Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

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

OMB No 1545-0047

2019

Open to Public Inspection

For	r calen	dar year 2019 or tax year beginning		, 2019, an			, 20
Nam	ne of fou	ndation			A Employe	er Identification numb	er
		Employee Hardship Fund	_			26-1641296	
Num	nber and	street (or P O box number if mail is not delivered to street address)		Room/suite	B Telephor	ne number (see instruct	ions)
		Street NW				202-478-1113	B
City	or town,	state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here ▶ 🗌
Wa	shingt	on DC, 20005					
G	Check	all that apply: Initial return Initial return Initial return	n of a former p	oublic char	ty D 1. Foreig	n organizations, check	here . ▶□
		☐ Final return ☐ Amended	return		2. Foreig	n organizations meetin	n the 85% test
		Address change Name cha	nge			here and attach comp	
		type of organization: Section 501(c)(3) exempt p			1 - '	foundation status was	
		n 4947(a)(1) nonexempt charitable trust 🔲 Other tax			<u></u>	i07(b)(1)(A), check here	▶□
		narket value of all assets at $\mid \mathbf{J} \mid$ Accounting method	i: 🗌 Cash	Accrua		ndation is in a 60-mont	h termination
		f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ 🗌
	line 16	6) ► \$ 203, 467 (Part I, column (d), must b	e on cash bası	s)		·	
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue		let investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses p		income	income	purposes
		the amounts in column (a) (see instructions))		- Impana		<u> </u>	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	<u> </u>	9,076			
	2	Check ► ☐ If the foundation is not required to attach Sch B					
<i>:</i> -	3	Interest on savings and temporary cash investments					
-	4	Dividends and interest from securities					
	5a	Gross rents	anners transfer about 15 and	2006-931 923-6-00	erongeneraringabet.		
	b	Net rental income or (loss)					THE PROPERTY OF THE PROPERTY O
e	6a	Net gain or (loss) from sale of assets not on line 10	27.34500.1301.3000.00000000000000000000000000	2/2/2			
Revenue	b _b	Gross sales price for all assets on line 6a	TO THE PERSON OF				
ē	7	Capital gain net income (from Part IV, line 2)	TO THE PARTY OF THE PARTY OF		KE(``	IVED	
Ţ,	8	Net short-term capital gain			700000000000000000000000000000000000000	ایوا	
	9	Income modifications			CVC+Drail	0-2020	Ricardo do Composido de Composi
	10a	Gross sales less returns and allowances			PROCESS.	Marian Samurana Marian Control Control	
	b	Less: Cost of goods sold			2400		
	, C	Gross profit or (loss) (attach schedule)	-		OGDL	N. UT I	
-	. 11 12	Other income (attach schedule)		9,076			
	13	Total. Add lines 1 through 11	63	5,070			
es	14	Other employee salaries and wages					
Su	15	Pension plans, employee benefits					-
Expenses	16a	Legal fees (attach schedule)		_			
-	h	Accounting fees (attach schedule)					
Ve	C	Other professional fees (attach schedule)					-
ati	17	Interest		$\neg \uparrow$			
Operating and Administrative	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion					
mp	20	Occupancy				,	and the second second second
Ă	21	Travel, conferences, and meetings					
n	22	Printing and publications					
ga	23	Other expenses (attach schedule)	1	1,010	-		
tin	24	Total operating and administrative expenses.					
ra		Add lines 13 through 23	1010				
be	25	Contributions, gifts, grants paid	7 (0.114			
O	26	Total expenses and disbursements. Add lines 24 and 25	}	0,124			
	27	Subtract line 26 from line 12.				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	VALUE OF THE STATE
	á	Excess of revenue over expenses and disbursements	58	3,952			
-	b	Net investment income (if negative, enter -0-) .					
	С	Adjusted net income (if negative, enter -0-)					

Form 990-PF (2019)

1 Cash - non-interest-bearing 203,467 2	Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
2 Savings and temporary cash Investments 3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Piledges receivable ← Less: allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other inchies and linars receivable (attach schedule) ← Less: allowance for doubtful accounts ► 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Investments—Corporate stock (attach schedule) 10b Investments—Corporate stock (attach schedule) 11 Investments—Corporate stock (attach schedule) 12 Investments—Corporate stock (attach schedule) 13 Investments—Corporate stock (attach schedule) 14 Land, buildings, and expensent, busis ► Less: accumulated depreciation (attach schedule) 15 Other assets (desbore) ► 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item 1) 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deterred revenue 20 Less from officers, directors, insistes, and other disqualified persons 10 Units payable and accrued expenses 11 Total islabilities (describe) 22 Other liabilities (describe) 23 Total liabilities (add times 17 through 22) 24 Not assets with donor restrictions 25 Not assets with donor restrictions 26 Less sets with donor restrictions 27 Pad-nor orapital surplus, or land, blidg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total liabilities and net assets of through 30 20 Total liabilities and net assets of through 30 21 Total liabilities and net assets or fund balances (see instructions) 22 Total liabilities and net assets or fund balances (see instructions) 23 Total liabilities and net assets or fund balances (see instructions) 24 Add lines 1, 2, and 3 25 Other increases not included in line 2 (tiemzie) ► 3 Se					(b) Book Value	(c) Fair Market Value
Accounts recavable Less allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts Pledges Pledges Less allowance for doubtful accounts Pledges		1	Cash—non-interest-bearing	144,515	203,467	203,467
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16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)						
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19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule)		ſ				
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end-of-year figure reported on prior year's return)				mn (a), line 29 (mus	t agree with	
2 Enter amount from Part I, line 27a 2 58,952 3 Other increases not included in line 2 (itemize) ► 3 4 Add lines 1, 2, and 3 4 5 Decreases not included in line 2 (itemize) ► 5	٠					144,515
3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3	2					
4 Add lines 1, 2, and 3	_				 	
5 Decreases not included in line 2 (itemize) ▶						
	5		racean not included in line 2 (itemize)		5	
	_6			Part II, column (b), lir	ne 29 6	203,467

Part	IV Capital Gains and	l Losses for Tax on Investn	nent Income			
	(a) List and describe the kind(s) of property sold (for example, real estate,			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
<u>b</u>						
<u>C</u>						
<u>d</u>						
<u>е</u>				L		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
a						
<u>b</u>						
<u> </u>						
<u>d</u>						
е						
	Complete only for assets sho	wing gain in column (h) and owned				(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 less than -0-) or rom col (h))
a						
b						
c						
<u>d</u>						
<u>e</u>			c.			
2	Capital gain net income of		also enter in Pa , enter -0- ın Par		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- ın }	3	
Part		er Section 4940(e) for Redu				
		vate foundations subject to the				
(For o	ptional use by domestic pri	vate foundations subject to the	section 4940(a)	lax on het invest	ment income.	
If sect	tion 4940(d)(2) applies, leave	e this part blank.				
		section 4942 tax on the distribu qualify under section 4940(e). Do			pase period?	☐ Yes ☐ No
1		ount in each column for each year			akıng anv entries.	
<u>'</u>	(a)					(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	s Net value of	(c) noncharitable-use as		ribution ratio divided by col (c))
	2018					
	2017					
	2016					
	2015					
	2014				···	
•	Tetal of line 1 column (d)				. 2	
2	Total of line 1, column (d)				→	
3	the number of years the fo	for the 5-year base period—div oundation has been in existence	if less than 5 ye	ars	. 3	
4	Enter the net value of non-	charitable-use assets for 2019 fi	rom Part X, line	5	. 4	195,406
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ns from Part XII, line 4				0/ 1
	If line 8 is equal to or great Part VI instructions.	ater than line 7, check the box in	ı Part VI, line 1b	, and complete t	nat part using a 1	70 tax rate. See the

Form 990-PF (2019) Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) 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 1 here ▶ ☐ and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 3 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 5 6 2019 estimated tax payments and 2018 overpayment credited to 2019 . . . а Exempt foreign organizations—tax withheld at source 6b b 6c Tax paid with application for extension of time to file (Form 8868) . . . С 6d Ы 7 8 Enter any penalty for underpayment of estimated tax. Check here ... if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . 10 10 Enter the amount of line 10 to be: Credited to 2020 estimated tax 11 **Statements Regarding Activities** Yes No During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$_ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . If "Yes." attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . 3 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that 6 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 Enter the states to which the foundation reports or with which it is registered. See instructions. If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General 8b (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," 9 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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Part	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		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		1
42	person had advisory privileges? If "Yes," attach statement. See instructions	12		
13	Website address ► N/A			
14	**************************************	4-890-	2171	
	Located at ► 5565 Glenridge Connector NE, Atlanta GA ZIP+4 ►	3034	2	
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 ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	16	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	the foreign country			
Part	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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	Ž.		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes			
	(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			
	termination of government service, if terminating within 90 days.)			
D	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		7.37
	Organizations relying on a current notice regarding disaster assistance, check here	Zás.		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		Ž	
	were not corrected 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)):			
а	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?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	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			2
-	all years listed, answer "No" and attach statement—see instructions.)	2b	/w/histor)	O . XANETOENS
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20, 20			
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 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 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, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b	1. Property Co.	in participation
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	<u> </u>	<u> </u>
	Fo	rm 99	リーピト	(2019)

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DocuSign Envelope ID 08D7A9C5-1E14-4D3E-AA8F-81AE7AA857C2 Form 990-PF (2019) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions, If none, enter "NONE." 3 (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc The fund makes contributions to individual employees and family members as described in our charter. During 2019 the fund made a total of \$9,114 payments to beneficiaries. 2 Summary of Program-Related Investments (see instructions) Part IX-B

	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
A	other program-related investments. See instructions	
3		
Ota	al. Add lines 1 through 3	
		5 000 DE (0040

Form 990-PF (2019) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 1b 198,382 Fair market value of all other assets (see instructions) 1c 1d 198,382 Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 3 198,382 4 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see 2,976 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 195,406 6 6 9,770 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations, check here ▶ □ and do not complete this part.) 1 1 9,770 2a Tax on investment income for 2019 from Part VI, line 5 Income tax for 2019. (This does not include the tax from Part VI.) . . . 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 9,770 4 4 5 5 9,770 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 9,770 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1a 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the: За 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years.

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Part ^e	VIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1.	Distributable amount for 2019 from Part XI, line 7				9,770
2	Undistributed income, if any, as of the end of 2019:			300 MINISTER AND	
- а	Enter amount for 2018 only			0	
b	Total for prior years. 20 , 20 , 20		0		
3	Excess distributions carryover, if any, to 2019:				
- a	From 2014				
b	From 2015				
Ċ	From 2016				
d	From 2017				
e	From 2018				
T	Total of lines 3a through e	0			
4	line 4: ▶ \$0				
. а	Applied to 2018, but not more than line 2a .			U	
,b	Applied to undistributed income of prior years (Election required—see instructions)		0		
° c	Treated as distributions out of corpus (Election required—see instructions)	. 0			
d	Applied to 2019 distributable amount				0
e	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	o			0
6	Enter the net total of each column as indicated below:				
ą	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable amount—see instructions	1-10	o		
· e	Undistributed income for 2018 Subtract line				
	4a from line 2a. Taxable amount—see instructions			0	
· f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2020				9,770
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	, 1,			
	required—see instructions)	0			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) .	n	eminosite.		reconnection (see a section)
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of linc 9:				
a	Excess from 2015				
b	Excess from 2016				Serias pagananinininin
, c d	Excess from 2017			<u></u>	
	Excess from 2019	1995 1995 1995 1995 1995 1995 1995 1995			inga da anga anga anga anga anga anga ang

The name, address, and telephone number or email address of the person to whom applications should be addressed: 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, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (cont 3 Grants and Contributions Paid During t	inued) he Vear or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual,			
	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	or substantial contributor	recipient		
a raid daining the year				
April Sweet 6855 Pacific Street Omaha, NE 68106	None		Nebraska Flood	2,000
Greg Martin 6855 Pacıfic Street Omaha, NE 68106	None		Nebraska Flood	2,000
Justin Hall 6855 Pacific Street Omaha, NE 68106	None		Nebraska Flood	1,114
Kırk Ketelsen 6855 Pacıfic Street Omaha, NE 68106	None		Nebraska Flood	2,000
Kent Jacobs 6855 Pacific Street Omaha, NE 68106	None		Nebraska Flood	2,000
				1
			,	
Total				a 9,114
b Approved for future payment				
Total			> 3	h

nter g	ross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	ion 512, 513, or 514	1 (e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	ogram service revenue:					
a						
b		<u> </u>				
C						
d		-				
e				 		
T				-		-
g	Fees and contracts from government agencies			-		
	embership dues and assessments					
	erest on savings and temporary cash investments		<u>-</u>			
	vidends and interest from securities	and res	, .	i no apparent		
	et rental income or (loss) from real estate:	مركيت ويوا	e in a law in the fifty of	Manager Company	Terisina 1900 annia.	The state of the s
a	Debt-financed property					
b	Not debt-financed property					
	et rental income or (loss) from personal property			+		
-	her investment income			+		
	nin or (loss) from sales of assets other than inventory			+		
	et income or (loss) from special events			 		
	ross profit or (loss) from sales of inventory .			 		
	her revenue: a					
b						
С				 		
		1				
d						
d e						
d e 12 St	ubtotal. Add columns (b), (d), and (e)				40	<u></u>
d e 12 St 13 To	ubtotal. Add columns (b), (d), and (e)				13	
d e 12 St 13 To See wo	ubtotal. Add columns (b), (d), and (e)	s)			13	
d e 12 St 13 To See wo	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		nportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		nportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the
d e 12 St 13 To See wo Part D Line N	ubtotal. Add columns (b), (d), and (e)	s) ccomplishm	ent of Exemp	t Purposes		mportantly to the

Form 990-PF (2019) Page **13**

Part	XVII	Informatio Organizati	n Regarding Tran ons	sfers to and Trar	sactions and F	telationship	os With N	oncharital	le Ex	empt
1	ın so	ection 501(c) (c nizations?	directly or indirectly other than section	501(c)(3) organizati	ons) or in secti	on 527, rel			Yes	No
а	(1) (Cash	porting foundation to		empt organization	of: 		<u>1a(</u>		7
b	Othe	Other assets .er transactions:						1a(
	(2) P	urchases of asse	a noncharitable exe ets from a noncharita	able exempt organiza	ation			1b(2)	✓
			, equipment, or othe					1b(;		\ <u>\</u>
			rrangements					1b(√
		oans or loan gua Performance of se	ervices or membersh	n or fundraising sol				1b(V
C			quipment, mailing lis	•						<u> </u>
		_	of the above is "Yes	·						arket
_			ther assets, or service							
			on or sharing arrange							
(a) Line	no	(b) Amount involved	(c) Name of nonch	arıtable exempt organizat	on (d) Descr	ption of transfer	s, transaction	s, and sharing a	rrangem	ents
									_	
			·							
									_	
_									_	
_										
_										
<u> </u>										
2a			ectly or indirectly af						. –	
L			601(c) (other than sec	ction 50 (c)(3)) or in s	section 527? .			· · 📙 Y	res ⊔	No
D	IT "YE		following schedule.	***			10			
		(a) Name of organi	ization	(b) Type of org	anization		c) Description	of relationship		
								·		
	Unde	r penalties of periury.	declare that I have examined	this return, including accor	npanying schedules and	statements, and t	to the best of m	v knowledge and	belief, it	ıs true.
Sign			aration of preparer (other tha				ledge 🕝			
Here	l R	main to Smith.		1				May the IRS disc with the preparer	shown b	elow?
616		SEMANDE OUTESTIFEMENT Trus	stee	Date	Title			See instructions	∐Yes[□No
		Print/Type preparer		Preparer's signature	·	Date		D PTIN		
Paid							Check self-em			
Prepa		Firm's name ▶		 		<u>' </u>	Firm's EIN ▶	· · · · · · · · · · · · · · · · · · ·		
Use C	niy	Firm's address ▶					Phone no			

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

26-1641296 First Data Employee Hardship Fund Organization type (check one). Section: Filers of: 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, 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 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 Employee identification number
First Data Employee Hardship Fund 26-1641296

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Fiserv Corporation and Subsidiaries 5565 Glenridge Connector NE, Atlanta GA Atlanta, GA 30342	\$ 50,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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 -

Employer identification number

First Data E	Employee Hardship Fund		26-1641296		
Part II	Noncash Property (see instructions). Use duplicate cop	pies of Part II if additional space	ce 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		
		s			
(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		
		 \$			

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

	Employee Hardship Fund			26-1641296				
Part III	(10) that total more than \$1,000 for the following line entry. For organization	or the year from any ations completing Pa	one contributor. art III, enter the total	described in section 501(c)(7), (8), or . Complete columns (a) through (e) and all of exclusively religious, charitable, etc.,				
	contributions of \$1,000 or less for to Use duplicate copies of Part III if ac			See instructions.) > \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held				
- aiti								
		(e) Trans	fer of gift					
ľ	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee				
i								
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
ĺ								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
		(e) Trans	fer of gift					
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Trans	fer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee				