EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation

Form **990-PF**

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

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

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

			nt of the Treasury			social security numbers irs.gov/Form990PF for i				112	Open to Public Inspection
		_	ndar year 2019	or tax year ber		113.904/1 01111330/1 1 10/1		ending	ormadon.		Open to Public Inspection
	Na	me o	f foundation	<u></u> -		SOUL MIND			A Employer ider	ntification nu	ımber
			_		UNDATION				20-472	9155	
•			•		I is not delivered to stree	· ·		Room/suite	B Telephone nur 702-83		3
6			own, state or pro		/, and ZIP or foreign p 9012	ostal code			C If exemption appl	cation is pend	ling, check here
			all that apply	Init	al return al return	Initial return of	•	charity	D 1 Foreign orga	·	,
	_				dress change	Name change			2. Foreign organ check here an	izations meetin d attach comp	ing the 85% test, utation
3	H (_	type of organiz ction 4947(a)(1			kempt private foundation Other taxable private fou		04	E If private found under section		
4	(fi		arket value of all Part II, col (c), li	ine 16)	· 🗆 0	ing method: X Cas ther (specify) nn (d), must be on cash		crual	F If the foundation to under section to		month termination , check here
	Pa	art I	Analysis of R	Revenue and Ex	(penses	(a) Revenue and expenses per books	(b) Net	investment come	(c) Adjusted income		(d) Disbursements for charitable purposes (cash basis only)
	_	1	Contributions,	gifts, grants, et	tc., received	248,418			N/A		1
POS	TMA	RK	Check	if the foundation is 10	RECEIVED. 0	10.500					
. 00	, ,,,,,	ı۳	cash investments			18,698	•		ļ	S'	TATEMENT 1
IOU	4 6	20	Dividends and 20 ss rents	interest from	V ^{urque} 8 2020						
YOY	16		Net rental income	or (lose)							
			Net SCINCIN		te not on line 10	2,034					
	ج د	Ь	SERVICE	CENTER	2,034.			·			
- ,	Revence	1	Capital gain net in					2,034.			
	č	8	Net short-term	capital gain							
		9	Income modific								
		10a	Gross sales less r and allowances	returns	16,375.					S'	TATEMENT 2
		ł	Loss Cost of goo			16 255					
		Į.	Gross profit or	(loss)		16,375		79,864.			TATEMENT 3
		1	Other income Total Add line	na 1 thraugh 11		479,864 765,389		31,898.		<u>P</u>	IAIEMENI 3
	_	13		f officers, directors		61,442		0.			
		14	Other employed	*		15,168		0.			2,286.
			Pension plans,		•		1				
	ses	16a	Legal fees	, ,							
	Expens	b	Accounting fee	es .	STMT 4	14,299	•	0.			0.
	Ä	C	Other profession	onal fees							
S	Administrative		Interest		contra 5	44 264					
\mathfrak{Q}	stra	18	Taxes		STMT 5	11,361		0.			0.
4	ij	19	Depreciation ar	na aeptetion		3,645 5,808		0.			3,817.
Z	Adn	20	Occupancy Travel, conferen	onces and meet	tinne	2,390		0.			1,729.
Ш	and /	22	Printing and pu		ungs		1				
U	g	23	Other expenses		STMT 6	88,838		0.			80,306.
Ā	Operating		Total operating								
Z	ž	ĺ	expenses. Add	d lines 13 throu	gh 23	202,951		0.			88,138.
80	0	25	Contributions,	gifts, grants pa	ıd	50,000	•				50,000.
SCANNED JAN 2 6 2022		26	Total expense:		ments	050 051		^		1	120 120
202	_	-	Add lines 24 ar			252,951	-	0.			138,138.
2		27	Subtract line 26			512,438	.			ſ	
		l	Net investmen	-		312,430		31,898.			
			Adjusted net in				+	,,	N/A		
	_				Reduction Act Notic	!					Form 990-PF (2019)

17,423.

10,936.

4,860.

 \mathbf{X}

Beginning of year

(a) Book Value

1,769,427.

219.

9,721.

4,893.

4,893.

1,774,861.

1,774,861.

1,779,754.

1,779,754.

387.

1 Cash - non-interest-bearing

3 Accounts receivable

4 Pledges receivable ▶

disqualified persons

Other notes and loans receivable

8 Inventories for sale or use

b Investments - corporate stock
c Investments - corporate bonds

11 Investments land, buildings, and equipment basis
Less accumulated depreciation

12 Investments - mortgage loans

13 Investments - other

5 Grants receivable

2 Savings and temporary cash investments

Less, allowance for doubtful accounts

Less: allowance for doubtful accounts

Less allowance for doubtful accounts

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment basis

instructions Also, see page 1, item I)

17 Accounts payable and accrued expenses

21 Mortgages and other notes payable22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

24 Net assets without donor restrictions25 Net assets with donor restrictions

and complete lines 26 through 30.26 Capital stock, trust principal, or current funds

Total net assets or fund balances

30 Total liabilities and net assets/fund balances

and complete lines 24, 25, 29, and 30.

18 Grants payable19 Deferred revenue

Less accumulated depreciation STMT 7

16 Total assets (to be completed by all filers - see the

15 Other assets (describe ► SECURITY DEPOSIT

20 Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here

Paid-in or capital surplus, or land, bldg., and equipment fund
 Retained earnings, accumulated income, endowment, or other funds

Foundations that do not follow FASB ASC 958, check here

10a Investments - U.S. and state government obligations

BODY MEDICINE FOUNDATION

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

6 Receivables due from officers, directors, trustees, and other

20-4729155 Page 2 End of year (b) Book Value (c) Fair Market Value 2,266,233. 2,266,233. 17,423. 17,423 6,076 6,076. 387. 387. 2,290,119 2,290,119. 2,819. 2,287,300 2,287,300. 2,290,119.

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
(must agree with end-of-year figure reported on prior year's return)	1	1,774,861.
2 Enter amount from Part I, line 27a	2	512,438.
3 Other increases not included in line 2 (itemize) ▶ PRIOR YEAR ADJUSTMENT	3	1.
4 Add lines 1, 2, and 3	4	2,287,300.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	2,287,300.

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Part IV

(a) List and describe the kind(s) of property sold (for example, real estate,

2-story brick warehouse; or common stock, 200 shs. MLC Co.)

1a DOROTHY SECREST TRUST U/A

20-4729155

(c) Date acquired

(mo., day, yr)

(b) How acquired P - Purchase D - Donation

D

Page 3

(d) Date sold

(mo, day, yr.)

<u>b</u>							
d d							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(ain or (loss) (f) minus (g))
a 2,034.				1			2,034.
b							
С				<u> </u>			
d		 		-			
Complete only for assets showing ga	un in column (h) and owned by	the foundation	on 12/31/69	-	(1) (Paine (Co	ol. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I) col. (J), if any		col. (I	k), but n	ot less than -0-) or (from col. (h))
a							2,034.
b							
С				<u> </u>			
d		ļ		<u> </u>			
e	∫ If gain, also ente	r in Part I, line	7	 	1		
2 Capital gain net income or (net capita		0- in Part I, line	7	P 2	 		2,034.
3 Net short-term capital gain or (loss) a if gain, also enter in Part I, line 8, colu if (loss), enter -0- in Part I, line 8		nd (6):		}			N/A
	er Section 4940(e) for	r Reduced	Tax on Net Ir	vest	ment Inco	me	N/A
(For optional use by domestic private fou							
,	•	(- /		,			
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section	4942 tax on the distributable an		•	12			Yes X No
If "Yes," the foundation doesn't qualify un 1 Enter the appropriate amount in each	<u> </u>			es.			
(a)	(b)			(c)		Γ.——	(d)
Base periód years Calendar year (or tax year beginning in	Administration of the party of the	stributions	Net value of nonci	haritable	e-use assets	(Distribution ratio (col. (b) divided by col. (c))
2018		9,915.			51,235.		.051361
2017		5,726.		28	35,233.		.405724
2016	2	20,009.	· · · · · · · · · · · · · · · · · · ·		0.		.000000
2015 2014						<u> </u>	
2014		<u>. </u>					
2 Total of line 1, column (d)						2	.457085
3 Average distribution ratio for the 5-ye	ar base period - divide the total	on line 2 by 5.0), or by the number o	of years			
the foundation has been in existence	f less than 5 years					3	.152362
4 Enter the net value of noncharitable-u	se assets for 2019 from Part X,	line 5				4	1,987,563.
5 Multiply line 4 by line 3					5	302,829.	
6 Enter 1% of net investment income (1	% of Part I, line 27b)					6	4,819.
7 Add lines 5 and 6						7	307,648.
Enter qualifying distributions from Pai	t XII, line 4					8	138,138.
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	e 1b, and comp	lete that part using a	1% tax	rate.		
023521 12-17-19							Form 990-PF (2019)

INTERNATIONAL INSTITUTE OF SOUL MIND

Form 990-PF (2019) BODY MEDICINE FOUNDATION			<u> 4729</u>			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 49	948 -	see ii	nstru	ctio	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)			1,			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	} L	_1			9,6	38.
of Part I, line 27b	ſ					7
c 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-)		2				0.
3 Add lines 1 and 2		3			9,6	38.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4				0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			9,6	38.
6 Credits/Payments:						
a 2019 estimated tax payments and 2018 overpayment credited to 2019	0.	- 4				1
b Exempt foreign organizations - tax withheld at source 6b	0.		:]
c Tax paid with application for extension of time to file (Form 8868)	0.	- 1				1
d Backup withholding erroneously withheld 6d 6d	0.					
7 Total credits and payments. Add lines 6a through 6d		7				0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	Г	8				0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			9,6	38.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [10				
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	ed ▶	11				
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene i	n			Yes	No
any political campaign?				1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for t	he definit	tion	l	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			- 1		ŧ	
distributed by the foundation in connection with the activities.				1		<u>1</u>
c Did the foundation file Form 1120-POL for this year?				1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ſ			
(1) On the foundation. ► \$ 0 • (2) On foundation managers ► \$	0.		- 1	- 1	. [ı
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n			i		. 1
managers. ► \$ 0.				اـــــا		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
If "Yes," attach a detailed description of the activities.					Į.	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpo	ation, or		i]
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			- [4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N,	/A [4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
If "Yes," attach the statement required by General Instruction T			ſ			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ł	- 1	1	. 1
By language in the governing instrument, or						. 1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t	he state l	law			_	i
remain in the governing instrument?				6	$\overline{\mathbf{x}}$	
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 Part >	(V			7	X	
De Enter the states to which the foundation reports or with which it is required. Can instruction						
8a Enter the states to which the foundation reports or with which it is registered. See instructions. NV	_					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation			İ	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	for calen	dar	Ī			/
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV			ľ	9		$\overline{\mathbf{X}}$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	s		<u>[</u>	10	X	
			Forr	n 990	-PF	(2019)

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P	art VII-A Statements Regarding Activities (continued)			
			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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		
	If "Yes," attach statement. See instructions	12	-,,	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ► WWW.LOVEPEACEHARMONY.ORG The books are in care of ► ALEXANDRE GHEYSEN Telephone no. ► 702-83	2 7	022	
14	The books are in care of ► ALEXANDRE GHEYSEN Located at ► 170 S GREEN VALLEY PKWY STE 300, HENDERSON, NV ZIP+4 ►89			
45		7012		Т
13	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 15	N	/A	·Ш
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	-"		
	foreign country	1		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Т	Yes	No
18	a During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	J .		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			Ī
	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			.]
	termination of government service, if terminating within 90 days.)			
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			لينا
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<u> </u>		
	before the first day of the tax year beginning in 2019?	1c		
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))			
è	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes X No			٠ ا
	If "Yes," list the years \(\bigs\) ,	1		' ł
	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) N/A	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	• • • • • • • • • • • • • • • • • • • •			1
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
	during the year?	1 1	ł	1
t	o If "Yes," did it have excess business holdings in 2019 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			ı
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	<u> </u>		
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b]	
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a]	X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		l	ليـ
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	ليي	X
	Fo	rm 990	-PF	(2019)

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to				Ye:	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗓 No 🛚		T 1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir			,	1 1
any voter registration drive?			es 🗓 No		1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Y	es 🗓 No 📗	-	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1. 1
4945(d)(4)(A)? See instructions		Y	es 🗶 No 📗	. 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		Ĭ	<i>*</i> [:	4 1
the prevention of cruelty to children or animals?		Y	es 🗶 No 📗		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described	ın Regulatıons	İ	<u> </u>	_
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	iere		▶□ [-	-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined			1 1
expenditure responsibility for the grant?	N	I/A 🔲 Y	es 🔲 No 📗		1 1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					1 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on]	.	1 1
a personal benefit contract?		Y	es 🗶 No	,	1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ľ	6b	X
If "Yes" to 6b, file Form 8870.			<u> </u>		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No		-
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		Г			
excess parachute payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es 🗶 No		1 1
Part VIII Information About Officers, Directors, Trusto	es. Foundation Ma				
Paid Employees, and Contractors			•		
1 List all officers, directors, trustees, and foundation managers and t	neir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) E)	other
(a) Name and address	to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	allow	ances
				 	
SEE STATEMENT 8		61,442.	0	.	0.
· · · · · · · · · · · · · · · · · · ·	·····	1		1	
•					
	 			 	
· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·				1 -	
		l			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
			(d) Contributions to employee benefit plans and deferred compensation	(e) E>	pense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and deferred	accoun	opense nt, other ances
NONE			Compensation	 	
				 	
		[
				+	
				+	
				1	
		 		+	
T-A-t number of other ampleyees paid eyer \$50,000		L			0
Total number of other employees paid over \$50,000		<u></u>	Forn	n 990-PF	
			FORT	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	- 170.19

Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)		_
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	Type of service (c) Co	mpensation
NONE		
	,	
		
Total number of others receiving over \$50,000 for professional services	>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sinumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc	uch as the Expens	ses
DONATION TO MALAMA LEARNING CENTER		
	5	0,000.
2		
COR CONTROL O		0 120
SEE STATEMENT 9		8,138.
3	-	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amou	nt
1 N/A		
2		
All other program-related investments. See instructions		
_		•
3		
Total. Add lines 1 through 3	>	0.
	Form 990	- PF (2019

BODY MEDICINE FOUNDATION

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P	art X Minimum Investment Retum (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T. I	
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 2,017,830.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	10	2,017,830.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,017,830.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,267.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,987,563.
6	Minimum investment return Enter 5% of line 5	6	99,378.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	99,378.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 2 9,638.		
b	Income tax for 2019. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	<u>9,</u> 638.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	89,740.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	89,740.
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	89,740.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	138,138.
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	_3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	138,138.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	138,138.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies fo	or the section
	10 Total of the first those years.		- 000 DE :

Form **990-PF** (2019)

BODY MEDICINE FOUNDATION

Part XIII Undistributed Income (see instructions) (b) (c) (d) Corpus Years prior to 2018 2018 2019 1 Distributable amount for 2019 from Part XI, 89,740. line 7 2 Undistributed income, if any, as of the end of 2019 0 a Enter amount for 2018 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2019: a From 2014 **b** From 2015 20,009 c From 2016 110,012. dFrom 2017 13,864. e From 2018 143,885. f Total of lines 3a through e 4 Qualifying distributions for 2019 from Part XII, line 4 ►\$ 138,138. a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 89,740. d Applied to 2019 distributable amount 18,398 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount 0. 0. must be shown in column (a)) 6 Enter the net total of each column as indicated below: 192,283 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2018. Subtract line 0 4a from line 2a Taxable amount - see instr f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2014 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2020 192,283 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 20,009. b Excess from 2016 c Excess from 2017 110,012. 13,864. dExcess from 2018 48,398. e Excess from 2019

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Form **990-PF** (2019)

Part XIV Private Operating F	oundations (see ins		·A, question 9)	N/A	age it			
1 a If the foundation has received a ruling of			<u> </u>					
	foundation, and the ruling is effective for 2019, enter the date of the ruling							
-	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a Enter the lesser of the adjusted net	Nax year		Prior 3 years		101.7			
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total			
investment return from Part X for				1				
each year listed								
b 85% of line 2a								
c Qualifying distributions from Part XII,								
line 4, for each year listed								
d Amounts included in line 2c not								
used directly for active conduct of				1				
exempt activities				1				
e 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:				}				
a "Assets" alternative test - enter: (1) Value of all assets				i				
, <i>,</i>				 				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter		-						
2/3 of minimum investment return shown in Part X, line 6, for each year listed								
c "Support" alternative test - enter								
(1) Total support other than gross								
investment income (interest,								
dividends, rents, payments on								
securities loans (section 512(a)(5)), or royalties)								
(2) Support from general public	- <u>-</u>				·			
and 5 or more exempt								
organizations as provided in section 4942(j)(3)(B)(iii)				l				
(3) Largest amount of support from				 	\			
an exempt organization								
(4) Gross investment income				 				
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets			
at any time during t				40,000 21 1110				
1 Information Regarding Foundatio	n Managers:							
a List any managers of the foundation who	•	than 2% of the total contr	butions received by the	foundation before the close	e of any tax			
year (but only if they have contributed m			,					
SEE STATEMENT 10					\			
b List any managers of the foundation who	o own 10% or more of the	e stock of a corporation (or an equally large portion	n of the ownership of a par	tnership or			
other entity) of which the foundation has					•			
NONE								
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:					
Check here ► X if the foundation o				ot accept unsolicited reque	sts for funds If			
the foundation makes gifts, grants, etc.,								
a The name, address, and telephone numb	per or email address of th	e person to whom applica	ations should be address	sed:				
2 The name, address, and telephone name		a porcon to time in applica						
b The form in which applications should be submitted and information and materials they should include:								
c Any submission deadlines								
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	ther factors.				

Form 990-PF (2019)

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year SUPPORT FOR TEACHING MALAMA LEARNING CENTER NONE ₽c AND INSPIRING PO BOX 1662 HONOLULU, HI 96806 COMMUNITIES TO CREATE HEALTHY LIVING ENVIRONMENTS. 50,000. 50,000. ➤ 3a **b** Approved for future payment NONE **▶** 3b Total Form **990-PF** (2019)

Form 990-PF (2019)

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	COGC				
b			\vdash		
^	-		$\vdash \vdash$		
d			\vdash		· · · · · · · · · · · · · · · · · · ·
e	-		\vdash		
1	·		 		
g Fees and contracts from government agencies	·		\vdash	· · · · · · · · · · · · · · · · · · ·	
2 Membership dues and assessments				 -	
3 Interest on savings and temporary cash	 		 		
investments			14	18,698.	
4 Dividends and interest from securities	-	· · · · · · · · · · · · · · · · · · ·	╅	10,050.	
5 Net rental income or (loss) from real estate:			\vdash		
a Debt-financed property	 		 		
b Not debt-financed property					
6 Net rental income or (loss) from personal			\vdash		
property					
7 Other investment income	 		01	479,864.	
			┝┷┪	473,004.	
8 Gain or (loss) from sales of assets other			18	2,034.	
than inventory			1 9	2,034.	 -
9 Net income or (loss) from special events	<u> </u>		01	16,375.	
10 Gross profit or (loss) from sales of inventory	——		"	10,373.	
11 Other revenue					
å	-				
b	-		\vdash		
<u> </u>	-				· - .
d	-				
e	-			F16 071	<u> </u>
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u>l _ </u>	516,971.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	516,971.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	cempt	t Purposes	
Line No Explain below how each activity for which inc			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other that	n by providing fur	nas for such purposes)			
	<u>_</u>				
	<u>_</u> -				
					
					
					
		<u></u>			
				 	
		. <u> </u>			
		·			

Form **990-PF** (2019)

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

						Ye:	s No		
1	1 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?								
	•	(/ (/)	· ·	• •					
8			ation to a noncharitable exempt of	rganization of:					
	(1) Cash					1a(1)	X		
	(2) Othe					12(2)	X		
Ь	Other tran	nsactions:							
	(1) Sales	s of assets to a noncharita	ible exempt organization			1b(1) 1b(2)	$\frac{\mid \mathbf{x} \mid}{\mathbf{x}}$		
	· '' .								
	(3) Rent	al of facilities, equipment,	or other assets			1b(3)	X		
		bursement arrangements	;			15(4)	X		
		is or loan guarantees				1b(5)	X		
			embership or fundraising solicitati			1b(8)	<u> </u>		
	-		alling lists, other assets, or paid en	•		1c	X		
d					ays show the fair market value of the goods, o				
					e in any transaction or sharing arrangement, s	how in			
7.5			other assets, or services received		1 /40				
(a)L	ine no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(0) Description of transfers, transactions, and	shanng anangen	ients		
			N/A						
				·····					
					,,,,,,,,,				
			<u> </u>						
			<u> </u>						
			<u> </u>	 	 				
									
				-	 				
						·····			
-									
2a	Is the four	ndation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described				
	in section	501(c) (other than section	n 501(c)(3)) or in section 527?			Yes 🔀	No 🔼		
b	If "Yes," co	omplete the following sche	edule.						
		(a) Name of org	anization	(b) Type of organization	(c) Description of relationsh	ifp			
		N/A							
						····			
	l and he				tatements, and to the best of my knowledge tron of which preparer has any knowledge	the IRS discuss	this		
Sig	3n 📗	1 /100	Alexandre GHE		shov	n with the prepare	ıstr		
He		<i></i>		4/101		∐Yes ∟	⊔ No		
	Sign	nature of officer or trustee		Date	Title				
		Print/Type preparer's na			Date Check if PTIN				
D-	Boid BITTA DEMIN NAMED 11/12/2020 Self-employed								
Faid ELIZABETH MAUCH PU						988953	<u> </u>		
	eparer	Firm's name BLA	CKMAN & SLOOP,	CPAS, P.A.	Firm's EIN ► 56-13	04/2/			
US	e Only	Furnis address b. d. 4.4	14 031 0707 00	CIITMD 200					
			14 RALEIGH RD,		(010)0	42 070			
		L CH	APEL HILL, NC 2	1311		42-870			
					FOI	3311-25	1701191		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INTERNATIONAL INSTITUTE OF SOUL MIND

OMB No 1545-0047

Employer identification number

2019

BO	DY MEDICINE FOUNDATION	20-4729155							
Organization type (check or	Organization type (check one)								
Filers of: Section:									
Form 990 or 990-EZ									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	S01(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Note: Only a section 501(c)(s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special F	lule See instructions							
General Rule									
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.								
Special Rules									
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supported and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the complete Parts I and II	a, or 16b, and that received from							
year, total contribu	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, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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.									
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)								
LHA For Paperwork Reduction	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	e B (Form 990, 990-EZ, or 990-PF) (2019)							

Name of organization
INTERNATIONAL INSTITUTE OF SOUL MIND
BODY MEDICINE FOUNDATION
20-4729155

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE DOROTHY SECREST TRUST U/D/T DATED 2/22/2005 PO BOX 929 OCCIDENTAL, CA 95465	\$ 99,404.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TREVOR ALLEN 3 VENTNER STREET BALIOYN NORTH, VICTORIA, AUSTRALIA 3104	\$13,950.	Person X Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>[</u>		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

923452 11-06-19

Name of organization INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION

Employer identification number

20-4729155

		art 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number INTERNATIONAL INSTITUTE OF SOUL MIND 20-4729155 BODY MEDICINE FOUNDATION Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS	S AND TEMPORARY	CASH INVESTMENTS	STATEMENT 1
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TAX EXEMPT INTEREST DOROTHY SECREST TRUST UA 2/22/05	18,698.	0.	
TOTAL TO PART I, LINE 3	18,698.	0.	

FORM 99	-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 2
INCOME		
2. RET	S RECEIPTS	16,375
	OF GOODS SOLD (LINE 15)	16,375
6. OTH	R INCOME	
	GOODS SOLD	16,375
9. MER 10. COS 11. MAT 12. OTH	CHANDISE PURCHASED	
	ONTORY AT END OF YEAR	

FORM 990-PF	OTHER I	NCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
DOROTHY SECREST TRUST U/A DTD 2/22/05		479,864.	479,864.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	479,864.	479,864.	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	14,299.	0	•	0.
TO FORM 990-PF, PG 1, LN 16B	14,299.	0	•	0.
FORM 990-PF	TAXES '			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	11,361.	0	•	0.
TO FORM 990-PF, PG 1, LN 18 =	11,361.	0		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TECHNOLOGY PRODUCTION MARKETING AND COMMUNICATIONS FEES EVENTS MISCELLANEOUS	1,967. 26,370. 12,957. 6,577. 38,772. 2,195.	0 . 0 . 0 .	• • •	1,967. 26,370. 12,957. 240. 38,772.
TO FORM 990-PF, PG 1, LN 23	88,838.	0.	•	80,306.

20 STATEMENT(S) 3, 4, 5, 6 2019.05000 INTERNATIONAL INSTITUTE OF 19833__1

FORM 990-PF DEPRECIATION	OF ASSE	TS NO	T HELD FOR	INVESTMEN	T	STAT	EMENT 7	
DESCRIPTION			ACCUMULAT DEPRECIAT		BOOK VALUE		FAIR MARKET VALUE	
WEBSITE COSTS			4,8	60.	6,076.	076. 6,0		
TO 990-PF, PART II, LN 14			4,8	60.	6,076.		6,076.	
			FFICERS, D ATION MANA		-	STATI	EMENT 8	
NAME AND ADDRESS			TLE AND G HRS/WK		BEN		EXPENSE ACCOUNT	
ZHI GANG SHA 170 S GREEN VALLEY PKWY STE HENDERSON, NV 89012	E #300		DER/CHAIR 1.00	().	0.	0.	
QIAN XI LUO 170 S GREEN VALLEY PKWY STE HENDERSON, NV 89012	E #300		ETARY 1.00	C).	0.	0.	
ALEXANDRE GHEYSEN 170 S GREEN VALLEY PKWY STE HENDERSON, NV 89012	E #300		SURER 1.00	C).	0.	0.	
RICHARD BARTON 170 S GREEN VALLEY PKWY STE HENDERSON, NV 89012	E #300		IRECTOR 0.00	34,289).	0.	0.	
DIANE FUJIO 170 S GREEN VALLEY PKWY STE HENDERSON, NV 89012	E #300		IRECTOR 0.00	27,153	3.	0.	0.	
VENIER WONG 170 S GREEN VALLEY PKWY STE HENDERSON, NV 89012	E #300		IRECTOR 1.00	().	0.	0.	
TOTALS INCLUDED ON 990-PF,	PAGE 6	PART	VIII	61,442	2.	0.	0.	

FORM 990-PF	SUMMARY OF DIRECT CHARITABL	E ACTIVITIES	STATEMENT	9
ACTIVITY TWO				
GLOBAL TREE-PLANEMOTIONAL CONNEC	TION TO NATURE AND OFFERING FRES AND CDS TO SPREAD THE MESSA	TO CREATE AN EE WEEKLY		
TO FORM 990-PF, PART IX-A, LINE 2			EXPENSES	
		38,138		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MAN		STATEMENT	10

NAME OF MANAGER

ZHI GANG SHA QIAN XI LUO

GENERAL EXPLANATION

STATEMENT 11

FORM/LINE IDENTIFIER

SCHEDULE B, PART I, LINE 1(C)

EXPLANATION:

CONTRIBUTION FROM DOROTHY SECREST TRUST REPORTED ON SCHEDULE B IS SHOWN NET OF INVESTMENT INCOME REPORTED ON K-1 RECEIVED FROM DONOR.