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Inspection

2019

OMB No. 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

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.

Open to Public

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number Name of foundation 26-3174574 % HANNAH BARNES Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see instructions) PO Box 2091 (307) 675-5098 City or town, state or province, country, and ZIP or foreign postal code Sheridan, WY $\,$ 82801 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) ▶\$ 300,859 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 947,545 schedule) Check \blacktriangleright \bigsqcup if the foundation is **not** required to attach 2 165 165 3 Interest on savings and temporary cash investments Dividends and interest from securities Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 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 Total. Add lines 1 through 11 947,710 165 13 Compensation of officers, directors, trustees, etc. 24,000 24,000 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 3,848 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 15,568 15,424 24 Total operating and administrative expenses. Add lines 13 through 23 43,416 39,424 1,367,231 1,367,231 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 1,410,647 0 1,406,655 27 Subtract line 26 from line 12: Excess of revenue over expenses and -462,937 disbursements Net investment income (if negative, enter -0-) 165 Adjusted net income (if negative, enter -0-) . . . For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2019)

Beginning of year

763,796

763,796

763,796

300,859

300,859

300,859

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6

763,796

-462,937

300,859

300,859 Form **990-PF** (2019)

Page 2

End of year

		Less: allowance for doubtful accounts ▶		Ï				
	4	Pledges 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 notes and loans receivable (attach schedule)						
		Less: allowance for doubtful accounts ▶		l.				
S.	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)						
	c	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)						
	14	Land, buildings, and equipment: basis ►						
		Less: accumulated depreciation (attach schedule) ▶ 4,543		ı				
	15	Other assets (describe >)	9 2J	262	%	262	% J	262
	16	Total assets (to be completed by all filers—see the						
		instructions. Also, see page 1, item I)		763,796		300,859		300,859
	17	Accounts payable and accrued expenses						
	18	Grants payable						
jes	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
iat	21	Mortgages and other notes payable (attach schedule)						
-	22	Other liabilities (describe						
	23	Total liabilities(add lines 17 through 22)		0		0		

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	23

Net Assets or Fund Balances

24

25

26

27 28

29

30

Part III

2

4

5

Form 990-PF (2019)

Accounts receivable

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

3

Page **3**

	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		quired :hase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a		3 30.			
(a)	(f)	(g)		(/	h)
(e) Gross sales price	Depreciation allowed	Cost or other basis			r (loss)
· · · · · · · · · · · · · · · · · · ·	(or allowable)	plus expense of sal	•	(e) plus (r) minus (g)
a					
b					
<u> </u>					
d					
e				 	
Complete only for assets	s showing gain in column (h) and ow		9		l)
(i)	(j) Adjusted basis	(k) Excess of col. (i)			h) gain minus less than -0-) or
F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any			om col.(h))
a		,			
b					
c					
d					
e					
2 Capital gain net income	, ,	If gain, also enter in Part I, line I If (loss), enter -0- in Part I, line		2	
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	ons). If (loss), enter -0-	. }	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tay on Net Investm	ent In		
(For optional use by domestic p	private foundations subject to the sec	tion 4940(a) tax on het investme	nt incon	ne.)	
If section 4940(d)(2) applies, le	eave this part blank.				
	ne section 4942 tax on the distributal ot qualify under section 4940(e). Do		e period	? \ \ \ \ \ \ \ \	es 🔽 No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year;	see instructions before making ar	y entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset:		(d) Distribution rati (col. (b) divided by c	ol. (c))
2018	1,434,061				2.126069
2017	1,458,588	760,8			1.917156
2016	1,420,175	1,319,0			1.07668
2015	1,497,907	1,283,3			1.167214
2014	1,508,420	1,317,5	_	Т	1.144845
2 Total of line 1, column (,		2		7.431964
	o for the 5-year base period—divide				1.486393
	ndation has been in existence if less oncharitable-use assets for 2019 fron		4		578,785
5 Multiply line 4 by line 3		•	5	1	860,302
	ent income (1% of Part I, line 27b)		6	1	2
			7	+	860,304
	ions from Part XII, line 4 ,		8		1,406,655
If line 8 is equal to or gre	eater than line 7, check the box in Pa		_	ı ng a 1% tax rate. Se	
instructions.				Fc	orm 990-PF (201

Part VII-B Statements Rega	rdina	Activities for Which	Form 4720 May Be	Required (continued	<i>(</i>)			age o
5a During the year did the foundation			101111 1720 114, 20	required (55) time 5	7	Т	Yes	No
(1) Carry on propaganda, or other			ation (section 4945(e))?				103	110
(2) Influence the outcome of any				☐ Yes	✓ No			
on, directly or indirectly, any			* * * * * * * * * * * * * * * * * * * *					
(3) Provide a grant to an individu		-		= :::	¥ No			
(4) Provide a grant to an organiz		• • • • • • • • • • • • • • • • • • • •	• •	☐ Yes	⊻ No			
in section 4945(d)(4)(A)? Se			· -					
(5) Provide for any purpose other				· · L Yes	✓ No			
educational purposes, or for		- ·						
	•	· ·			✓ No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions						5b		
Organizations relying on a current notice regarding disaster assistance? See instructions						100		
					Ш			
c If the answer is "Yes" to question tax because it maintained expend			•		_			
If "Yes," attach the statement re				· · L Yes	∐ No			
6a Did the foundation, during the ye	ar, rece	ive any funds, directly or	indirectly, to pay premiu	ms on				
a personal benefit contract?				· Yes	✓ No			
b Did the foundation, during the ye	ar, pay	premiums, directly or ind	irectly, on a personal ben	nefit contract?		6 b		No
If "Yes" to 6b, file Form 8870.								
7a At any time during the tax year,	was the	foundation a party to a p	rohibited tax shelter tran	saction?	✓ No			
b If "Yes", did the foundation receive	ve any p	proceeds or have any net i	ncome attributable to the			7b		
8 Is the foundation subject to the s	ection 4	1960 tax on payment(s) o	f more than \$1,000,000 i	n remuneration or				
excess parachute payment during	g the ye	ar?		· · 🔲 Yes	✓ No			
and Contractors List all officers, directors, trus	tees, fo		d their compensation.	See instructions				
(a) Name and address	'	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans deferred compensation	and (e) Exper other a		
CASEY H OSBORN		IDENT	0		0			0
PO Box 2091	4.0							
Sheridan, WY 82801 SUSAN J OSBORN	VICE	PRES./TREASURER	0		0			
PO Box 2091	4.0	FRES./ TREASURER	Ŭ		٩			U
Sheridan, WY 82801								
HANNAH BARNES		RETARY	24,000		0			0
PO Box 2091	15.0							
Sheridan, WY 82801 2 Compensation of five highest-	naid en	nnlovees (other than th	ose included on line 1	_see instructions) If	none	enter "	NONE	71
2 Compensation of five highest	para en	ı i		(d) Contributions to		Circo	HOIL.	<u> </u>
(a) Name and address of each employ more than \$50,000	ee paid	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e)	Expensiother all		
Total number of other employees paid	over ¢5	0.000	<u> </u>		-			0
	υνυι ψ <i>J</i>	<u> </u>				orm 99 0	<u> </u>	

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Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	s, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional ser	vices (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
+		
T-1-1		
Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities	• • • • • • • • • • • • •	0
List the foundation's four largest direct charitable activities during the tax year. Include	relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 GREATER THAN INITIATIVE - TO WORK WITHIN THE CHURCHES FOR A WYOMING.	UNITED FOCUS TO ENGAGE THE YOUTH OF	15,424
2		· · ·
3		
4		
·		
Part IX-B Summary of Program-Related Investments (se	e instructions)	
Describe the two largest program-related investments made by the foundation during	g the tax year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		- 000 PE (55:5)
		Form 990-PF (2019)

2a |

2b

organizations check here

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 8

28.939

28.937

28.937

28.937

1,406,655

1,406,655

1,406,653

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2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

Form 990-PF (2019)

Part XI

1

2a

3

4 5

6

1

2

3

4

5

Part XII

Page 9

28,937

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			,			
			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line	7				28,937
2	Undistributed income, if any, as of the end of 20	19:				
а	Enter amount for 2018 only				0	
b	Total for prior years: 2017, 2016, 2015			0		
3	Excess distributions carryover, if any, to 2019:					
а	From 2014	42,645				
b	From 2015 1,4	33,931				
С	From 2016 1,3	64,781				
d	From 2017 1,4	20,558				
е	From 2018 1,4	00,337				

7.062.252

1,377,718

8,439,970

1.442.645

6,997,325

1,400,337 f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part

Part XIII Undistributed Income (see instructions)

same amount must be shown in column (a).)

6 Enter the net total of each column as

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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 assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract

be required - see instructions) 8 Excess distributions carryover from 2014 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9:

a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. . e Excess from 2019. .

c Excess from 2017. . . .

indicated below:

XII, line 4: ► \$ 1,406,655 a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

required—see instructions).

d Applied to 2019 distributable amount.

e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2019.

(If an amount appears in column (d), the

lines 4d and 5 from line 1. This amount must 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 may

1.433.931

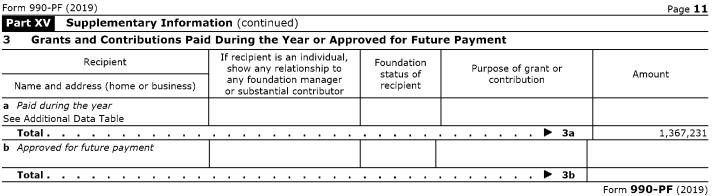
1,364,781

1,420,558

1,400,337

1,377,718

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P	Part XIV Private Operating Found	ations (see instr	uctions and Part V	/II-A, question 9)		
	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	19, enter the date of	of the ruling	▶∟_	_	
b	Check box to indicate whether the organization	on is a private oper	ating foundation des	cribed in section	4942(j)(3) or ∟	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	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					
e	activities Qualifying distributions made directly for active conduct of exempt activities.					
3	Subtract line 2d from line 2c					
_	alternative test relied upon:					
а	"Assets" alternative test—enter: (1) Value of all assets					
	(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					
С	"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					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Da	rt XV Supplementary Information			foundation had	\$5,000 or more i	n
	assets at any time during th		ructions.)			
а	Information Regarding Foundation Man : List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				ו
b	See Additional Data Table List any managers of the foundation who own				arge portion of the	
	ownership of a partnership or other entity) or Information Regarding Contribution, Gr.					
-	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	es contributions to p tion makes gifts, gra	preselected charitable ants, etc. to individu	e organizations and		
a	The name, address, and telephone number of GENERAL GRANTS SEVEN PILLARS FNDN HANNAH BARNES PO BOX 2091 SHERIDAN, WY 82801 (307) 675-5098	or e-mail address of	the person to whom	applications should	be addressed:	
b	The form in which applications should be sul	omitted and informa	tion and materials th	ney should include:		
	GRANT APPLICATION, INCLUDING GENERAL AND E-MAIL), ESTIMATED PROJECT START I ORGANIZATION'S TOTAL BUDGET (%). PLE IT IS NEEDED, A BRIEF DESCRIPTION, AND PROPOSAL AND/OR GIVE AN ORAL PRESENT	DATE, AMOUNT REQ ASE DESCRIBE THE THE EXPECTED OUT	UESTED, OVERALL F ORGANIZATION'S M FCOME). APPLICANT	PROJÉCT BUDGET, A ISSION AND SUMMA S MAY ALSO BE REQ	ND PROJECT COST C ARIZE YOUR PROJECT UIRED TO PROVIDE	OMPARED TO THE T (INCLUDING WHY
С	Any submission deadlines: NONE; ALL APPLICANTS WILL BE NOTIFIED	WITHIN SIX WEEKS	S			
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable f	fields, kinds of institu	utions, or other	
	THE FOUNDATION'S PURPOSE IS TO ENCOUREVERENTIAL AND OBEDIENT FEAR OF THE ORGANIZATIONS TO SPREAD THE WORD OF WOULD BE THE PRIMARY VESSEL FOR FULF RELIGIOUS, SCIENTIFIC, LITERARY, AND ELFOUNDATION INTENDS TO BE RESPONSIVE VALID, LOCAL FUNDING PRIORITIES. FOR EINDIVIDUAL MEDICAL EMERGENCIES, ACCI	LORD THROUGH EN F JESUS CHRIST. IT ILLING THAT PURPO DUCATIONAL PURPO TO SPECIFIC COMM XAMPLE, THE FOUN	IDEAVORS THAT BEA IS ANTICIPATED TH ISE. ADDITIONALLY, SES WITHIN THE ME IUNITY-BASED NEED DATION WILL PROVI	AR MUCH FRUIT, INC AT DONATIONS TO FUNDS MAY BE USE EANING OF SECTION DS AND RETAIN THE IDE ASSISTANCE TO	CLUDING THE SUPPO EXISTING EXEMPT O ED FOR THE BROADE I 501(C)(3). MORE S AUTHORITY TO SWI	RT OF CHRISTIAN RGANIZATIONS R CHARITABLE, PECIFICALLY, THE FTLY ADDRESS



Part XVI-A Analysis of Income-Producin					(e)
nter gross amounts unless otherwise indicated.		usiness income	Excluded by section	n 512, 513, or 514	Related or exempt
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b					
c					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash investments			14	165	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate: a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
7 Other investment income					
inventory					
• Net income or (loss) from special events:					
O Gross profit or (loss) from sales of inventory Other revenue: a					
b					
c					
d					
e				165	
e			1	165 3	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc	culations.)			165 3	
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities to t	culations.) che Accomplis	hment of Exem	pt Purposes	3	
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities to the second	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's are subtracted.	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's are subtracted.	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's are subtracted.	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcast XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
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2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcast XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the secondarion's accomplishment of the secondarion accomplishment of the secondar	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the secondarion's accomplishment of the secondarion accomplishment of the secondar	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's are subtracted.	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's are subtracted.	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcast XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcast XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the fo	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities to 1 Line No. Explain below how each activity for which the accomplishment of the foundation's accomplishme	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcant XVI-B Relationship of Activities to 1 Explain below how each activity for which the accomplishment of the foundation's accomplishment of the secondarion's accomplishment of the secondarion accomplishment of the secondar	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calc Part XVI-B Relationship of Activities to 1 Line No. Explain below how each activity for which the accomplishment of the foundation's accomplishme	culations.) The Accomplish h income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribu	3	165

orm 99	0-PF (20								Pa	age 1 3
Part	XVII	Information Re Exempt Organi		fers To a	and Transact	ions and	Relationships With Noncha	ıritable	_	
		nization directly or in an section 501(c)(3)					ganization described in section 50 anizations?)1	Yes	No
a Tran	sfers fro	om the reporting foun	dation to a noncha	ritable exe	empt organizatio	on of:				
(1)	Cash.							1a(1)		No
(2)	Other a	issets						1a(2)		No
b Othe	er transa	actions:								
(1)	Sales o	f assets to a nonchar	itable exempt orga	nization .				1b(1)		No
(2)	Purchas	ses of assets from a r	oncharitable exem	pt organiz	ation			1b(2)		No
(3)	Rental	of facilities, equipmer	nt, or other assets.					1b(3)		No
(4)	Reimbu	ırsement arrangemen	ts					1b(4)		No
(5)	Loans o	or loan guarantees.						1b(5)		No
(6)	Perform	ance of services or m	embership or fund	raising sol	icitations			1b(6)		No
c Shar	ring of fa	acilities, equipment, n	nailing lists, other a	assets, or	paid employees			1c		No
(a) Line		(b) Amount involved	(c) Name of noncha				ther assets, or services received.	sharing arra	angeme	nts
	_									
desc	cribed in	ation directly or indire section 501(c) (other nplete the following so (a) Name of organizatio	r than section 501(chedule.	, c)(3)) or i	•		·	☑ No lationship		
	of my		, it is true, correct,				companying schedules and staten er (other than taxpayer) is based			
Sign Here	**	****			2020-05-15		re wii	ay the IRS d turn th the prepa		
	Sig	gnature of officer or t	rustee		Date	7	:.i_	low ee instr.) 🛭	✓ _{Yes} I	□ _{No}

Pa Pr Us

described i	idation directly or indirectly af in section 501(c) (other than somplete the following schedule (a) Name of organization	section 501(c)(3)	·	?			Yes ☑ No	
	(a) Name of organization		(b) Type of organ	iizatioii		(C) Description	on or relationship	
of my which	er penalties of perjury, I decla y knowledge and belief, it is ti h preparer has any knowledge	rue, correct, and						
ign lere	*****		2020-05-15 **		*****		May the IRS discuss this return with the preparer shown	
9	Signature of officer or trustee		Date	y	Title		below (see instr.) Yes No	
aid	Print/Type preparer's name Amanda Maya	Preparer's	: Signature	Date		Check if self- employed ▶ □	PTIN P01067777	
reparer Ise Only	Firm's name ▶ BKD LLP						Firm's EIN ▶	
•	Firm's address ► 2700 Pos HOUSTO	t Oak Blvd Ste 1 N, TX 77056	500				Phone no. (713) 499-4600	
							Form 990-PF (2019	

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

SUSAN J OSBORN

CASEY H OSBORN

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	NONE	PC	ACTIVITIES OF INTERNATIONAL MINISTRY	44,350
MERCY MULTIPLIED AMERICA INC PO BOX 111060	NONE	PC	ACTIVITIES OF NATIONAL ORGANIZATION	653,000

KANSAS CITY, MO 64129				
MERCY MULTIPLIED AMERICA INC PO BOX 111060 NASHVILLE, TN 37222	NONE	PC	ACTIVITIES OF NATIONAL ORGANIZATION	653,000
FOUNDATION FOR CHRISTIAN DISCIPLESHIP 810 MAIN STREET 299 SPEARFISH, SD 57783	NONE	PC	ACTIVITIES OF INTERNATIONAL ORGANIZATION	20,000

За

1,367,231

PO BOX 111060 NASHVILLE, TN 37222	HONE		ORGANIZATION	033,00
FOUNDATION FOR CHRISTIAN DISCIPLESHIP 810 MAIN STREET 299 SPEARFISH, SD 57783	NONE	PC	ACTIVITIES OF INTERNATIONAL ORGANIZATION	20,00

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
SPIRIT OF LIFE FOURSQUARE CHURCH 8934 SOUTH BALA STREET PO BOX 486	NONE	PC	ACTIVITIES IN NATIVE AMERICAN MINISTRIES	30,000

CROW AGENCY, MT 59022				
FIRST LIGHT CHILD CARE INC PO BOX 6351 SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	122,5

FIRST LIGHT CHILD CARE INC PO BOX 6351 SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	122,500
IN HIS WAKES INCPO BOX 120987 CLERMONT, FL 34712	NONE	PC	ACTIVITIES OF NATIONAL ORGANIZATION	68,313

▶ 3a

1,367,231

FIRST LIGHT CHILD CARE INC PO BOX 6351 SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	122,5
IN HIS WAKES INCPO BOX 120987	NONE	PC	ACTIVITIES OF NATIONAL	68 7

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
LEGACY MINISTRIES INCPO BOX 252 SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	66,000
KOT MINISTRIES INCOO BOY 1200E1	NONE	DC.	ACTIVITIES OF NATIONAL	15,000

SHERIDAN, WI 62601				
KOJ MINISTRIES INCPO BOX 120951 CLERMONT, FL 34712	NONE	PC	ACTIVITIES OF NATIONAL ORGANIZATION	15,000
JOEY'S FLY FISHING FOUNDATION 109 S MAIN STE B SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	12,000

Total				1,367,231
JOEY'S FLY FISHING FOUNDATION 109 S MAIN STE B SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	12,000
CLERMONT, FL 34712			ORGANIZATION	

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

recipient

Amount

Amount

NONE

BSIDEU FOR LIFE

Total .

701 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203				
SHERIDAN KIDS LIFEPO BOX 7296 SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	94,143

l PC

ACTIVITIES IN KY/IND AREA

■ 3a

30.000

1,367,231

SHERIDAN KIDS LIFEPO BOX 7296 SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	94,143
VOLUNTEERS OF AMERICA OF WY & MT 1876 SOUTH SHERIDAN AVENUE SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN REGIONAL AREA	57,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Doubleday Sports Complex 460 Sherman Ave Sheridan, WY 82801	NONE	PC	ACTIVITIES IN SHERIDAN AREA	43,592

0115 115405 400441 00175	NONE			10.000
Foursquare Missions International PO BOX 26776 LOS ANGELES, CA 90026	NONE	PC	NATIVE AMERICAN MINISTRIES	10,000
Sheridan, WY 82801				

Foursquare Missions International PO BOX 26776 LOS ANGELES, CA 90026	NONE	PC	NATIVE AMERICAN MINISTRIES	10,000
ONE HEART APSAALOOKE 4435 PALISADES PARK DRIVE BILLINGS, MT 59106	NONE	PC	NATIVE AMERICAN MINISTRY	10,000

PO BOX 26776 LOS ANGELES, CA 90026				
ONE HEART APSAALOOKE 4435 PALISADES PARK DRIVE BILLINGS, MT 59106	NONE	PC	NATIVE AMERICAN MINISTRY	10,000
Total			▶ 3a	1,367,231

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NONE

Paye 9. Cirla Club of Myamina

Total .

1701 East K Street Casper, WY 82604	NONE	PC	Activities in wyoming	5,000
Sheridan Foster Parent Exchange 1590 SUGARLAND DRIVE SUITE B	NONE	PC	ACTIVITIES IN WYOMING	8,000

DC

Activities in Myramina

■ 3a

E 000

1,367,231

Sheridan Foster Parent Exchange 1590 SUGARLAND DRIVE SUITE B SHERIDAN, WY 82801	NONE	PC	ACTIVITIES IN WYOMING	8,00
Sheridan Senior Center211 Smith Street	NONE	PC	Activities in Wyoming	35-

1590 SUGARLAND DRIVE SUITE B SHERIDAN, WY 82801				-,-
Sheridan Senior Center211 Smith Street	NONE	PC	Activities in Wyoming	3

SHERIDAN, WY 82801				1
Sheridan Senior Center211 Smith Street	NONE	PC	Activities in Wyoming	354

Sheridan Senior Center211 Smith Street	NONE	PC	Activities in Wyoming	
SHERIDAN, WY 82801			-	

Sheridan Senior Center211 Smith Street	NONE	PC	Activities in Wyoming	
SHERIDAN, WY 82801				

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

a Faid duffing the year				
Grace Anglican Church 1992 W 5TH STREET SHERIDAN, WY 82801	NONE	PC	Activities in Wyoming	5,000
_				

STIERESTRICT GEGGE				
Provision FundPO Box 561 Sheridan, WY 82801	NONE	PC	Activities in Wyoming	34,479
Sweetwater Against Trafficking	NONE	PC	Activities in Wyoming	2,000

Sheridan, WY 82801				
Sweetwater Against Trafficking 730 E HEALD STREET SHERIDAN, WY 82801	NONE	PC	Activities in Wyoming	2,000

Total .

1,367,231

■ 3a

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Restoration Church411 S WALSH DR CASPER, WY 826092306	NONE	PC	Activities in Wyoming	2,500

CASPER, WY 826092306				
Anchorage Independent School District 11400 RIDGE ROAD ANCHORAGE, KY 40223	NONE	PC	Activities in Kentucky	9,000
The Book Church1100 BIC HORN AVE	NONE	DC.	Activities in Wyoming	10.000

11400 RĬDGE ROAD ANCHORAGE, KY 40223			,	-,
The Rock Church1100 BIG HORN AVE SHERIDAN, WY 82801	NONE	PC	Activities in Wyoming	10,000

741011010102/111 10225				
The Rock Church1100 BIG HORN AVE SHERIDAN, WY 82801	NONE	PC	Activities in Wyoming	10,000
Total			▶ 3a	1.367.231

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Amount contribution

recipient

1,367,231

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Sheridan Weslevan Church	NONE	PC	Activities in Wyomina	15,000

Sheridan Wesleyan Church	NONE	PC	Activities in Wyoming	15,
404 W Brundage Ln Sheridan, WY 82801				
Sheridan, WT 02001				

any foundation manager

efile GRAPHIC print - DO NOT P	ROCESS As Filed D	ata -		DLN: 93491149007060		
TY 2019 Accounting Fees Schedule						
	Name: Seven Pi	llars Foundation				
	EIN: 26-3174574					
	LIN. 20-31/4	J/ T		1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	3,848					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491149007060 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule Name: Seven Pillars Foundation

EIN: 26-3174574

Description

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: Seven Pillars Foundation

FEDERAL TAXES RECEIVABLE

	EIN: 26-31/45/4	
Other Assets Schedule		

26 2474574

Beginning of Year -

Book Value

262

DLN: 93491149007060

End of Year - Fair

262

End of Year - Book Value

262

Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491149007060
TY 2019 Other Expenses Sche	edule			
Name:	Seven Pillars Fo	undation		
EIN: 26-3174574				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK & CREDIT CARD FEES	35			
OFFICE SUPPLIES	82			
SECRETARY OF STATE FEE	27			

15,424

15,424

GREATER THAN INITIATIVE

DLN: 93491149007060

Name: Seven Pillars Foundation

As Filed Data -

EIN: 26-3174574

efile GRAPHIC print - DO NOT PROCESS

INSURANCE REFUND

Other Income Schedule Description Revenue And Net Investment Adjusted Net Income **Expenses Per Books** Income

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	•	DL	N: 93491149007060
TY 2019 Taxes Schedule				_
	Seven Pillars 26-3174574	Foundation		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL - FORM 990-PF				

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491149007060	
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2019	
Name of the organization Seven Pillars Foundation			Employer	identification number	
Organization type (check	(one).		26-317457	4	
Organization type (check	Coney.				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization			
	☐ 4947(a)(1) nonexempt ch	naritable trust not treated as a p	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				
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.				
Special Rules					
under sections 509 received from any	n described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	3, 16a, or 16b, and that	
during the year, to	n described in section 501(c)(7), (tal contributions of more than \$1,0 e prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,		
during the year, co If this box is check purpose. Don't cor	n described in section 501(c)(7), (ontributions exclusively for religioused, enter here the total contribution mplete any of the parts unless the e, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions to le year for an <i>exclusively</i> r ganization because it rec	taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i>	
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line t I, line 2, to certify that it doesn't i	2, of its Form 990; or check th	e box on line H of its Forn		
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)	

for Form 990, 990-EZ, or 990-PF.

Employer identification number

Seven Pillars Foun	dation	26-3174574	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMIT TECHNOLOGIES INC 722 AIRFIELD LANE PO BOX 6785 SHERIDAN, WY 82801	\$ 947,545	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 Payroll Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	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 Payroll Noncash (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.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
	rganization ars Foundation		Employer identification number
Part III	than \$1,000 for the year from any one contribute	or. Complete columns (a) of exclusively religious, uctions.) ▶ \$	26-3174574 cribed in section 501(c)(7), (8), or (10) that total more through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship 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) Transfer of gift	
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)