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

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Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PFfor instructions and the latest information. Open to Public Inspection For calendar year 2019 or tax year beginning , 2019, and ending Name of foundation A Employer identification number KNIER FAMILY FOUNDATION Revenus Borvios Room/suite 56-2061224 Number and street (or P O box number if mail is not delivered to street address)

Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) 303 P.O. BOX 75000 252-467-4743 City or town, state or province, country, and ZIP or foreign postal code 20**20** C If exemption application is pending, check here. DETROIT, MI 48275-7874 G Check all that apply. Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . H Check type of organization: | X | Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here 🔒 🕨 Other (specify) (Part I, column (d), must be on cash basis.) **16)** ▶ \$ 1,890,230 (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) . if the foundation is not required to Check > attach Sch B. 3 Interest on savings and temporary cash investments-49,976 49,703 Dividends and interest from securities . . . Gross rents Net rental income or (loss) 8,356 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 63,755 8,356 Capital gain net income (from Part IV, line 2) . 8 Income modifications Gross sales less returns and allowances . . . 10a Less Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 58,332 58,059 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. NONE Expenses NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits Legal fees (attach schedule) 16a 1,000 500 500 Accounting fees (attach schedule) **Administrative** 9,299 9,299 Other professional fees (attach schedule) . . . 17 136 136 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. 20 NONE NONE 21 Travel, conferences, and meetings and NONE NONE 22 Printing and publications Operating 22 96 96 Other expenses (attach schedule) Total operating and administrative expenses. 500 10,031 NONE 10,531 Add lines 13 through 23. 96,365 96,365

JSA For Paperwork Reduction Act Notice, see instructions.

Subtract line 26 from line 12

26

27

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Contributions, gifts, grants paid

Total expenses and disbursements Add lines 24 and 25

Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

10,031

48,028

106,896

-48,564

Form **990-PF** (2019)

96,865

NONE

P	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year
_			description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	ıg			
i	2		ash investments	240,435.	231,270	. 231,270
	3					
			tful accounts >			
	4	Pledges receivable ▶				
		Less: allowance for doub	tful accounts >		L	}
	5 ~	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ich schedule) (see instructions)			
	7		ceivable (attach schedule) 🕨			
		Less: allowance for doub	tful accounts > NONE			
ţ	8		e			
Assets	9	Prepaid expenses and de	eferred charges			
Ä	10a	Investments - U.S and state	government obligations (attach schedule)			
	ь	Investments - corporate	stock (attach schedule) . STMT .1	565,584.	565,584	1,354,674
	_ C	Investments - corporate	bonds (attach schedule) . STMT .2 [381,681.	326,282	. 304,286
	11	Investments - land, buildings and equipment basis	s, >	,		
		Less accumulated deprecia	tion ▶			
	12		loans			
	13	Investments - other (atta-	ch schedule)			<u> </u>
	14	Land, buildings, and equipment: basis				
		Less: accumulated deprecia (attach schedule)	tion			
	15	Other assets (describe	· <u></u>			<u> </u>
	16		completed by all filers - see the	ļ		
_		instructions. Also, see pa	ge 1, item I)	1,187,700.	1,123,136	. 1,890,230
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
Liabilities	19	Deferred revenue				<u> </u>
Ħ	20		rs, trustees, and other disqualified persons			
iab	21		tes payable (attach schedule)			
_	22	Other liabilities (describe	· -)			
					17017	
_	23		s 17 through 22)	·	NON	<u> </u>
Balances			FASB ASC 958, check here			
2		and complete lines 24,	·			
ala	24		r restrictions			
	25		strictions · · · · · · · · · · · · · · · · · · ·			
Š		and complete lines 26 thro				
or Fund]		ipal, or current funds	1,187,700.	1,123,136]
	26 27		land, bldg , and equipment fund	1/10///001	1/100/100	
ë	28		ated income, endowment, or other funds			Ţ ,
ASS	29	-	balances (see instructions)	1,187,700.	1,123,136	1
Net Assets	30		net assets/fund balances (see			
ž				1,187,700.	1,123,136	
Р	art I		nges in Net Assets or Fund Bala			
		al net assets or fund b	palances at beginning of year - Part	II, column (a), line 29 (must agree with	
			d on prior year's return)			1,187,700.
2			line 27a			-48,564.
3			ded in line 2 (itemize) MUTUAL FUND 1			92.
4	Add	d lines 1, 2, and 3			4	1,139,228.
5			line 2 (itemize) ► TAXABLE INCOME VS			16,092.
_6	Tot	al net assets or fund b	alances at end of year (line 4 minus li	ine 5) - Part II, column (t	o), line 29 6	1,123,136.
		-				Form 990-PF (2019)

Part	V Capital Gains	and Losses for Tax on Inve	stment Income			Page 3
	(a) List and des	cribe the kind(s) of property sold (for exick warehouse; or common stock, 200	kample, real estate,	(b) How acquired P · Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	PUBLICLY TRADED	SECURITIES		D - Donation		
ь						
С						
<u>d</u>						
<u>e</u>						<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
<u>a</u>	63,755.		55,399.			8,356.
b		·				
c				<u> </u>		
d					-	
е	Complete only for access sh	owing gars in solumn (b) and award b	v the foundation on 12/21/60	ļ 		
	Complete only for assets sit	owing gain in column (h) and owned b			Gains (Col. (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI.	Losses (from co	l. (h))
<u>a</u>						8,356.
<u>b</u>		· · · · · · · · · · · · · · · · · · ·				
	_					
<u>d</u> e				<u> </u>		
2	Capital gain net income	or (net capital loss)	pin, also enter in Part I, line 7	2		8,356.
3	Net short-term capital ga	ain or (loss) as defined in sections		- -		0,330.
-		art I, line 8, column (c). See ins		} }		
	_	<u></u> <u></u>		3		
Pari	V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
Was			outable amount of any year in the boon or complete this part.	ase perio	d?	Yes X No
1	Enter the appropriate an	nount in each column for each yea	r; see the instructions before making	ng any en	tries.	
Calo	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col. (b) divided by	
	2018	500.	1,798,130.			0.000278
	2017	87,350.	1,783,631.			0.048973
	2016	83,879.	1,672,437.			0.050154
	2015	85,766.				0.050872
	2014	103,963.	1,735,522.		 ·	0.059903
		,		ļ ļ		
2	Total of line 1, column (d)		2		0.210180
3	_	o for the 5-year base period - divid				0.040036
	the number of years the	foundation has been in existence	if less than 5 years	3		0.042036
4	Enter the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4	1,	<u>757,201.</u>
5	Multiply line 4 by line 3			5		73,866.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		480.
7	Add lines 5 and 6			7_		74,346.
8	Enter qualifying distribu If line 8 is equal to or g Part VI instructions.	tions from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	that part	using a 1% tax	96,865. c rate. See the

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Х

X

Х

8b

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Part	VII-A Statements Regarding Activities (continued)			
		Г	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
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		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► COMERICA BANK Telephone no. ► (313) 222	-356	8	
	Located at ► 411 WEST LAFAYETTE M/C 3420, DETROIT, MI ZIP+4 ► 48226			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	Ш
	and enter the amount of tax-exempt interest received or accrued during the year		т	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	l		
Dave	the foreign country	<u> </u>		
raru	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	res	140
18	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? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1		•
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	ļ	
	(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)?	ĺ	j .	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1	1	
	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.)			
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			
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	 	<u>X</u>
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)).	1		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
.	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		1	
D	(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.			
-	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ļ	ļ	
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	۱		
	foundation had excess business holdings in 2019.)	3b	-	v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+	<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b	1	х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?		0-PF	(2019)

_rar	VII-B	Statements Regarding Activities f	or which form a	1/20 IVIAY BE REC	l uired (continued)	1		
5a	During the	year, did the foundation pay or incur any amo					Yes	No
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X	Vo OV	1	1
		nce the outcome of any specific public ele						
		ly or indirectly, any voter registration drive?				Vo		
		de a grant to an individual for travel, study, or o				Vo		
		de a grant to an organization other than a						
		n 4945(d)(4)(A)? See Instructions				Vo		ļ
		le for any purpose other than religious, ch						1
		ses, or for the prevention of cruelty to children				No] .	
b		swer is "Yes" to 5a(1)-(5), did any of the						i
		ns section 53.4945 or in a current notice regar						
		ons relying on a current notice regarding disas				▶		
C		swer is "Yes" to question 5a(4), does the						ŀ
		maintained expenditure responsibility for the		•		No		
		tach the statement required by Regulations se	-				1	
6a		oundation, during the year, receive any fun		ectiv, to pay premiu	ms			
		onal benefit contract?				No		
b	Did the fo	undation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contri	act?	. 6b		Х
		6b, file Form 8870.		•				
7a	At any tim	e during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	Yes X N	No		
b	If "Yes," di	d the foundation receive any proceeds or have	any net income attri	outable to the transact	ion?	. 7b		
8	Is the four	ndation subject to the section 4960 tax on paye	ment(s) of more than	\$1,000,000 in				
	remunerat	ion or excess parachute payment(s) during the	year?	<u> </u>	. Yes X N			
Par	VIII	Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manageı	s, Highly Paid Em	ployees,		
1	List all off	icers, directors, trustees, and foundation	n managers and ti	neir compensation.	See instructions.			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to	(e) Expen	se accou	ınt,
		(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)			se accou	unt, Is
	N J. KNIEF	}	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deforred compensation		se accou lowance	unt,
1400	CRESCENT (R GREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		se accou lowance	-0-
1400 BONNI	CRESCENT (B J. KNIE	R GREEN DR, CARY, NC 25711 R	hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se accou	-0-
1400 BONNI	CRESCENT (B J. KNIE	R GREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deforred compensation		se accou	-0-
1400 BONNI	CRESCENT (B J. KNIE	R GREEN DR, CARY, NC 25711 R	hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se accou	-0-
1400 BONNI	CRESCENT (B J. KNIE	R GREEN DR, CARY, NC 25711 R	hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		Se accou	-0-
1400 BONNI	CRESCENT (B J. KNIE	R GREEN DR, CARY, NC 25711 R	hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se accou	-0-
1400 BONNI 1400	CRESCENT (B J. KNIER CRESCENT (REEN DR, CARY, NC 25711 REEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(c) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -	other al	lowance	-0- -0-
1400 BONNI 1400	CRESCENT (B J. KNIER CRESCENT (R GREEN DR, CARY, NC 25711 R	hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(c) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -	other al	lowance	-0- -0-
1400 BONNI 1400	CRESCENT (B J. KNIEH CRESCENT (COMPENSE "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0-	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to	ions). If n	one,	-0- -0- enter
1400 BONNI 1400	CRESCENT (B J. KNIEH CRESCENT (COMPENSE "NONE."	REEN DR, CARY, NC 25711 REEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those	(c) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - (d) Contributions to employee benefit plans and deferred	other al	one,	-0- -0-
1400 BONNI 1400	CRESCENT (B J. KNIEH CRESCENT (COMPENSE "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - (d) Contributions to employee benefit	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - (d) Contributions to employee benefit plans and deferred	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 BONNI 1400 2	CRESCENT (B J. KNIER CRESCENT (Compense "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those)	(c) Compensation (if not paid, enter -0-) -0- -0- (c) Compensation (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one,	-0- -0-
1400 30NNI 1400 2 (a)	CRESCENT (B J. KNIEH CRESCENT (Compensa "NONE."	GREEN DR, CARY, NC 25711 R SREEN DR, CARY, NC 25711	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than those than those devoted to position	(c) Compensation (If not paid, enter -0-) -0- -0- (c) Compensation NONE	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred compensation	ions). If n	one, one account of the season	-0- -0- enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managand Contractors (continued)	gers, Highly Paid Employ	/ees,
3 Five I	ighest-paid independent contractors for professional services. See instruct	ons. If none, enter "NONE	п
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			_ NONE
			<u> </u>
Total numb	er of others receiving over \$50,000 for professional services		NONE
Part IX-A	Summary of Direct Charitable Activities		
	ndation's four largest direct charitable activities during the tax year include relevant statistical info	rmation such as the number of	Expenses
1N/A			
2			
		l	
3	•		
Δ			
·			
Part IX-B	Summary of Program-Related Investments (see instructions)	- ····	
	e two largest program-related investments made by the foundation during the tax year on lines 1 and	2.	Amount
1 <u>N/A</u>			
			
£			
All other pr	ogram-related investments. See instructions		
3 NONE			
-			
Total. Add i	ines 1 through 3	· · · · · · · · · <u>· · · · ▶</u>]	

Form 990-PF (2019)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
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 1,	558,921.
	Average of monthly cash balances	1b	193,834.
	Fair market value of all other assets (see instructions)	1c	31,205.
d	Total (add lines 1a, b, and c)	1d 1.	783,960.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d		783,960.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		705/200.
•	instructions)	4	26,759.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		757,201.
6	Minimum investment return. Enter 5% of line 5	6	87,860.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun		07,000.
	and certain foreign organizations, check here ▶ and do not complete this part.)	Journal	
1	Minimum investment return from Part X, line 6	1	87,860.
2 a			077000.
	Income tax for 2019. (This does not include the tax from Part VI.).		
	Add lines 2a and 2b	2c	480.
3	Distributable amount before adjustments, Subtract line 2c from line 1	· · · · · · · · · · · · · · · · · · ·	87,380.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	87,380.
	Deduction from distributable amount (see instructions)	6	NONE
6	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		NOME
7		7	07 200
_	line 1	· · · · · · · · · · · · · · · · · · ·	87,380.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	96,865.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	96,865.
5	Foundations that qualify under section 4940(e) for the reduced rate of tex on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	480.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		96,385.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years.	<u>-</u>	

Form 990-PF (2019)

Pai	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•	line 7	<u>-</u>			
•	Undistributed income, if any, as of the end of 2019:	-			87,380.
	Enter amount for 2018 only			94 279	
	Total for prior years 20,20,20	——————————————————————————————————————	NONE	84,378.	
	Excess distributions carryover, if any, to 2019:		NONE		
	From 2014 NONE				
	From 2015 NONE				
	From 2016 NONE				
	NONE	,			
	From 2017 NONE From 2018 NONE				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2019 from Part XII,				
7	line 4: ► \$ 96,865.				·
	Applied to 2018, but not more than line 2a			84,378.	
				01/3/0.	
D	Applied to undistributed income of prior years (Election required - see instructions)		NONE	Í	
_	·				· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election required - see instructions)	иоив			
d	Applied to 2019 distributable amount				12,487.
-	Remaining amount distributed out of corpus	NONE			
	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract			İ	
	line 4b from line 2b		NONE_		
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)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		
	amount - see instructions		NONB		
•	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				74,893.
	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 be required - see instructions)	NONE			
	Excess distributions carryover from 2014 not				
0	applied on line 5 or line 7 (see instructions)	NONE			·-·
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9:				
а	Excess from 2015 NONE				
	Excess from 2016 NONE				
	Excess from 2017 NONE		j		
	Excess from 2018 · · · NONE		l		
	Excess from 2019 NONE				Form 990-PF (2019)

Form	990:PF (2019)			56-	2061224	Page 10
Pai	t XIV Private Ope	erating Foundations	(see instructions	and Part VII-A, quest	tion 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter t	hat it is a private ope	erating	
	foundation, and the ruling	g is effective for 2019, en	ter the date of the ruli	ng	▶	
	Check box to indicate v		is a private operatin		in section 49	42(j)(3) or 4942(j)(5)
28	Enter the lesser of the ad- justed net income from Part	Tax year		Prior 3 years		(e) Total
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	/ (0) 1012
	return from Part X for each				/	
	year listed					
b	85% of line 2a		-			
C	Qualifying distributions from Part XII, line 4, for each year listed					
d	Amounts included in line 2c not		_			
	used directly for active conduct of 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					
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 invest-					
	ment 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 socurities				1	
	loans (section 512(a)(5)), or royalties)		•			
	(2) Support from general					
	public and 5 of more exempt organizations as					
	provided in section 4942					
	(3) Largest amount of sup-					
	por from an exempt organization					
	(4) Gross investment income.					
Pai				rt only if the found	ation had \$5,000	or more in assets at
_		uring the year - see				
1	Information Regarding	-		are than 2% of the to-	tal contributions ro	ceived by the foundation
a	before the close of any					
	NONE		•			
ь		the foundation who	own 10% or more	of the stock of a cor	poration (or an equ	ually large portion of the
	ownership of a partner					,, jo postati et ano
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:		
						s and does not accept
				rants, etc., to individu	ials or organizations	s under other conditions,
	complete items 2a, b, o	·				
а	The name, address, an	•	r email address of th	ie person to whom app	plications should be	addressed:
L	SEE STATEMENT 3 The form in which app		mitted and informs	tion and materials they	should include:	· · · · · · · · · · · · · · · · · · ·
D	• •			uon anu matemais mey	anould include.	
	SEE ATTACHED ST	TATEMENT FOR DI	INC Z			
Ç	Any submission deadli	nes:				
	SEE ATTACHED ST		NE 2			
	· · · · · · · · · · · · · · · · · · ·					
4	Any restrictions or li	mitations on awards	such as by gene	raphical areas charit	able fields kinds	of institutions, or other

SEE ATTACHED STATEMENT FOR LINE 2

Form **990-PF** (2019)

3 Grants and Contributions Paid Du	iring the Year or App	oved for	Future Payment	
Grants and Contributions Paid Du Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				•
ODD COMMONOR 4.0		}		
SEE STATEMENT 10				96,36
	-			
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Total			▶ 3a	96,30
Approved for future payment				
Approved for rations paymont		•	•	
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nter gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income
I					(See instructions.
		···	 		
Fees and contracts from government agencies		<u> </u>			
Membership dues and assessments					
nterest on savings and temporary cash investments			14	49,976.	
Dividends and interest from securities		-	 -	40,010.	
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other then inventory			18	8,356.	
let income or (loss) from special events	<u> </u>		-		
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue. a	ļ				
					
Subtotal. Add columns (b), (d), and (e)	ulations.)				58,3
institution in the state of the	ulations.) s to the A	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the second second second second second second second second sec	ulations.) s to the A	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribu	uted importantly to
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the second section of the section of the second section of the section of the second section of the second section of the section of the section of the	ulations.) s to the A	ccomplishment of E h income is reported at purposes (other then	xempt Purplin column (e	ooses of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the second section of the section of the second section of the section of the second section of the second section of the section of the section of the	ulations.) s to the A	ccomplishment of E h income is reported at purposes (other then	xempt Purplin column (e	ooses of Part XVI-A contribu	uted importantly to
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the second section of the section of the second section of the section of the second section of the second section of the section of the section of the	ulations.) s to the A	ccomplishment of E h income is reported at purposes (other then	xempt Purplin column (e	ooses of Part XVI-A contribu	uted importantly to
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the second section of the section of the second section of the section of the second section of the second section of the section of the section of the	ulations.) s to the A	ccomplishment of E h income is reported at purposes (other then	xempt Purplin column (e	ooses of Part XVI-A contribu	uted importantly to

Form 990-PF (2	019)					56-2061224	1		Pag	e 13
Part XVII	Information Ro Organizations	egarding Tran	sfers to and	Transactions	s and			Noncharitable		
ın sec	e organization direct tion 501(c) (other zations?	tly or indirectly than section	engage in any of 501(c)(3) organ	f the following nizations) or	with a	any other organi tion 527, rela	zation o	described political	Yes	No
-	ers from the reportin	a foundation to	a noncharitable e	exempt organi	zation c	of•]		
(1) Ca	sh							1 _{1a(1)}		Х
(2) Ot	ner assets							1a(2)		X
	transactions:									
	les of assets to a nor								<u> </u>	X
	rchases of assets fro								\vdash	X
	ntal of facilities, equi imbursement arrang									X
	ans or loan guarante									X
	rformance of service									X
c Sharin	g of facilities, equipn	nent, mailing list	s, other assets, o	r paid employ	ees			1c		X
	answer to any of the									
	of the goods, other									
(a) Line no.	in any transaction o		oncharitable exempt			e of the goods, escription of transfer				
tar cine no.	10) Allook involved	(c) realise of the	Onchantable exempt	organization	(0) (0)	escription of transfer	s, transact	ions, and snaring arra	ngemen	its
		+		-						
		 								
										
	· · · · · · · · · · · · · · · · · · ·	1					•			
		 								
								· · · · · · · · · · · · · · · · · · ·		
										
		 	. 							
2a le the	foundation directly	or indirectly of	filiated with or a	related to one	or me	ore tay-evemnt	organiza	ations		
	bed in section 501(c	•	· · · · · · · · · · · · · · · · · · ·	-		•	-		es X	No
	," complete the follo									
	(a) Name of organization		(b) Type	of organization		(c)	Descripti	on of relationship		
	<u> </u>			 						
_						<u> </u>	<u>_</u>			
_		1								
	r penalties of perjur, I deci						the best o	f my knowledge and l	sellef, h i	is true,
Sign Sign	ct, and complete Declaration	or preparar (other than t	axpayer) is based on all if	normation of which	<i>چُ</i>	C IIIOWINDUB.	1	May the IRS discus	s this	return
Horo		5) Use	lock		STEE	'	with the preparer	shown b	elow?
3,9	nature of officer or trustee		Date		Title			See instructions.	Yes	ΧNο
<u>S'</u>	<u> Print/Type preparer's n</u>		Proparer's pigna	ture / //		Date	l cr-	ck if PTIN		
Paid	BRADLEY N SI		Buller	1\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		11/09/20	Che Self	~`∟ 」"	4256	1
Preparer		PMG LLP			_		Firm's EIN			
Use Only			RAL AVE, STE	₹ 700 (700 × 7	_	<u>`</u>				
		HOENIX, AZ			004		Phone no.	855-807-3		
								Form 99	0-PF (2019)

KNIER FAMILY FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

ENDING ENDING BOOK VALUE FMV	80,944. 241,125. 429,231. 1,035,692. 30,780. 45,380. 24,629. 32,477. 565,584. 1,354,674.
BEGINNING BOOK VALUE BOOK	80,944. 429,231. 30,780. 24,629.
	TOTALS
DESCRIPTION	CORPORATE STOCK MUTUAL FUNDS - EQUITY FOREIGN STOCKS REIT'S ETF

STATEMENT

FORM 990PF, PART II - CORPORATE BONDS

ENDING FMV	304,286.
ENDING BOOK VALUE	326,282.
BEGINNING BOOK VALUE	381,681.
	TOTALS
DESCRIPTION	CORPORATE BONDS

STATEMENT

RECIPIENT NAME:

STEVE & BONNIE KNIER

ADDRESS:

1400 CRESCENT GREEN DR

CARY, NC 27511

RECIPIENT'S PHONE NUMBER: 919-816-1660

FORM, INFORMATION AND MATERIALS:

LETTER FORM WITH IRS DETERMINATION LETTER STATING

THE PURPOSE OF THE GRANT REQUEST

SUBMISSION DEADLINES:

DECEMBER 1ST

RESTRICTIONS OR LIMITATIONS ON AWARDS:

LIMITED TO AWARDS FOR EDUCATION, RESEARCH AND/OR

MEDICAL ASSISTANCE

RECIPIENT NAME:

LEUKEMIA & LYMPHOMA SOCIETY

ADDRESS:

401 HARRISON OAKS BLVD STE 200

CARY, NC 27513

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,300.

RECIPIENT NAME:

PRETTY IN PINK FOUNDATION INC

ADDRESS:

5171 GLENWOOD AVE STE 360

RALEIGH, NC 27612

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 550.

RECIPIENT NAME:

JDRF INTERNATIONAL

ADDRESS:

200 VESEY STREET

NEW YORK, NY 10281

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 100.

RECIPIENT NAME:

ST MICHAELS SCHOOL AND NURSERY INC

ADDRESS:

305 E 7TH ST

WILMINGTON, DE 19801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,645.

RECIPIENT NAME:

DUKE UNIVERSITY - PRESTON ROBERT TISCH
BRAIN TUMER CENTER

ADDRESS:

324 BLACKWELL STREET

DURHAM, NC 27701

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,550.

RECIPIENT NAME:

ROMAN CATHOLIC DIOCESE OF RALEIGH

ADDRESS:

4700 HOMEWOOD CT STE 320

RALEIGH, NC 27609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,000.

RECIPIENT NAME:

THE YOUNG MEN'S CHRISTIAN

ASSOCIATION OF THE TRIANGLE AREA

ADDRESS:

801 CORPORATE CENTER DRIVE STE 200

RALEIGH, NC 27607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 2,200.

KNIER FAMILY FOUNDATION 56-2061224 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CARDINAL GIBBONS HIGH SCHOOL ADDRESS: 1401 EDWARDS MILL RD RALEIGH, NC 27607 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL ENDOWMENT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: BOYS CLUB OF WAKE COUNTY, INC ADDRESS: 701 N RALEIGH BOULEVARD RALEIGH, NC 27610 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SUPPORT OF DAILY ACTIVITIES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: FOOD BANK OF CENTRAL & EASTERN NC. INC ADDRESS: 1924 CAPITAL BLVD

AMOUNT OF GRANT PAID

STATEMENT 7

RALEIGH, NC 27604-2147

SUPPORT OF DAILY ACTIVITIES FOUNDATION STATUS OF RECIPIENT:

RELATIONSHIP:

PURPOSE OF GRANT:

NONE

1,000.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

AUTISM FOUNDATION OF NORTH CAROOLINA INC

ADDRESS:

5121 KINGDOM WAY STE 100

RALEIGH. NC 27607

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

WESTERN WAKE CRISIS MINISTRY

ADDRESS:

103 EAST CHATHAM STREET

APEX, NC 27502

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHILDREN'S FLIGHT OF HOPE

ADDRESS:

205 NEW EDITION COURT

CARY, NC 27511

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:

P

AMOUNT OF GRANT PAID 2,000.

8

CARY, NC 27519 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF DAILY ACTIVITIES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 515.

RECIPIENT NAME: ST MARY MAGDALENE CHURCH ADDRESS: 625 MAGDALA PLACE APEX, NC 27502 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 10,805. RECIPIENT NAME:
THE CARYING PLACE INC
ADDRESS:
PO BOX 622
CARY, NC 27512
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 5,600.

RECIPIENT NAME:
ST JUDE CHILDRENS RESEARCH HOSPITAL INC
ADDRESS:
262 DANNY THOMAS PL.
MEMPHIS, TN 38105
RELATIONSHIP:

NONE
PURPOSE OF GRANT:
SUPPORT OF DAILY ACTIVITIES
FOUNDATION STATUS OF RECIPIENT:
PC

RECIPIENT NAME:
HISTORIC TOXAWAY FOUNDATION
ADDRESS:
PO BOX 264
LAKE TOXAWAY, NC 28747
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT OF DAILY ACTIVITIES

FOUNDATION STATUS OF RECIPIENT:
PC

TOTAL GRANTS PAID: 96,365.

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