	<b>9</b> Total	l of specified payi made	nents	10 Part of colur in the controlli gross		ıızatıon's		ductions directly connected i income in column 10	
(1)							-	-			
(2)											
(3)				_							
(4)											
			1			Add colum Enter here and line 8, c		1, Part I,	l	d columns 6 and 11 ere and on page 1 Part I, line 8 column (B)	
Totals					▶	•.		0.		0 .	
Schedule G - Investme		of a Sectio	n 501(c)(7	7), (9), or (	17) Org	janization					
, , , , , , , , , , , , , , , , , , , ,	ructions)			2 Amount of	ıncome	3. Deduction		4 Set-		5 Total deductions and set-asides	
(1)				<u> </u>		(attach sched	ule)	(attach s	schedule)	(col 3 plus col 4)	
(1)				<u> </u>		<del></del>				<del></del>	
(2)				ļ <u> </u>	-					-	
(3)				<u> </u>							
(4)										<u> </u>	
				Enter here and Part I, line 9, co				•		Enter here and on page 1 Part I, line 9, column (B)	
Totals				<u> </u>	0.				,	0.	
Schedule I - Exploited (see instru	-	tivity Incon	ne, Other	Than Adv	ertisin/	g Income					
1 Description of exploited activity	2. Gross unrelated busi income froi trade or busin	ness direct	Expenses ly connected production unrelated less income	4 Net incom from unrelated business (co minus colum gain, comput through	I trade or llumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business incor	nat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)										1 "	
(3)											
(4)				<del>                                     </del>							
	Enter here and page 1, Part line 10, col (	t I, pag A) line	here and on le 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 26	
Totals ► Schedule J - Advertisii	na Income	(see instructi	0.							0.	
Part I Income From I			•	solidated	Rasis						
Tarri moome rrom										<u> </u>	
1 Name of periodical	adv	Gross ertising come	3 Direct dvertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati income	on	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)				$\neg$					·	`	
Totals (carry to Part II, line (5))	<b>▶</b>	0.	0			<u> </u>				0 .	

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess reader ship costs (column 6 minus column 5 but not more than column 4)
(1)				_		
(2)				<u>-</u>		
(3)				_		
(4)			2	_		
Totals from Part I	▶ 0.	0.			-	0
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11 col (B)	, ·			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.		•	•	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
04/30/11	10,361.	0.	10,361.	10,361.
04/30/12	8,029.	0.	8,029.	8,029.
04/30/13	157.	0.	157.	157.
NOL CARRYO	VER AVAILABLE THIS	YEAR	18,547.	18,547.