Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

SCANNED JAN 1 1 2022

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

lacktriangle Go to www.irs.gov/Form990PF for instructions and the latest information.[9] $D^{\prime\prime}$ Internal Revenue Service Open to Public Inspection Sep 30, 2019 For calendar year 2018 or tax year beginning Oct 1, 2018, and ending A Employer identification number Name of foundation East West Foundation 54-1391171 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 14700 Village Square Place (.804.)_7.3.9=3.800_ City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending check here Midlothian VA 23112 ☐ Initial return Initial return of a former public charity G Check all that apply 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 4947(a)(1) nonexempt charitable trust □ Other taxable private foundation section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method. ☒ Cash ☐ Accrual 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) 160,532 Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal kpenses pe books the amounts in column (a) (see instructions)) (cash basis only) THE TOTAL STATE OF Contributions, gifts, grants, etc., received (attach schedule) 43,010. 2 Check ► ☐ if the foundation is not required to attach Sch. B. 3 Interest on savings and temporary cash investments 425 425 4 Dividends and interest from securities 820. 820 5a Gross rents b Net rental income or (loss) 490. 6a Net gain or (loss) from sale of assets not on line 10 L-6a Stmt. Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 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) C Other income (attach schedule) 11 12 Total. Add lines 1 through 11 1,245. 44,745 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits L-16a Stmt, 16a Legal fees (attach schedule) 25 L-16b Stmt Accounting fees (attach schedule) ·b 675 Other professional fees (attach schedule) C 17 Taxes (attach schedule) (see instruction Ste Stmt . 18 1,248. 1,248 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications . Other expenses (attach schedule) See Stmt 23 ō Total operating and administrative expenses. 24 Add lines 13 through 23 <u>1,9</u>51 1,248 703 Contributions, gifts, grants paid 62,350 62,350 26 Total expenses and disbursements. Add lines 24 and 25 64,301 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form **990-PF** (2018)

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D.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	F	End of year					
	31 (11	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	62,607.	42,65		42,656.				
	2	Savings and temporary cash investments	63,578.	63,97		63,973.				
	3	Accounts receivable ►	1007##### X X X X X							
		Less: allowance for doubtful accounts ▶			2247000					
	4	Pledges receivable ▶	Y-1		8289					
	,	Less allowance for doubtful accounts ▶	1 C OLUMBATHION BARAMAN ILANIA							
	5	Grants receivable .								
	6	Receivables due from officers, directors, trustees, and other		_						
		disqualified persons (attach schedule) (see instructions)								
	7	Other notes and loans receivable (attach schedule)	minindraminihiri (1989) (1980)	pojiwa:		aranaminiminimines				
		Less allowance for doubtful accounts ▶			· ·					
ţ	8	Inventories for sale or use								
Assets	9	Prepaid expenses and deferred charges .								
As	10a	Investments—U S and state government obligations (attach schedule)								
	b	Investments—corporate stock (attach schedule) L-10b Stmt	50,765.	50,76	5.	53,903.				
	С	Investments - corporate bonds (attach schedule)								
	11	Investments—land, buildings, and equipment basis ▶								
		Less accumulated depreciation (attach schedule) ▶								
	12	Investments – mortgage loans		·		-				
	13	Investments—other (attach schedule)		11 Street Community and Community of Communi	Market Committee	**************************************				
	14									
		Less accumulated depreciation (attach schedule) ▶								
	15	Other assets (describe ►)								
	16	Total assets (to be completed by all filers—see the								
	4.7	instructions Also, see page 1, item I)	176,950.	157,39	4.	160,532.				
	17	Accounts payable and accrued expenses								
es	18 19	Grants payable								
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons								
ap.	21	Mortgages and other notes payable (attach schedule)								
	22									
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)								
		Foundations that follow SFAS 117, check here								
ès		and complete lines 24 through 26, and lines 30 and 31.								
Balances	24	Unrestricted								
39	25	Temporarily restricted								
	26	Permanently restricted	9							
Fund		Foundations that do not follow SFAS 117, check here ▶ 🗵								
F		and complete lines 27 through 31.								
0	27	Capital stock, trust principal, or current funds								
ě	28	Paid-in or capital surplus, or land, bldg, and equipment fund			\longrightarrow					
\ss	29	Retained earnings, accumulated income, endowment, or other funds	176,950.	157,39						
Net Assets or	3D	Total net assets or fund balances (see instructions)	176,950.	157,39	4.					
ž	30	Total liabilities and net assets/fund balances (see	157 20	,	2.41.00					
Da	rd 111	Instructions)								
	rt III		mn (a) line 20 (mi)	t agree with						
1		Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)								
2		r amount from Part I, line 27a		-	2	176,950. -19,556.				
3		er increases not included in line 2 (itemize)	•	-	3	20,000.				
		lines 1, 2, and 3			4	157,394.				
5	Decr	eases not included in line 2 (itemize) ►			5					
6		net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), lii	ne 30	6	157,394.				

Part	(a) List and describe the kind 2-story brick warehouse	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo , day, yr)				
1a							
b			·				
<u>C</u>		·					
<u>d</u>					 .		
<u>е</u>				<u></u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis (h) Gain or (loss) ense of sale ((e) plus (f) minus (g))			
a			_				
<u> </u>						· · · · · · · · · · · · · · · · · · ·	
<u>c</u>							
<u>d</u>							
<u>е</u>				10/01/00			
	Complete only for assets show	ring gain in column (h) and owned				(Col (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t not less than -0-) or es (from col (h))	
a							
b							
<u>C</u>							
d							
е	<u>l</u>						
2	Capital gain net income or (also enter in Pa , enter -0- in Pai		2		
3		or (loss) as defined in sections					
		line 8, column (c) See instru	ctions If (loss)	, enter -0- ın)			
Part	Part I, line 8	r Section 4940(e) for Redu		J	3		
Was t		this part blank. ection 4942 tax on the distribu alify under section 4940(e) Do		• •	pase period?	☐ Yes ☐ No	
1		int in each column for each yea	·		akına anv entru		
	(a)	T	ar, see the msuc		aking any entiti	(d)	
Calc	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use as	ssets (col	Distribution ratio (b) divided by col (c))	
	2017	58,0	00	147,0		0.394397	
	2016	5,9		91,7		0.065189	
•	2015	33,5		100,4		0.333357	
	2014	36,1		113,1		0.319122	
	2013	26,8		120,3		0.222706	
2	Total of line 1, column (d)				. 2	1.334771	
3		or the 5-year base period—div	ide the total on	line 2 by 5.0 or			
		indation has been in existence			3	0.266954	
4	Enter the net value of nonch	naritable-use assets for 2018 fr	om Part X, line	5	4	124,006.	
5	Multiply line 4 by line 3				5	33,104.	
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	0.	
7	Add lines 5 and 6				7	33,104.	
8	Enter qualifying distributions				8	63,053.	
	If line 8 is equal to or greate Part VI instructions	er than line 7, check the box in	Part VI, line 1b	, and complete the	hat part using	a 1% tax rate See the	

Part		<u>–se</u>	e instru	ICTIO	15)				
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			0.					
	here ► 🗵 and enter 1% of Part I, line 27b	5 E	3.7		79				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	ee is							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter =0-)	2	-	٥.		-			
. 3	Add lines 1 and 2	3		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-	5	100-00-00 h.14671 v.C. 450	0.	Paral a State of				
6	Credits/Payments								
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a								
b	Exempt foreign organizations—tax withheld at source 6b			f of a					
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c	穩減	di d	建					
d -	Backup withholding erroneously withheld 6d 5	الما الم		h Marie					
7	Total credits and payments Add lines 6a through 6d								
8	Zindi arij portarij ioi ariodipaj ment di detimated tan directione 🗀 militari e ariodicali e			0.					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_		0.					
10 11	Enter the amount of line 10 to be Credited to 2019 estimated tax Refunded 1:								
Part		• -							
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or	dıd	ıt 🐼	Yes	No				
	participate or intervene in any political campaign?	1a		×					
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition								
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any marpublished or distributed by the foundation in connection with the activities	terial	S						
С	c Did the foundation file Form 1120-POL for this year?								
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.								
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		_	**					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	osed							
	on foundation managers ▶ \$		Tark.	M.G.					
· 2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	3 THE 1889	X Altonomia				
	If "Yes," attach a detailed description of the activities.		1						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		S 3		×				
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a		×				
_	If "Yes," has it filed a tax return on Form 990-T for this year?		4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5 ********	A TOURS	X 5540 0559				
_	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either								
,	By language in the governing instrument, or	ممالمين							
	 By state legislation that effectively amends the governing instrument so that no mandatory direction conflict with the state law remain in the governing instrument? 		6	×					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and F	art X'	V 7	X	14,2075.00 5				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ▶			10					
	VA		10.12						
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .	enera	8b	×					
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "complete Part XIV				<u>*</u>	7			
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	g the	ır						
	names and addresses		10		×				
			- 00	0 DE					

rai	Statements Regarding Activities (Continued)	Timesia II		T
		1	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		١.,
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	×	
14	The books are in care of ▶ Christine Badura Telephone no ▶ (804)	739-3	800)
	Located at ▶ 14700 Village Square Place Midlothian VA ZIP+4 ▶ 23113			<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	10	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	8576_T190	× essence
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Strangister.	seement age.	Nucleon vis
, en	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1835 8	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	3.3	W.S	S. O.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1.60	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			14
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			7,000
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(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)?			
	(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	2.0		
	termination of government service, if terminating within 90 days)		**************************************	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Elevan
	Organizations relying on a current notice regarding disaster assistance, check here	4.5	, 180 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	33
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c	11515577768	×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b		
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		77.5
•	► 20 , 20 , 20 , 20	191 3 10	6	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had expose husiness holdings in 2018.)	200		777.5
4-	foundation had excess business holdings in 2018.)	3b		
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		×
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	444	×
	, , , , , , , , , , , , , , , , , , ,	1 70		_ ^

Pai	Statements Regarding Activities	s tor V	Vhich Form	4720	May Be F	tequire	e a (cont <u>il</u>	nuea)_					
5a	During the year, did the foundation pay or incur	any am	ount to						* X	Yes	No		
	(1) Carry on propaganda, or otherwise attempt t	to influe	ence legislation	on (sec	tion 4945(e))?	☐ Yes	⊠ No			100		
	(2) Influence the outcome of any specific public	c electi	on (see sect	ion 495	55), or to c	arry on	,						
	directly or indirectly, any voter registration dr	างeว					Yes	X No		1			
	(3) Provide a grant to an individual for travel, stu	idy, or	other similar	purpos	es?		☐ Yes	⊠ No	,				
	(4) Provide a grant to an organization other than	n a cha	rıtable, etc.,	organız	zation desc	rıbed ır	1			4.5			
	section 4945(d)(4)(A)? See instructions						Yes_	_×.No)— (100 m)				
	(5) Provide for any purpose other than religious				ary, or edu	cationa	l						
	purposes, or for the prevention of cruelty to				•	•	Yes	× No	8986.0				
b								scribed					
	in Regulations section 53 4945 or in a current no					ee instr	uctions		5b	#10 kmm	N co. record of		
	Organizations relying on a current notice regardi					•	٠	▶ _		3.21			
С	If the answer is "Yes" to question 5a(4), does to			n exem	ption from	the tax	_						
	because it maintained expenditure responsibility		-		•		∐ Yes	∐ No)	6			
٥-	If "Yes," attach the statement required by Regula												
6a		tunas,	airectly or in	airectiy	, to pay pr	emiums	_	·					
		· ·				المممط	∐ Yes	ຼ⊠ No		2000			
b		ns, aire	ctly or indire	спу, оп	i a persona	Denen	i contract	<i>:</i>	6b		×		
7a	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No												
b							_		7b	1 2000			
8	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in												
•	remuneration or excess parachute payment(s) during the year?												
Pai	t VIII Information About Officers, Direct			ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,			
	and Contractors	•	·			•			•				
1	List all officers, directors, trustees, and found	lation r	nanagers ar	nd their	r compens	ation.	See instru	uctions	6.				
	(a) Name and address	hou	e, and average rs per week ed to position	(If i	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compe	plans		ense acc allowant			
Gar	y W. Fenchuk	Dire	ctor										
1370	04 Beechwood Point Drive Midlothian VA 23112		1.00		0.			0.			0.		
						ŀ							
		ļ											
						-							
	Compensation of five highest-paid employed	os (oth	or than tho	e incl	uded on li	ne 1_	ega inetr	uction	e) If n	one c	nter		
2	"NONE."	-5 (UIII	er thair tho	5 6 11101	uueu on n	116 1	see msu	uction	э <i>ј</i> . н н	one, e	HILEI		
			(b) Title, and a				(d) Contribu		(e) Even	ense acc	ount		
	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to p		(c) Compe	nsation	plans and o	deferred		allowand			
							compens	ation					
Not	Applicable												
			<u> </u>				ļ						
					-		-						
					-		-	_					
 -													
Total	number of other employees paid over \$50,000 .				I		I	•	0				
	The state of the s			•			· · · · · · · · · · · · · · · · · · ·		Form 99	0-PF	(2018)		
RΔΔ		RF\	/ 02/01/19 PRO							- 1	,		

3	and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	F."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
īon		(o) compensation
lon	<u>e</u>	
		
-		
		<u> </u>
	number of others receiving over \$50,000 for professional services	
	t IX-A Summary of Direct Charitable Activities	
	It the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
,	Not Applicable	
2		
_		
3		
4		
_	t IX-B Summary of Program-Related Investments (see instructions)	1
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	Not Applicable	
		0
2		1
2		
	other program-related investments. See instructions	
Ali	-	
All 3		j

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fol	undations,
	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	42,545.
b	Average of monthly cash balances .	1b	83,349.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	125,894.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets .	2	
3	Subtract line 2 from line 1d	3	125,894.
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1,888.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	124,006.
6	Minimum investment return. Enter 5% of line 5	6	6,200.
Part		ounda	ations
	and certain foreign organizations, check here ► □ and do not complete this part.)	1.1	
1	Minimum investment return from Part X, line 6	1	6,200.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI) . 2b		•
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,200.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,200.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	_	6 200
Dowl		7	6,200.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	63,053.
a	Program-related investments—total from Part IX-B	1b	
ь 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	0.
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	2	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	63,053.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	\vdash	05,055.
-	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	63,053.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	L	
	qualifies for the section 4940(e) reduction of tax in those years	J *******	

Part	XIII Undistributed Incon	ne (see instructi	ons)			
			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 201 line 7	8 from Part XI,				6,200.
2 a	Undistributed income, if any, as of Enter amount for 2017 only	f the end of 2018			7,344.	
b	•	20 , 20		5.500 Y (100 COM 100 C		
3	Excess distributions carryover,		12 24 24	21 2 PK - 12 1		
a	From 2013	26,700.				
b	From 2014 .	24,597.			A Section	5 - 3 ₄
c.	From 2015 .	21/35/. U.				ign-ye. Togallamian maganiya dalam
d	From 2016 .	5,980.			1.0	100
e	From 2017 .	58,763.			4.00	
f	Total of lines 3a through e		116,040.		2.22	
4	Qualifying distributions for 201 line 4: \$ 63,053.	18 from Part XII,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
а	Applied to 2017, but not more	than line 2a .				
b	Applied to undistributed incom (Election required—see instruc	ne of prior years				10.00
C	Treated as distributions out of required—see instructions) .	corpus (Eléction				
d	Applied to 2018 distributable a	imount				
e	Remaining amount distributed	out of corpus	63,053.			
5	Excess distributions carryover (If an amount appears in column amount must be shown amount must be shown and must be shown amount must be shown and must be shown and must be shown and must be shown and must be shown as a shown amount must be shown as a shown and must be shown as a shown amount must be shown as a shown amount must be shown as a shown and must be shown as a shown as a shown and must be shown as a shown and must be shown as a shown as	nn (d), the same				
6	Enter the net total of ear indicated below:	ch column as		- T		
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	179,093.	7,530,000		
b	Prior years' undistributed incline 4b from line 2b	come. Subtract		0.		
c	Enter the amount of prior year income for which a notice of been issued, or on which the tax has been previously assess	deficiency has section 4942(a)				
d	Subtract line 6c from line amount—see instructions .	e 6b. Taxable		0.		
e	Undistributed income for 201 4a from line 2a. Taxable instructions				7,344.	
f	Undistributed income for 2018 4d and 5 from line 1. This a distributed in 2019					6,200.
7	Amounts treated as distribution to satisfy requirements impo 170(b)(1)(F) or 4942(g)(3) (Elements of the contract of the contr	sed by section	4			district continues of the continues of t
8	Excess distributions carryover applied on line 5 or line 7 (see		26,700		indiae dan ing pangerangan panggan pang	anangan 2 se Tayanangangan sanggan
9	Excess distributions carrye Subtract lines 7 and 8 from line		152,393.			
10	Analysis of line 9			projection of the contraction of	ommuniona pure a superior and bed put of the	n in the community of t
а	Excess from 2014	24,597.	10.00	A	7.0	7 P.
b	Excess from 2015	0.				
C	Excess from 2016	5,980.		1100		
d	Excess from 2017	58,763.	12		4.00	
е	Excess from 2018	63,053.			W. T. Call	4.7

Earm 0:	90-PF (2018)					Page 10
Part		tions (see instr	ructions and Part	VII-A guestion	9)	N/A
	If the foundation has received a ruling	•				N/A "
	foundation, and the ruling is effective fo			► Private operating		
b	Check box to indicate whether the four		-	tion described in s	ection	(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	
	each year listed				-/	
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed			/		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon		1			
а	"Assets" alternative test-enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3					
b	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter		<i>y</i>			
	(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	7				
	an exempt organization	/				
	(4) Gross investment income	[<u> </u>	
Part		•	•	he foundation h	nad \$5,000 or m	ore in assets at
1	any time during the year- Information Regarding Foundation		ns.)			
	List any managers of the foundation	•	outed more than 29	% of the total cont	ributions received	by the foundation
_	before the close of any tax year (but o					by the realisation
]	N/A			, ,		
b	List any managers of the foundation	who own 10% o	or more of the stoo	ck of a corporatio	n (or an equally la	rge portion of the
	ownership of a partnership or other en	ntity) of which the	foundation has a	10% or greater int	erest	
	N/A					
2	Information Regarding Contribution					
	Check here ► 🗵 if the foundation unsolicited requests for funds If the focomplete items 2a, b, c, and d See in	oundation makes				
а	The name, address, and telephone nu	**	Idress of the perso	n to whom applica	ations should be ac	dressed
	See Supplementary Informat			spp.iot	3 3 30 de	······································
	The form in which applications should			materials they sho	ould include	, , , , , , , , , , , , , , , , , , , ,
С	Any submission deadlines					
d	Any restrictions or limitations on aw	ards, such as b	by geographical ar	reas, charitable fi	elds, kinds of inst	titutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During	If recipient is an individual,			
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Kali's Cure				
5475 Blue Heron Dr.		E01 (a)	Continue Program Funding	5,000.
Alma MI 48801 Communities in Schools		301 (0)	Conclude Program Funding	3,000.
2922 W. Marshall St				
Richmond VA 23230		501 (c)	Continue Program Funding	5,000.
Children's Hospital		301 (6)	concinue frogram functing	3,000.
1000 E Broad Street				
Richmond VA 23219		501 (c)	Continue Program Funding	600.
Alma College				
614 W Superior St				
Alma MI 48801		501 (c)	Continue Program Funding	10,000.
Virginia Home for Disabled				
7501 Boulder View Dr			:	
Richmond VA 23225		501 (c)	Continue Program Funding	10,000.
Fractured Atlas				
248 W 35th Street				
New York NY 10001		501 (c)	Continue Program Funding	10,000.
M4K Richmond				
1201 Sycamore Square Dr				
Midlothian VA 23113		501 (c)	Continue Program Funding	250.
Alzheimers Foundation of America				
322 8th Avenue		[G	500
New York NY 10001		201 (C)	Continue Program Funding	500.
National Brain Tumor Society				
55 Chapel St Newton MA 02458		501 (c)	 Continue Program Funding	5,000.
See Statement		301 (0)	Concline Program Funding	5,000.
see statement				
				16,000.
				10,000.
		L		
Total	· · · · ·	· 	► 3 a	62,350.
b Approved for future payment				
			1	
Tatal				
Total	·		▶ 3b	000 05

Pai	rt XV	I-A Analysis of Income-Producing A	ctivities				
Ente	r gros	ss amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by sec	tion 512, 513, or 514	(e)
1	Prog	gram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	а						
	b _						
	-						<u>.</u>
	d _						
	e _						
	†						
2	-	Fees and contracts from government agencies nbership dues and assessments					
2 3		est on savings and temporary cash investments			14	425.	
4		dends and interest from securities			14	820.	
5		rental income or (loss) from real estate					de kojatera ande e za 18 iz
•		Debt-financed property	anniais enimientitamillimmaniiiimi	International Control of the Control		dumma 177. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	300000000000000000000000000000000000000
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8	Gain	or (loss) from sales of assets other than inventory			18	490.	0.
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Othe	er revenue a					
	b _						
	C -						
	d _	· · · · · · · · · · · · · · · · · · ·	-				
40	e Cubi	total Add columns (b), (d), and (e)	Table Co			1 725	
						1,735. . 13	1,735.
		sheet in line 13 instructions to verify calculation			• • •		1,733.
	t XV			ent of Exemp	t Purposes		
	e No.	Explain below how each activity for which accomplishment of the foundation's exempt pu	<u> </u>			I-A contributed in	mportantly to the
	▼	accomplishment of the foundation's exempt pu	rposes (other tha	n by providing fun	ds for such purp	oses) (See instruc	ctions)
		-					
						н	
			.	·			********
							, <u>u</u>
						······································	
				• •			
						,	
	•						

Part	XVII	Informatio Organizati		ng Tran	sfers t	o and Tr	ansacti	ons and l	Relationsh	ips With	Nonchar	ritable E	xempt
	in se organ Trans (1) Ca	ne organization of ection 501(c) (of nizations? Ifers from the rep	directly or inc other than s	section	501(c)(3) organiz	ations)	or in sect	tion 527, re			1a(1) 1a(2)	No X
С	(1) Sa (2) Po (3) Ro (4) Ro (5) Lo (6) Po Sharii	transactions ales of assets to urchases of asset ental of facilities, eimbursement ale oans or loan guaerformance of seng of facilities, eanswer to any of asset on the seng of facilities, eanswer to any of asset of asse	ets from a no , equipment, rrangements rantees . ervices or me quipment, m	oncharita , or other s embershi nailing lis	ble exer assets ip or fur ts, othe	mpt organ	solicitations of paid e	mployees	Column (b)	should al	 ways shov	1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c	X X X X X X market
	value	of the goods, o	ther assets,	or service	es give	n by the r	eporting	foundation	n If the foun	dation rec	eived less	than fair	market
	Is the descr	e foundation directions 5	ectly or indii	rectly aff	filiated v		elated to	, one or m	nore tax-exe			□ Yes	
	11 10	(a) Name of organ		Sheddic		(b) Type of	organizatio	n		(c) Descript	ion of relation	nship	
Sign	correc	r penalties of perjury, I ot, and complete Decit ature of Micer or trus	aretion of prepare	ve examined er (othershar	d this return n texpayer)	n, including an is based on a large of the l	all information	n of which pre anager	d statements, an parer has any kno	d to the best o	May the IF with the pr	ge and belief RS discuss the eparer shown thons XY 6	ns return
Paid		PrintType preparer		רטא	Preparei	's signature		-	Date	Che	eck I if Femployed F	PTIN DOGG 1 1	22
Prepa Use C		Timothy G. Firm's name ►	Timothy		nusa	& Asso	clates	, CPA	- 06/29/2		► 04-38		.23
BAA	,	Firm's address ▶	690 Huqu Midloth		Trail		v	A 23113	3	Phone no	(804)89 Fo	97-4583 orm 990-P	

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.

Form 990-Form 990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

54-1391171 East West Foundation Organization type (check one):Filers.of:Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ★ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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 331/3% 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-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
East West Foundation

Employer identification number

54-<u>13</u>91171

Part I	Contributors (see instructions).	Use duplicate copies of Pai	rt I if additional space is needed.
--------	----------------------------------	-----------------------------	-------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-1	-Gary-Fenchuck	\$43,010.	_ —Person———⊠——— Payroll □ Noncash □
	Midlothian VA 23112		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

East West Foundation

Employer identification number

54-1391171

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See 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

East West Foundation

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

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 information once. See instructions.) > \$
Use duplicate copies of Part III if additional space is needed.

(a) No. from (b) Purpose of gift - (c) Use of g		e of gift (d) Description of how gift is he		
		(a) Trans	for of gift	
	Transferee's name, address, a		fer of gift	nship of transferor to transferee
-				ising of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(a) Trans	for of oith	
	Transferee's name, address, a		fer of gift Relation	nship of transferor to transferee
-	Transfered 3 name, address, a			
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
}	<u></u>	(a) Trans	for of aift	
	Transferee's name, address, a	(e) Trans		nship of transferor to transferee
			•	
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
İ				
}		(a) Transf	for of sift	
	Transferee's name, address, a	(e) Transi nd ZIP + 4	_	ship of transferor to transferee
-				only of transferor to transferee
ł				

N/A

East West Foundation Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Continuation Statement

Restrictions N/A Submission Information N/A Form Information N/A Name and Address Information

54-1391171

Form 990-PF: Return of Private Foundation

East West Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient 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				
The Bulwark		501 (c)	Continue Program	5,000.
925 15th Street			Funding	
Washington, DC 20005				
American Council of the Blind		501 (c)	Continue Program	10,000.
1703 N Beauregard Street			Funding	
Alexandria, VA 22311				
Univerisy of Virginia		501 (c)	Continue Program	1,000.
PO Box 400160			Funding	
Charlottesville, VA 22904				
				16,000.

* East West Foundation 54-1391171

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Taxes	1,248.	1,248.		
Tota	1,248.	1,248.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
State registration fees				
Supplies	3.			3.
Total	3.		_	3.

Part I, Line 6a

Name	Employer Identification No
East West Foundation	54-1391171
Asset Information:	
Description of Property <u>USG_Stock</u>	
Business Code Exclusion Code	
Date Acquired 11/29/18 How Acquired . Do	nated
Date Sold 04/25/19 Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price 43,500. Cost or other basis (do not reduce by depreciation) 43,010.
Sales Expense . Valuation Method	
Total Gain (Loss) 490 . Accumulate	d Depreciation
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	·
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method .	, , , , , , , , , , , , , , , , , , , ,
Total Gain (Loss) Accumulate	d Depreciation
Description of Property	
Description of Property Business Code Exclusion Code	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method	30 Hot reduce by depreciation).
Sales Expense Valuation Method . Total Gain (Loss) Accumulate	d Depresentan
Description of Property	
Date Acquired How Acquired Date Sold . Name of Buyer .	·
Charle Soid Name of Buyer	
Check Box, if Buyer is a Business	da aat saduaa hu daasaasatsaa)
Sales Price Cost or other basis (
Sales Expense Valuation Method.	
Total Gain (Loss) Accumulate	d Depreciation
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciation)
Sales Expense Valuation Method.	···
Total Gain (Loss) Accumulate	d Depreciation
Totals:	
Total Gain (Loss) of all assets 490.	
Gross Sales Price of all assets 43,500.	
	ness Code
Excluded by section 512, 513, 514Excl	usion Code .
Related/Exempt Function Income	
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	

Legal and Professional Fees

Form 990-PF Part I, Lines 16a - 16c

Name		Employer Identification No
East West Fou	ndation	54-1391171

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Tinvestment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Thomas E. Carr	Registration	25.			25.
Total to Form 990-	PF, Part I, Line 16a	25.			25.

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Timothy G Benusa, CPA	Compliance	675.			
Total to Form 990-	PF, Part I, Line 16b	675.			

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
al to Form 990	- D-PF, Part I, Line 16c				

Name East West Foundation				Employer Identification No 54-1391171	
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	End of US Government Obligations - Book Value	Obligations	
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investments - Corporate Stock:			End o Book Value	of Year Fair Market Value	
1000 shares of Applied Materials			50,765.	53,903.	
Totals to Form 990-PF, Part II, Line 10b			50,765.	53,903.	
Line 10c - Investments - Corporate Bonds:			End o Book Value	of Year Fair Market Value	
Totals to Form 990-PF, Part II, L	ine 10c				
Line 12 - Investments - Mortgage Ioans:			End of Year Book Fair Market Value Value		
Totals to Form 990-PF, Part II, L	.ine 12				
Line 13 - Investments - Other:			End o Book Value	f Year Fair Market Value	
Totals to Form 990-PF, Part II, L	ine 13				