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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. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation
THE GRIMM FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 172

City or town, state or province, country, and ZIP or foreign postal code
WAYMART, PA 18472

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \blacktriangleright \$ 92,555

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

A Employer identification number
38-7194349

B Telephone number (see instructions)

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here..... ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a)

Revenue and expenses per books

(b)

Net investment income

(c)

Adjusted net income

(d)

Disbursements for charitable purposes (cash basis only)

Revenue

1

Contributions, gifts, grants, etc., received (attach schedule)

180,000

2

Check ☐ if the foundation is **not** required to attach Sch. B

3

Interest on savings and temporary cash investments

182

182

182

4

Dividends and interest from securities

5a

Gross rents

b

Net rental income or (loss)

6a

Net gain or (loss) from sale of assets not on line 10

b

Gross sales price for all assets on line 6a

7

Capital gain net income (from Part IV, line 2)

8

Net short-term capital gain

9

Income modifications

10a

Gross sales less returns and allowances

b

Less: Cost of goods sold

c

Gross profit or (loss) (attach schedule)

11

Other income (attach schedule)

12

Total. Add lines 1 through 11

180,182

182

182

Operating and Administrative Expenses

13

Compensation of officers, directors, trustees, etc.

14

Other employee salaries and wages

15

Pension plans, employee benefits

16a

Legal fees (attach schedule)

b

Accounting fees (attach schedule)

c

Other professional fees (attach schedule)

17

Interest

18

Taxes (attach schedule) (see instructions)

3

19

Depreciation (attach schedule) and depletion

20

Occupancy

21

Travel, conferences, and meetings

22

Printing and publications

23

Other expenses (attach schedule)

24

Total operating and administrative expenses.
Add lines 13 through 23

3

0

0

25

Contributions, gifts, grants paid

202,053

26

Total expenses and disbursements. Add lines 24 and 25

202,056

0

202,053

27

Subtract line 26 from line 12:

a

Excess of revenue over expenses and disbursements

-21,874

b

Net investment income (if negative, enter -0-)

182

c

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

182

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	7,780	724	724
	2	Savings and temporary cash investments	106,649	91,831	91,831
	3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	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 ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	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) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	114,429	92,555	92,555	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds	114,429		
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds		92,555	
	29	Total net assets or fund balances (see instructions)	114,429	92,555	
30	Total liabilities and net assets/fund balances (see instructions) .	114,429	92,555		

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	114,429
2	Enter amount from Part I, line 27a	2	-21,874
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	92,555
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	92,555

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	201,620	128,393	1.570335
2017	85,100	7,841	10.853207
2016			
2015			
2014			

2 Total of line 1, column (d)	2	12.423542
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	6.211771
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	54,350
5 Multiply line 4 by line 3	5	337,610
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2
7 Add lines 5 and 6	7	337,612
8 Enter qualifying distributions from Part XII, line 4	8	202,053

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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 <input type="checkbox"/> 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	4
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	
3	Add lines 1 and 2.	3	4
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	4
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 <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a 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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 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 conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> _____		
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? <i>If "No," attach explanation.</i>	8b	Yes
9 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 taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>MEGAN SPAULDING</u> Telephone no. ► <u>(570) 488-6660</u>			

Located at ► PO BOX 172 PO BOX 172 WAYMART PA ZIP+4 ► 18472

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	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 over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of 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):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
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 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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 all years listed, answer "No" and attach statement—see instructions.)	2b	
c	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and 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 and deferred compensation	(e) Expense account, other allowances
ROBERT C GRIMM PO BOX 172 WAYMART, PA 18472	TRUSTEE 000.00	0	0	0
KARLA D GRIMM PO BOX 172 WAYMART, PA 18472	TRUSTEE 000.00	0	0	0
MEGAN SPAULDING 595 TORREY RD HONESDALE, PA 18431	TRUSTEE 1.00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(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. ▶		

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 such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during 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 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	55,178
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	55,178
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	55,178
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	828
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	54,350
6	Minimum investment return. Enter 5% of line 5.	6	2,718

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	2,718
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	4
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	4
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,714
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	2,714
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,714

Part 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	202,053
b	Program-related investments—total from Part IX-B.	1b	
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:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	202,053
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. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	202,053

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				2,714
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				85,036
e From 2018.				195,203
f Total of lines 3a through e.	280,239			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 202,053				
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.				2,714
e Remaining amount distributed out of corpus	199,339			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	479,578			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract 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 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 lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
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 required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	479,578			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				85,036
d Excess from 2018.				195,203
e Excess from 2019.				199,339

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 exempt activities					
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					
(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 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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a 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). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

ROBERT C GRIMM
PO BOX 172
WAYMART, PA 18472
(570) 488-6660

b The form in which applications should be submitted and information and materials they should include:

NAME, ADDRESS, PURPOSE.

c Any submission deadlines:

BY 12/31

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

NONE.

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	202,053
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments. . . .						
3 Interest on savings and temporary cash investments						182
4 Dividends and interest from securities. . . .						
5 Net rental income or (loss) from real estate:						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events:						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue: a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e). . .						182
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)						182

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
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1a(1)	No
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1a(2)		No
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1b(1)	No
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1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

value
ue[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

**Paid
Preparer
Use Only**

Print/Type preparer's name ALFRED D BECK CPA	Preparer's Signature	Date 2020-07-07	Check if self-employed <input type="checkbox"/>	PTIN P01381114
Firm's name ► BECK GOGOLSKI POSKA & CO INC				Firm's EIN ► 26-3397779
Firm's address ► 914 CHURCH ST HONESDALE, PA 18431				Phone no. (570) 253-4612

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALLEN OWENS15411 VILLA LAGO DRIVE TOMBALL, TX 77377	COUSIN	I	SUPPORT GLOBAL MISSION TRIPS	1,000
ANDREW HIGDON323 TWYMAN STREET HARLETON, TX 75651		I	SUPPORT GLOBAL MISSION TRIPS	500
BILLIE JO SHEMANSKI84 SAVAGE ROAD WAYMART, PA 18472		I	FINANCIAL SUPPORT-HUSBAND'S DEATH	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRANDIE WEIST458 FOX HILL ROAD HONESDALE, PA 18431		I	FINANCIAL SUPPORT-MEDICAL NEEDS	500
GLENN MARIE MILLER9 BRILL ROAD HONESDALE, PA 18431		I	FINANCIAL SUPPORT-DAUGHTER'S DEATH	100
BROOKLYN BECK COLLEGE FUND 851 COMMERCE BLVD SUITE 106 DICKSON CITY, PA 18519		I	FINANCIAL SUPPORT-MOTHER'S DEATH	2,500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROB ANNE DEVINE 6012 BRECKINRIDGE DRIVE MILTON, FL 32570		I	FINANCIAL SUPPORT-MEDICAL NEEDS	1,000
KENNETH DESOUZA300 TIMBERFALLS APT 8A BLAKELY, PA 18447		I	FINANCIAL SUPPORT-MEDICAL NEEDS	500
TEAMING UP FOR TOM ROBINSON 64 CROSSMAN ROAD PLEASANT MOUNT, PA 18453		I	FINANCIAL SUPPORT-MEDICAL NEEDS	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ABRAHAMSVILLE UNITED METHODIST CHUR 623 CALLICOON ROAD DAMASCUS, PA 18415		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	45
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123		PC	SUPPORT CANCER RESEARCH.	250
AMERICAN PASTORS NETWORK PO BOX 537 ELVERSON, PA 19520		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	5,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASTRAZENECA HOPE LODGE OF THE ACS 110 W LAUREL AVENUE CHELTENHAM, PA 19012		PC	PROVIDE LODGING FOR CANCER PATIENTS	45
BETHEL WOODSPO BOX 222 LIBERTY, NY 12754		PC	SUPPORT LOCAL ARTS, COMM PROGRAMS	1,000
BIBLE CENTERED MINISTIES INT'L 201 GRANITE RUN DRIVE SUITE 260 LANCASTER, PA 17601		PC	SUPPORT CHRISTIAN BELIEFS-CHILDREN	1,200
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CALVARY UNITED METHODIST CHURCH PO BOX J WAYMART, PA 18472		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	1,300
CAMP FREEDOM284 NUMBER 7 ROAD CARBONDALE, PA 18407		PC	SUPPORT-MILITARY/FIRST RESPONDERS	7,200
CANAAN BIBLE CHAPEL30 HEMLOCK RD LAKE ARIEL, PA 18436		PC	SUPPORT LOCAL CHURCH, EDUC PROGRAMS	1,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANAAN CHRISTIAN ACADEMY 30 HEMLOCK RD LAKE ARIEL, PA 18436		PC	SUPPORT LOCAL CHRISTIAN SCHOOL/EDUC	3,000
CARBONDALE YMCA82 N MAIN STREET CARBONDALE, PA 18407		PC	SUPPORT LOCAL ACTIVITIES AT YMCA	500
CARENETPO BOX 445 SCRANTON, PA 18501		PC	SUPPORT OF PREGNANCY CENTERS	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRAL MISSIONARY CLEARINGHOUSE PO BOX 219228 HOUSTON, TX 77218		PC	SUPPORT PRINCIPLES OF CHRISTIANITY	4,000
CENTRAL U METH CHURCH 205 11TH STREET HONESDALE, PA 18431		PC	SUPPORT CHRISTIAN TEACHINGS-MISSIONS	100
CHILD EVANGELISM FELLOWSHIP 461 GROVE STREET HONESDALE, PA 18431		PC	SUPPORT CHRISTIAN BELIEFS-CHILDREN	250
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S LIBRARY C/O RUDY GELNETT PUBLIC LIBRARY 1 N HIGH STREET SELINGSGROVE, PA 17870		PC	SUPPORT FOR CHILDREN'S LIBRARY	100
CHURCH OF THE EPIPHANY 25 CHURCH HILL DALTON, PA 18414		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	100
COMMONWEALTH FOUNDATION 225 STATE STREET SUITE 302 HARRISBURG, PA 17101		PC	SUPPORT IDEAS INTO PUBLIC POLICY	15,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DESSIN ANIMAL SHELTER 138 MILLER ROAD HONESDALE, PA 18431		PC	PROVIDE FOOD & SHELTER-HOMELESS PETS	350
DEVEREUX ADVANCED BEHAVIORAL HEALTH 1547 MILL CREEK ROAD NEWFOUNDLAND, PA 18445		PC	SUPPORT OF DEVELOPMENTAL NEEDS/EDUC	100
DORFLINGER-SUYDAM WILDLIFE SANCTUAR PO BOX 356 WHITE MILLS, PA 18473		PC	SUPPORT WILDLIFE PRESERVATION	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELKDALE BAPTIST CHURCH45 SR 2014 CLIFFORD TWP, PA 18470		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	100
ENDLESS MOUNTAIN HEALTH SYSTEMS HOSPITAL DRIVE MONTROSE, PA 18801		PC	SUPPORT LOCAL HOSPITAL/MEDICAL NEEDS	500
FIRST CONGREGATIONAL CHURCH HARFORD PO BOX 217 HARFORD, PA 18823		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLAGPO BOX 911 COLLEYVILLE, TX 76034		PC	SUPPORT FOR CIVICS EDUCATION	500
FRANKLIN HILL PRESBYTERIAN CHURCH 400 FRANKLIN HILL ROAD HALLSTEAD, PA 18822		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	100
FREEDOM LODGE 88 IOOFPO BOX 191 HONESDALE, PA 18431		PC	FINANCIAL SUPPORT-EDUC SCHOLARSHIPS	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE POOR 2300 ADAMS AVENUE SCRANTON, PA 18509		PC	SUPPORT/PROVIDE MEALS- PEOPLE IN NEED	200
GEO W BUSH PRESIDENTIAL CENTER 2943 SMU BLVD DALLAS, TX 75205		PC	SUPPORT FOR PRESIDENTIAL CENTER	5,000
GHP HOLIDAY LIGHTING FUND 32 COMMERCIAL STREET SUITE 3 HONESDALE, PA 18431		PC	SUPPORT LOCAL ACTIVITIES	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOOD NEWS MUSIC FOUNDATION INC PO BOX 172 HONESDALE, PA 18431		PC	SUPPORT CHRISTIAN BELIEFS THRU MUSIC	1,000
GRACE EPISCOPAL CHURCH THANKSGIVING TOGETHER 827 CHURCH STREET HONESDALE, PA 18431		PC	SUPPORT/PROVIDE MEALS- PEOPLE IN NEED	100
GRIFFIN POND ANIMAL SHELTER 967 GRIFFIN POND RD SOUTH ABINGTON TWP, PA 18411		PC	PROVIDE FOOD & SHELTER- HOMELESS PETS	100
Total ► 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HABITAT OF HUMANITY OF WAYNE COUNTY PO BOX 407 HONESDALE, PA 18431		PC	FINANCIAL SUPPORT-PROVIDE HOUSING	100
HAWLEY FIRE DEPARTMENTPO BOX 61 HAWLEY, PA 18428		PC	SUPPORT LOCAL VOLUNTEER FIRE COMPANY	100
HIGHLIGHTS FOUNDATION 814 COURT STREET HONESDALE, PA 18431		PC	SUPPORT-CHILDRENS LITERACY WORKSHOPS	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HONESDALE HIGH SCHOOL 459 TERRACE STREET HONESDALE, PA 18431		PC	SUPPORT-LOW INCOME FAMILIES-HOLIDAYS	250
HONESDALE LIONS CLUBPO BOX 40 BEACH LAKE, PA 18405		PC	FINANCIAL SUPPORT-DISABLED CHILDREN	100
HONESDALE LITTLE BASEBALL ASSOC 1168 OWEGO TURNPIKE HONESDALE, PA 18431		PC	SUPPORT FOR CHILDREN'S SPORTS	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPE MINISTRIES INCPO BOX 75 KENOZA LAKE, NY 12750		PC	SUPPORT OF LOCAL HOMELESS/NEEDY	885
HOSPICE OF THE SACRED HEART 100 WILLIAM STREET DUNMORE, PA 18510		PC	SUPPORT FOR FAMILIES AT END OF LIFE	450
HUMAN RESOURCES CENTER 294 BETHEL SCHOOL RD HONESDALE, PA 18431		PC	SUPPORT MENTAL/PHYSICAL HANDICAPS	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JAKE BURKHARDT MEM SCHOLARSHIP FUND 1327 ROOSEVELT HWY BLDG B WAYMART, PA 18472		PC	FINANCIAL SUPPORT FOR SCHOLARSHIPS	100
K-9 HERO HAVEN INC 176 MAHANOEY CREEK LANE HERNDON, PA 17830		PC	SUPPORT-WORKING DOG REHAB/ADOPT	250
KATE FRISCH CARMODY MEMORIAL FUND 401 KELLOW ROAD HONESDALE, PA 18431		PC	SUPPORT FOR MEDICAL/CANCER PATIENTS	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEYSTONE MISSION PO BOX 470 SCRANTON, PA 18501		PC	PROVIDE FOOD/CLOTHING TO THE NEEDY	2,153
LAKE COMO COMMUNITY OF HOPE PO BOX 330 LAKE COMO, FL 32157		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	100
MARANATHA BAPTIST UNIVERSITY 745 W MAIN STREET WATERTOWN, WI 53094		PC	SUPPORT MISSION TRIP TO INDONESIA	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MILFORD ENHANCEMENT COMMITTEE HISTORIC PRESERVATION TRUST PO BOX 1172 MILFORD, PA 18337		PC	SUPPORT OF HISTORICAL PRESERVATION	100
MISSIONARY RETREAT FELLOWSHIP 63 MISSIONARY RD JEFFERSON TWP, PA 18436		PC	PROVIDE HOUSING TO MISSIONARIES	1,000
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL STREET SUITE 200 NEWTON, MA 02458		PC	SUPPORT BRAIN TUMOR RESEARCH	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEPA BSA 72 MONTAGE MOUNTAIN ROAD MOOSIC, PA 18507		PC	SUPPORT OF SCOUTING ORGANIZATION	250
NEPA STUDENT MINISTRIES 2137 NEWTON RANSOM BLVD CLARKS SUMMIT, PA 18411		PC	SUPPORT CHRISTIAN TEACHINGS TO YOUTH	2,200
NEW PATH NOW10924 GRANT ROAD PMB 615 HOUSTON, TX 77070		PC	SUPPORT CHRISTIAN BELIEFS-TEENAGERS	45,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NJ SHARING NETWORK 691 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974		PC	SUPPORT FOR ORGAN/TISSUE DONATIONS	500
NOLAN CHILDREN COLLEGE BENEFIT FUND 733 MAIN STREET HONESDALE, PA 18431		I	FINANCIAL SUPPORT-SURVIVING CHILDREN	500
NORTH POCONO SOCCER ALUMNI ASSOC C/O CRAIG ARCURIE 105 WEDGEWOOD COURT ROARING BROOK TWP, PA 18444		PC	FINANCIAL SUPPORT-CHILDREN'S SPORTS	250
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PAN-MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494		PC	FINANCIAL SUPPORT FOR CANCER RESEARC	500
PARKINSON'S RESEARCH FOUNDATION 5969 CATTLEDGE BLVD SARASOTA, FL 34232		PC	FINANCIAL SUPPORT-MEDICAL RESEARCH	250
PECKVILLE ASSEMBLY OF GOD 3364 SCRANTON-CDALE HWY BLAKELY, PA 18447		PC	SUPPORT OF LOCAL CHURCH PROGRAMS	1,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PENNSYLVANIA ADULT & TEEN CHALLENGE PO BOX 98 33 TEEN CHALLENGE ROAD REHRERSBURG, PA 19550		PC	FINANCIAL SUPPORT-ADDICTION REHAB	16,150
PENNSYLVANIANS FOR HUMAN LIFE 400 WYOMING AVE SUITE 11 SCRANTON, PA 18505		PC	SUPPORT HUMAN LIFE	500
RACING WITH JESUS MINISTRIES PO BOX 286 TOLLAND, CT 06084		PC	SUPPORT MINISTRY TO RACING COMMUNITY	13,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SANDY COVE MINISTRIES 60 SANDY COVE ROAD NORTH EAST, MD 21901		PC	SUPPORT OF SCHOLARSHIP PROGRAMS	500
SCRANTON PREP1000 WYOMING AVE SCRANTON, PA 18509		PC	FINANCIAL SUPPORT-EDUCATION	250
SEEDS OF NEPA 1030 MAIN ST - 2ND FLOOR HONESDALE, PA 18431		PC	SUPPORT ENERGY EDUCATION/DEVELOPMENT	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH CLINTON BAPTIST CHURCH 1845 EASTON TPKE LAKE ARIEL, PA 18436		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	1,000
ST FRANCIS OF ASSISI KITCHEN 500 PENN AVENUE SCRANTON, PA 18509		PC	FOOD FOR THE HOMELESS AND NEEDY	600
ST JOHN THE EVANGELIST PARISH 414 CHURCH STREET HONESDALE, PA 18431		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH'S CENTER 2010 ADAMS AVENUE SCRANTON, PA 18509		PC	PROVIDE SUPPORT-DISABLED INDIVIDUALS	100
ST JOSEPHS CENTER FOUNDATION PO BOX 388 DUNMORE, PA 18512		PC	SUPPORT FOR DISABLED CHILDREN/ADULTS	500
ST JUDE CHILDRENS RESEARCH HOSPITAL PO BOX 50 MEMPHIS, TN 38101		PC	SUPPORT-CHILDRENS MEDICAL RESEARCH	25
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326		PC	FINANCIAL SUPPORT - NATIVE AMERICANS	100
SUMMIT CHRISTIAN ACADEMY 660 GRIFFIN POND ROAD SOUTH ABINGTON TWP, PA 18411		PC	SUPPORT LOCAL CHRISTIAN SCHOOL/EDUC	1,500
SUSQUEHANNA COUNTY LIBRARY 83 ERIE BLVD SUITE C SUSQUEHANNA, PA 18847		PC	SUPPORT LOCAL LIBRARY	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SALVATION ARMY LADORE CONFERENCE CENTER PO BOX G WAYMART, PA 18472		PC	SUPPORT OF LOCAL FAMILIES IN NEED	1,000
THE WAYMART CHURCH YOUTH MISSIONS 342 HONESDALE ROAD WAYMART, PA 18472		PC	SUPPORT LOCAL CHURCH/YOUTH MISSIONS	100
THIN SPACE AFRICAPO BOX 7471 BURBANK, CA 91505		PC	SUPPORT-ALLEVIATE POVERTY/DISEASE	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TREHAB CENTERPO BOX 366 MONTROSE, PA 18801		PC	SUPPORT DRUG/ALCOHOL ADD/RECOVERY	1,000
UNITED METHODIST HOMES FOUNDATION 10 ACRE PLACE BINGHAMTON, NY 13904		PC	SUPPORT OF SENIOR LIVING CAMPUSES	500
UNITED NEIGHBORHOOD CENTER 425 ALDER STREET SCRANTON, PA 18505		PC	SUPPORT LOCAL LOW-INCOME FAMILIES	1,000
Total ► 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF LACKA & WAYNE CO 615 JEFFERSON AVE SCRANTON, PA 18501		PC	SUPPORT FOR LOCAL FAMILIES IN NEED	1,000
VICTORY JUNCTION4500 ADAMS WAY RANDLEMAN, NC 27317		PC	SUPPORT CHILDREN W/TERMINAL ILLNESS	500
VOLUNTEERS OF AMERICA 25 N RIVER STREET WILKESBARRE, PA 18702		PC	SUPPORT FOR HOUSING/OTHER SVCS	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAYMART CHURCH342 HONESDALE RD WAYMART, PA 18472		PC	SUPPORT LOCAL CHURCH/EDUC PROGRAMS	5,000
WAYMART LODGE 542PO BOX 236 WAYMART, PA 18472		PC	SUPPORT OF PROGRAMS/GOODWILL	300
WAYMART PRESBYTERIAN CHURCH PO BOX 323 WAYMART, PA 18472		PC	SUPPORT CHURCH/CHRISTIAN TEACHINGS	2,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAYMART VOLUNTEER FIRE COMPANY PO BOX 186 WAYMART, PA 18472		PC	SUPPORT COMMUNITY FIRE PROTECTION	1,900
WAYNE COUNTY CHILDREN & YOUTH SVCS 648 PARK ST SUITE C HONESDALE, PA 18431		PC	AIDING CHILDREN IN NEED	100
WAYNE COUNTY COMMUNITY FOUNDATION 214 9TH STREET HONESDALE, PA 18431		PC	SUPPORT LOCAL NEEDS FOR GROWTH	500
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAYNE COUNTY HISTORICAL SOCIETY PO BOX 446 HONESDALE, PA 18431		PC	SUPPORT OF HISTORICAL PRESERVATION	800
WAYNE COUNTY PUBLIC LIBRARY 1406 MAIN STREET HONESDALE, PA 18431		PC	SUPPORT OF LOCAL LIBRARY	3,250
WAYNE LIBRARY ALLIANCE PO BOX 269 HONESDALE, PA 18431		PC	SUPPORT OF LOCAL PUBLIC LIBRARY	1,000
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WAYNE MEMORIAL HEALTH FOUNDATION 601 PARK STREET HONESDALE, PA 18431		PC	SUPPORT LOCAL HOSPITAL/MEDICAL NEEDS	30,000
WAYNE MEMORIAL HOSPICE 601 PARK STREET HONESDALE, PA 18431		PC	FINANCIAL SUPPORT OF HOSPICE CARE	100
WAYNE-PIKE SHRINERS FUND 489 ST TIKHONS ROAD WAYMART, PA 18472		PC	FINANCIAL SUPPORT-MEDICAL RESEARCH	100
Total ▶ 3a				202,053

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHITE MILLS FIRE COMPANY 695 TEXAS PALMYRA HWY WHITE MILLS, PA 18473		PC	SUPPORT-LOCAL VOLUNTEER FIRE COMPANY	100
WRGN RADIO2457 ROUTE 118 HUNLOCK CREEK, PA 18621		PC	SUPPORT CHRISTIAN VALUES THRU RADIO	500
YOUTH FOR CHRIST BOX 3691 1613 JACKSON ST SCRANTON, PA 18504		PC	SUPPORT CHRISTIAN TEACHINGS	600
Total ▶ 3a				202,053

TY 2019 Taxes Schedule**Name:** THE GRIMM FOUNDATION**EIN:** 38-7194349

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX	3			

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491189020040	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019
Name of the organization THE GRIMM FOUNDATION				Employer identification number 38-7194349	

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, 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
THE GRIMM FOUNDATION

Employer identification number
38-7194349

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES W GRIMM CONSTRUCTION INC P O BOX X WAYMART, PA 18472	\$ 165,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	MATTHEW GRINDEL 4084 REDBUD CIRCLE DOYLESTOWN, PA 18902	\$ 15,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE GRIMM FOUNDATION	Employer identification number 38-7194349
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	

Name of organization THE GRIMM FOUNDATION	Employer identification number 38-7194349
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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 information once. See instructions.) ► \$ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	