

EXTENDED TO NOVEMBER 16, 202

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

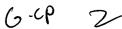
Do not enter social security numbers on this form as it may be made public.

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

Ford	alendar year 2019 or tax year beginning DEC	12, 2019	, and ending	DEC 31, 2019	)
Nan	ne of foundation			A Employer identification	n number
	UR WARRANTA RANKET HOURINA	TON	• •	04 2052066	
	HE KATARYA FAMILY FOUNDAT  ber and street (or PO box number if mail is not delivered to street		Room/suite	84-3952969	
	576 TUXEDO PARK NW	address)	Noonisule	B Telephone number 404786615	:
	or town, state or province, country, and ZIP or foreign p	netal code		C If exemption application is a	
	TLANTA, GA 30305	ostar couc		o is exemption application is g	pending, check here
_	heck all that apply X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization:	s, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	heck type of organization; X Section 501(c)(3) ex		0.1	E If private foundation sta	
	_	Other taxable private founda	ation 04	under section 507(b)(1	
I Fa	r market value of all assets at end of year   J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
•		her (specify)	·	under section 507(b)(1	)(B), check here 🕨 🗔
		nn (d), must be on cash bas	is.)		,
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	2,082,800.	· · · · · · · · · · · · · · · · · · ·	N/A	1
	2 Check I if the foundation is not required to attach Sch. 8				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	269.	269.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
e e	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		•	<b>,</b>	
lu j	assets on line 6a		0.	RECEIV	E
Revenue	7 Capital gain net income (from Part IV, line 2)		0.	1,20,17	<del></del>
_	8 Net short-term capital gain	;		NOV 23 2	120 8
	9 Income modifications Gross sales less returns				120   0
	10a and allowances  b Less Cost of goods sold			005=	
	c Gross profit or (loss)			L_OGDEN,	UT -
	11 Other income				
	12 Total, Add lines 1 through 11	2,083,069.	269.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
ise	16a Legal fees				
ber	b Accounting fees				
ŭ	c Other professional fees	-			ļ
Administrative Expenses	17 Interest				
stra	18 Taxes				
Ĕ	19 Depreciation and depletion				
P	<ul><li>20 Occupancy</li><li>21 Travel, conferences, and meetings</li></ul>				<del> </del>
and #	22 Printing and publications		<del></del>	<del>                                     </del>	
ga	23 Other expenses				<del>                                     </del>
Operating	24 Total operating and administrative	· · · · ·			
Sers	expenses Add lines 13 through 23	0.	0.		0.
ŏ	25 Contributions, gifts, grants paid	0.			0.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	0.	0.		0.
	27 Subtract line 26 from line 12;			1 .	
	a Excess of revenue over expenses and disbursements	2,083,069.			
	b Net investment income (if negative, enter -0-)	-	269.		
	C. Adjusted net income // negative enter -0-)			N/A	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)



	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	Ena o	r year
L	ait	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	-		
	f	Savings and temporary cash investments			
	1	Accounts receivable			· · · · · · · · · · · · · · · · · · ·
	"				
	Ι.	Less, allowance for doubtful accounts		<u> </u>	
	4	Pledges receivable >	-		
	1	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		•	
		disqualified persons			
	7	Other notes and loans receivable			
	Ι΄.	Less: allowance for doubtful accounts			•
Assets	ŀ	Inventories for sale or use			
SS		Prepaid expenses and deferred charges			
٩	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 2	0.	1,958,735.	1,975,584.
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis			
	ŀ	Less accumulated depreciation	•	- '	
	12	Investments - mortgage loans			
	1	g-1 2 h	0.	124,065.	127,060.
	1		· ·	124,005.	127,000.
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 4 )	0.	269.	269.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	2,083,069.	2,102,913.
_	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
		Grants payable			
	1	Deferred revenue			
Liabilities	19				
Ę		Loans from officers, directors, trustees, and other disqualified persons	··· ·······		
ä		Mortgages and other notes payable	<del> </del>		
_	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
S	1	and complete lines 24, 25, 29, and 30.			
Balances	24	Net assets without donor restrictions			
ā	1	Net assets with donor restrictions			<u> </u>
	25				
Fund	ĺ	Foundations that do not follow FASB ASC 958, check here ▶ 🗶			
교		and complete lines 26 through 30.	_ `		
ō	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SS	28	Retained earnings, accumulated income, endowment, or other funds	0.	2,083,069.	
Ţ	29	Total net assets or fund balances	0.	2,083,069.	
ž			•		··-·
	١,,	Total liabilities and net assets/fund balances	0.	2,083,069.	
_	30			2,003,003.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1		net assets or fund balances at beginning of year - Part II, column (a), line	29		
	•	t agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	amount from Part I, line 27a		2	2,083,069.
3	Othe	rincreases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	2,083,069.
5		eases not included in line 2 (itemize)		5	0.
•		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	2,083,069.
<u>~</u>	· otal	not access of form contained at one of your fine 4 finites into of 1 art is, co	(o), and Lo		Form <b>990-PF</b> (2019)
					101111 <b>330-F F</b> (2019)

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(a) List and describe	the kind(s) of pro	operty sold (for exa mon stock, 200 sh	mple, real esta		( <b>b</b> )	How a - Puro - Don	cquired chase ation	(c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo , day, yr.)
1a										
b NO	NE									<u>.                                    </u>
С	·				_					
ď					_					
<u>e</u>			<del>,</del>	<del> </del>		,				
(e) Gross sales price	(f) Depreci (or al	ation allowed lowable)		st or other basis expense of sale					ain or (loss) (f) minus (	
<u>a</u>										
_b										
<u>c</u>										
<u>d</u>										
O and the saturate at a second		· /b)	the foundation	- 10/01/00						<del></del>
Complete only for assets shown	T								ol. (h) gain i iot less than	
(i) FMV as of 12/31/69		sted basis 12/31/69		cess of col. (i) col. (j), if any					(from col. (I	
a		· · - · · · · · · · · · · · · · · · · ·	ļ. <u>.</u>							
b										
С			ļ					<del></del>		
d		<u></u>								
е										
2 Capital gain net income or (net ca	apital loss)	If gain, also enter for the lift (loss), enter f	r in Part I, line - in Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo	ss) as defined in :	•								
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	, column (c).		(0).		}	3				
Part V Qualification U	Inder Section	on 4940(e) for	Reduced	Tax on Net	Inv	estr	nent In	come		
(For optional use by domestic privat	e foundations sub	ject to the section	4940(a) tax or	net investment in	com	e.)				N/A
If section 4940(d)(2) applies, leave t	nis part blank.									
Was the foundation liable for the sec	tion 4942 tax on	the distributable an	nount of any y	ear in the base pei	riod?					Yes No
If "Yes," the foundation doesn't quali	fy under section 4	4940(e). Do not cor	nplete this par	t.						
1 Enter the appropriate amount in	each column for	each year; see the i	nstructions be	fore making any e	ntries	S.				
(a) Base period years Calendar year (or tax year beginn	ıng ın) Adı	(b) justed qualifying dis	tributions	Net value of no	(c) oncha		-use assets	s (		(d) ution ratio ided by col. (c))
2018										
2017										
2016										
2015										
2014				L						
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year base perio	od - divide the total	on line 2 by 5.	0, or by the numb	er of	years				
the foundation has been in existe	ence if less than 5	years						3		
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5							4		_	
5 Multiply line 4 by line 3							5		<del> </del>	
6 Enter 1% of net investment incom	me (1% of Part I,	line 27b)						6		
7 Add lines 5 and 6								7		
8 Enter qualifying distributions from Part XII, line 4						8_				
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the	e box in Part VI, line	t 1b, and com	olete that part usin	ıg a 1	% tax	rate.			

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THE KATARYA FAMILY FOUNDATION

<del>                                     </del>	No
11. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	
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	X
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	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	
Website address ► N/A	
14 The books are in care of ► LANDMARK MANAGEMENT INC. Telephone no. ►2127946060	
Located at ▶115 EAST 69TH STREET, NEW YORK, NY ZIP+4 ▶10021	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	
and enter the amount of tax-exempt interest received or accrued during the year	
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, Yes	No
securities, or other financial account in a foreign country?	X
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	
	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?	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	
a disqualified person?	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	
(5) Transfer any income or assets to a disqualified person (or make any of either available	
for the benefit or use of a disqualified person)?	
(6) Agree to pay money or property to a government official? (Exception. Check "No"	
If the foundation agreed to make a grant to or to employ the official for a period after	
termination of government service, if terminating within 90 days.)	
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  N/A 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?	X
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 (Part XIII, lines	
6d and 6e) for tax year(s) beginning before 2019?	
If "Yes," list the years ▶ , , ,	
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.)  N/A   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 at any time	
during the year?	
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	
Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A  3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  4a	X
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?	Х

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be i	requirea (contin	ued)					
5a During the year, did the foundation pay or incur any amount to:				]	Yes	No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No					
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire	·· —						
any voter registration drive?			es X No	.				
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No					
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	<u></u>	[Tel]					
4945(d)(4)(A)? See instructions		es X 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?  Yes X No								
the prevention of cruelty to children or animals?		·	es L&L No					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·*	in Regulations	37 / 3					
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b				
Organizations relying on a current notice regarding disaster assistance, check								
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		_	l					
expenditure responsibility for the grant?	1	I/A Y	es L No	- 1				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).								
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	г— ,,	( <del>2</del> 7)					
a personal benefit contract?		Y	es 🗶 No 📙	- <u>-</u>		77		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b		Х		
If "Yes" to 6b, file Form 8870.								
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L Y	es X No					
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b				
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	31,000,000 in remuneration of		( <del></del> )	l				
excess parachute payment(s) during the year?			es X No	i		i		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y					
List all officers, directors, trustees, and foundation managers and t	hoir compensation	•	·					
List all officers, directors, distees, and foundation managers and to	*	(c) Compensation	(d) Contributions to	Τ,	ολ Fyn	ense		
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	ac	e) Exp	other		
ANTI KAMADVA	to position TRUSTEE ,	enter -0-)	compensation	<del> </del>	allowai	nces		
ANIL KATARYA 3576 TUXEDO PARK NW	IRUSIEE ,							
	0.50	0.	0.			0.		
ATLANTA, GA 30305 SUJA KATARYA	TRUSTEE	0.	0.	<del>'</del>		<u> </u>		
3576 TUXEDO PARK NW	IKUSIEE							
ATLANTA, GA 30305	0.50	0.	0.	1		0.		
ATLANIA, GA 30303	0.50	- 0.	<u> </u>	<del>`</del>		<u> </u>		
				1				
				<del> </del>				
	,							
				1				
2 Compensation of five highest-paid employees (other than those inc	ludad on lina 1). If nana	enter "NONE "		<u> </u>				
Z Compensation of live highest-paid employees (other than those inc	(b) Title, and average	enter NONE."	(d) Contributions to	1 ,	<b>e)</b> Exp	ense		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	aò	count,	other		
NONE	devoted to position		compensation	<del>                                     </del>	allowai	nces		
NONE								
				┥				
				,				
		_		$\vdash$				
				-				
				1				
	<u> </u>	L	L					
Total number of other employees paid over \$50,000			<u> </u>			0		

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Part VIII Information About Officers, Directors, Trustees, Foundation No. Paid Employees, and Contractors (continued)	lanagers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONi	ıı .	1-1	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	ompensation
NONE		İ	
" " " " " " " " " " " " " " " " " " " "			
		<del></del>	<del></del>
Table trumber of others recovered over \$50,000 for professional province			0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities			
handle the state of the state o		<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expens	ses
	•		
1 N/A			
2	·· <del>···</del>		
<u> </u>			
3			
•			
· · · · · · · · · · · · · · · · · · ·			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	d 2.	Amou	nt
1 N/A			
2			
All other program-related investments. See instructions.		<del></del>	
3			
<b>1</b>			
was and the second of the seco			

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	2,102,644.
b	Average of monthly cash balances	1b	
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,102,644.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,102,644.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,540.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,071,104.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	5,675.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ■ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	5,675.
2a	Tax on investment income for 2019 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
ь	Income tax for 2019. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	5.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,670.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,670.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,670.
P	art 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	0.
b	Program-related investments - total from Part IX-B	16	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	or the section

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Form 990-PF (2019) THE KATARYA FAMILY FOUNDATION 84-3952969 Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2018 2018 2019 1 Distributable amount for 2019 from Part XI, 5,670. 2 Undistributed income, if any, as of the end of 2019 0. a Enter amount for 2018 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2019. a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 0. f Total of lines 3a through e 4 Qualifying distributions for 2019 from 0 Part XII, line 4: ►\$ 0 a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) 0. c Treated as distributions out of corpus 0. (Election required - see instructions) 0. d Applied to 2019 distributable amount 0. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) ) 0. 0. 6 Enter the net total of each column as indicated below: 0 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which 0.

0

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 instr.
- f Undistributed income for 2019, Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020
- 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)
- 8 Excess distributions carryover from 2014 not applied on line 5 or line 7
- 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a

10	Analysis of line 9:
	a Excess from 2015
	b Excess from 2016

c Excess from 2017 d Excess from 2018 e Excess from 2019 0. 0.

0.

0.

5,670.

	ARYA FAMILY				52969 Page 10
Part XIV Private Operating F	<b>oundations</b> (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2019, enter the date of	the ruling	•		
<b>b</b> Check box to indicate whether the found	•		in section	4942(j)(3) or 49	942())(5)
2 a Enter the lesser of the adjusted net	Tax year	Ī	Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed	\	<b>\</b>	j		
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,			<u> </u>	•	
line 4, for each year listed					
d Amounts included in line 2c not			<del>                                     </del>		<del>                                     </del>
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		<b>—</b>	1	<del>-</del>	
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<del>  \                                   </del>		
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
` '				<del> </del>	
(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
b "Endowment" alternative test - enter	-		· · · · · · · · · · · · · · · · · · ·		
2/3 of minimum investment return					
shown in Part X, line 6, for each year					
listed			+	<del>  \                                   </del>	<del> </del>
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					ļ <sub>i</sub>
512(a)(5)), or royalties)			<del> </del>	<del> \</del>	
(2) Support from general public and 5 or more exempt				1	<b>\</b>
organizations as provided in					
section 4942(j)(3)(B)(III)			1.		<del>                                     </del>
(3) Largest amount of support from					
an exempt organization					$\overline{}$
(4) Gross investment income		to this part only	if the foundation	n had \$5 000 ar m	ore in essets
Part XV Supplementary Info			it the foundatio	n nad \$5,000 or m	ore in assets
at any time during t		ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by th	ne foundation before the clo	se of any tax
, , , ,	nore man 45,000). (See s	section 507 (u)(2).)			
ANIL KATARYA					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	SI.			
NONE			<u> </u>		
2 Information Regarding Contribut					
Check here ► X if the foundation of					uests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	ber or email address of t	he person to whom appli	ications should be addre	essed:	
<b>b</b> The form in which applications should t	e submitted and informa	ition and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by deographic	al areas, charitable fields	, kinds of institutions, o	r other factors:	
2 rang researched or miniations on award	_, z		,		

Form 990-PF (2019) THE KATARYA FAMILY

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year NONE **▶** 3a 0. Total b Approved for future payment NONE **▶** 3b Total

Part XVI-A	Analysis of Income-Pro	ducing Activities

					(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_ [				
b					
C					
d					
е	·		·		
f					
g Fees and contracts from government agencies	-		<u> </u>		
2 Membership dues and assessments		<del></del>	<b></b>		· · ·
3 Interest on savings and temporary cash			<b></b> -		
investments					
4 Dividends and interest from securities			14	269.	
	-			200.	
5 Net rental income or (loss) from real estate:	-		╁		
a Debt-financed property			<del> </del>		· · · · · · · · · · · · · · · · · · ·
b Not debt-financed property	ļ		<del>                                     </del>		
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income			<u> </u>		
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			1		
d		<del></del>			······
e	-			••••	
				269.	0.
12 Subtotal Add columns (h) (d) and (e)		0.	1		
12 Subtotal. Add columns (b), (d), and (e)  13 Total. Add line 12 columns (b), (d), and (e)		0.		·	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	to the Asse			13	269.
12 Subtotal. Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities  Line No.  Explain below how each activity for which incompare the foundation's exempt purposes (other than	ome is reported i	omplishment of Ex	cemp	13 ht Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 ht Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc.	ome is reported i	omplishment of Ex	cemp	13 of Purposes	269.

Form 990-PF (2	019) THE K	ATARYA FAM	ILY F	OUNDATION		84-3	952969	Page 13
Part XVII	Information Re Exempt Organ		ers to a	nd Transactions a	and Relations	ships With None	haritable	-
1 Did the ord	<del></del>		the followin	g with any other organizati	on described in sei	ction 501(c)	Ÿ	es No
	•			to political organizations?		, ,		<u> </u>
•	from the reporting founda							
(1) Cash	irom the reporting loanet		over by or	jum.200011 01.			1a(1)	X
• •	acasta						1a(2)	$\frac{1}{x}$
(2) Other							14(2)	<del></del>
b Other trans		LI	_				15/13	x
• •	of assets to a nonchantal						1b(1)	$\frac{\lambda}{X}$
٠,,	ases of assets from a nor		anization				1b(2)	$\frac{\lambda}{X}$
	l of facilities, equipment,	or other assets					1b(3)	$\frac{\lambda}{X}$
• •	oursement arrangements						1b(4)	
• •	or loan guarantees						1b(5)	X
	rmance of services or me		-				1b(6)	X
	facilities, equipment, ma						1c	Х
				dule Column (b) should a				S,
	• • •			ed less than fair market val	ue in any transaction	on or sharing arrangem	ent, show in	
	) the value of the goods,			***************************************				
(a)Line no	(b) Amount involved	(c) Name of n		exempt organization	(d) Descripti	on of transfers, transactions	, and sharing arrar	gements
			N/A					
	<u> </u>			-				
				· · · · · · · · · · · · · · · · · · ·				
	<u> </u>					·		
2a Is the four	idation directly or indirec	tly affiliated with, or rel	ated to, one	or more tax-exempt organ	nizations described			
	501(c) (other than sectio	•		, ,			Yes	X No
	omplete the following sch							
	(a) Name of org			(b) Type of organization	T	(c) Description of rela	tionship	
•	N/A				1			
					†			
	··	· · · · · ·			1.			
	· · · · · · · · · · · · · · · · · · ·							•
							<del>_</del>	
Under	penalties of perjury, I declare	that I have examined this r	eturn, includin	g accompanying schedules an	d statements, and to the	ne best of my knowledge	Manufacture and	
Sign and be	elief, it is true, correct, and cor	nplete Declaration of prep	arer (other tha	n taxpayer) is based on all infor $11/12/2020$	mation of which prepa	rer has any knowledge	May the IRS dis	reparer
Here	190			11/12/2020	4:32 PM I		shown below?	No No
<b>   </b>	nature of officer or trustee	<del></del>		Date	Title		163	
	Print/Type preparer's na	·····	reparer & s		Date	Check if F	TIN	
	7 po proparor 3 m		, //	1 //		self- employed		
Paid	KENNETH M.	MTITER		MXXXX	11/12/20	1 ' 1	P004011	92
Preparer	Firm's name ► LAN		GEMEN	T, INC.		Firm's EIN ► 27		
Use Only	LIHII SHAHE PIAN	PROPERTY AND A PROPER	. CLITTIN	1, 1110.		I I I I I I I I I I I I I I I I I I I		_
OGO OIIIy	Firm's address ▶ 11	5 ድልፍጥ ፋዕጣ	מיזים אי	RET	<del></del>	+		
		W YORK, NY				Phone no. 212	-794-60	60
	I NE	iii IOME, NI	. 1002	<u>*</u>	<del></del>	ji noneno. 212	Form <b>990</b> -	
							101111 330	(4013)

#### **Schedule B**

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Employer identification number Name of the organization THE KATARYA FAMILY FOUNDATION 84-3952969 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990.PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

Employer identification number

THE K	ATARYA FAMILY FOUNDATION	. 04	-3952969
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	idditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANIL KATARYA  3576 TUXEDO PARK NW  ATLANTA, GA 30305	\$ <u>2,082,800</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

## THE KATARYA FAMILY FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	300 SHARES AMAZON.COM INC.		***************************************
		\$\$37,817.	12/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	100 SHARES ALIBABA GROUP HOLDINGS LTD		
		\$\$	12/20/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	1000 SHARES APOLLO GLOBAL MANAGEMENT INC.		
		\$\$	12/20/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	500 SHARES APPLE INC		
		\$140,302.	12/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	3736 SHARES AT&T INC.		
		\$145,984.	12/20/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	857 SHARES BANK OF AMERICA CORP		
	3-19	\$30,059.	12/20/19

Name of organization

Employer identification number

# THE KATARYA FAMILY FOUNDATION

Part II N	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 1	400 SHARES BLACKSTONE GROUP INC.		
		\$\$	12/20/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 5	00 SHARES CBRE GROUP INC.		
		\$30,210.	12/20/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 3	00 SHARES CITIGROUP INC.		
		\$	12/20/19
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	000 SHARES CRESTWOOD EQUITY PARTNERS		
-		\$30,150.	12/20/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1 3	000 SHARES CARLYLE GROUP INC.		
		\$93,915.	12/20/19
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 3	560 SHARES ENERGY TRANSFER LP		
<del></del>		\$ 46,315.	12/20/19
1453 11-06-19			990, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

# THE KATARYA FAMILY FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	3000 ISHARES INDIA 50 ETF		
$\frac{1}{}$		117 165	12/20/10
		\$117,165.	12/20/19
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	500 SHARES ISTAR PFD 7.5% SERIES		
		\$	12/20/19
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	2000 KKR & CO INC.		
		\$59,670.	12/20/19
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	88 SHARES LENNAR CORP		
		\$\$.	12/20/19
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	300 SHARES NETFLIX INC.		
		\$\$	12/20/19
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	2000 SHARES NEW RESIDENTIAL INVESTMENT CORP		
		\$ 32,980.	12/20/19

Employer identification number

## THE KATARYA FAMILY FOUNDATION

(-)				
(a) No.	/53		(c)	(-1)
from	(b)  Description of noncash property given		FMV (or estimate)	
Part	Description of noncash property given		(See instructions)	Date received
	492 SHARES ONEOK INC.	1		<del></del> .
1	172 DIMINID ONDOR INC.			12/20/19  (d) Date received  12/20/19  (d) Date received  12/20/19  (d) Date received  12/20/19  (d) Date received
—∸		}		
		\$	36,683.	12/20/19
		"-	30,0031	12/20/19  (d) Date received  12/20/19  (d) Date received  12/20/19  (d) Date received  12/20/19  (d) Date received
(a)		$\dagger$		
No.	(b)		(c)	(d)
rom	Description of noncash property given		FMV (or estimate)	
Part I	,		(See instructions)	20.0.000.000
	200 SHARES PIMCO CORPORATE & INCOME	<del> </del>		
1	OPPORTUNITY FUND			
<del>-</del>				
l		<b> </b> s	3,736.	12/20/19
		"-	-,,,,,,	
(a)		<b>†</b>	, .	
No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate)	
Part I			(See instructions)	
	23 SHARES PNC FINANCIAL SERVICES GROUP	1		
1				
		\$	3,688.	12/20/19
			2	
(a)			(0)	
No.	(b)		(c)	(d)
from	Description of noncash property given		FMV (or estimate) (See instructions.)	Date received
Parti			(See instructions.)	
	1000 SHARES PROSHARES ULTRA S&P 500	1		
1		}		12/20/19  (d) Date received  12/20/19  (d) Date received  12/20/19  (d) Date received  12/20/19  (d) Date received
İ				
		\$_	150,350.	12/20/19
	to an an analysis of the second	<u> </u>		
(a)			(c)	
No.	(b)		FMV (or estimate)	
from	Description of noncash property given		(See instructions)	Date received
Part I		<u> </u>	, ,	
ارا	200 SHARES VERIZON COMMUNICATIONS INC.			
<u> </u>				
ļ			10 000	10/00/10
		\$ _	12,336.	12/20/19
		-		
(a)			(c)	
No.	(b)		FMV (or estimate)	
rom	Description of noncash property given		(See instructions)	Date received
art I	100 0011000 00 00 0000 000	<del>  -</del>	·	<u></u>
,	100 SHARES W.W. GRAINGER INC			
1				
			22 640	12/20/10
1		\$_	33,648.	

Employer identification number

## THE KATARYA FAMILY FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of Par	rt II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	4700 SHARES VOYA FINANCIAL INC.	\$\$.	_12/20/19_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		**************************************	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	90, 990-EZ, or 990-PF) (201:

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

Employer identification number

THE K	CATARYA	FAMILY	FOUNDA	ATI(	OΝ
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04\_3053060

	ATARYA FAMILY FOUNDATIO		84-3952969
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	through (e) and the following line enticharitable, etc., contributions of \$1,000 or in	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	. Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
] 	Transition of a frame, address, at		

SOURCE         AMOUNT         DIVIDENDS         PER BOOKS         MENT INCOME         NET INCOME           GOLDMAN SACHS         269.         0.         269.         269.         269.           TO PART I, LINE 4         269.         0.         269.         269.         269.           FORM 990-PF         CORPORATE STOCK         STATEMENT         FAIR MARKET VALUE         VALUE         FAIR MARKET VALUE           COMMON STOCKS - GOLDMAN SACHS         1,958,735.         1,975,58         1,975,58         1,975,58           TOTAL TO FORM 990-PF, PART II, LINE 10B         1,958,735.         1,975,58         1,975,58           FORM 990-PF         OTHER INVESTMENTS         STATEMENT         STATEMENT           DESCRIPTION         VALUATION METHOD         BOOK VALUE         FAIR MARKET VALUE           TOTAL TO FORM 990-PF, PART II, LINE 13         124,065.         127,06           FORM 990-PF         OTHER ASSETS         STATEMENT           DESCRIPTION         BEGINNING OF YEAR BOOK VALUE         FAIR MARKET VALUE           DESCRIPTION         BEGINNING OF YEAR BOOK VALUE         FAIR MARKET VALUE           DESCRIPTION         OTHER ASSETS         STATEMENT	FORM 990-PF	DIVIDENDS	AND INTE	REST FROM	M SECUR	ITIES	STATEMENT	1	
TO PART I, LINE 4 269. 0. 269. 269.  FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION BOOK VALUE VALUE  COMMON STOCKS - GOLDMAN SACHS 1,958,735. 1,975,56  TOTAL TO FORM 990-PF, PART II, LINE 10B 1,958,735. 1,975,56  FORM 990-PF OTHER INVESTMENTS STATEMENT  DESCRIPTION VALUATION METHOD BOOK VALUE VALUE  CRESTWOOD EQUITY PARTNERS LP FMV 30,150. 30,85 THE CARLYE GROUP LP FMV 93,915. 96,24  TOTAL TO FORM 990-PF, PART II, LINE 13 124,065. 127,06  FORM 990-PF OTHER ASSETS STATEMENT  DESCRIPTION BEGINNING OF END OF YEAR FAIR MARKET VALUE  DESCRIPTION BEGINNING OF END OF YEAR FAIR MARKET VALUE  DIVIDENDS RECEIVABLE 0. 269. 269	SOURCE		GAINS REVEN		EVENUE NET INVES		ST- ADJUSTEI		
FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKET VALUE  COMMON STOCKS - GOLDMAN SACHS 1,958,735. 1,975,58  TOTAL TO FORM 990-PF, PART II, LINE 10B 1,958,735. 1,975,58  FORM 990-PF OTHER INVESTMENTS STATEMENT  DESCRIPTION WALUATION METHOD BOOK VALUE FAIR MARKET VALUE  CRESTWOOD EQUITY PARTNERS LP FMV 30,150. 30,82 THE CARLYE GROUP LP FMV 93,915. 96,24  TOTAL TO FORM 990-PF, PART II, LINE 13 124,065. 127,06  FORM 990-PF OTHER ASSETS STATEMENT  DESCRIPTION BEGINNING OF END OF YEAR BOOK VALUE VALUE  DIVIDENDS RECEIVABLE 0. 269. 269.	GOLDMAN SACHS	269.		0.	269.	2	69.		
DESCRIPTION BOOK VALUE VALUE  COMMON STOCKS - GOLDMAN SACHS  TOTAL TO FORM 990-PF, PART II, LINE 10B  DESCRIPTION  VALUATION METHOD  DESCRIPTION  VALUATION METHOD  CRESTWOOD EQUITY PARTNERS LP THE CARLYE GROUP LP TOTAL TO FORM 990-PF, PART II, LINE 13  DESCRIPTION  DESCRIPTION  DESCRIPTION  METHOD  DESCRIPTION  DESCRIPTION  METHOD  DESCRIPTION  DESCRIPTION  METHOD  DESCRIPTION  D	TO PART I, LINE 4 =	269.		0.	269.	20	69.		
DESCRIPTION  COMMON STOCKS - GOLDMAN SACHS  TOTAL TO FORM 990-PF, PART II, LINE 10B  TOTAL TO FORM 990-PF, PART II, LINE 10B  TOTAL TO FORM 990-PF  OTHER INVESTMENTS  STATEMENT  VALUATION METHOD  DESCRIPTION  CRESTWOOD EQUITY PARTNERS LP THE CARLYE GROUP LP  TOTAL TO FORM 990-PF, PART II, LINE 13  TOTAL TO FORM 990-PF, PART II, LINE 13  DESCRIPTION  BEGINNING OF TOTAL TO FORM 990-PF, PART II, LINE 13  DESCRIPTION  BEGINNING OF TOTAL TO FORM 990-PF, PART II, LINE 13  DESCRIPTION  BEGINNING OF TOTAL TO FORM 990-PF, PART II, LINE 13  DESCRIPTION  BEGINNING OF TOTAL TO FORM 990-PF  OTHER ASSETS  STATEMENT  DESCRIPTION  DESCRIPTION  BEGINNING OF THE BOOK VALUE  BOOK VALUE  DIVIDENDS RECEIVABLE  0. 269. 26	FORM 990-PF		CORPORA	re stock			STATEMENT	2	
TOTAL TO FORM 990-PF, PART II, LINE 10B 1,958,735. 1,975,58  FORM 990-PF OTHER INVESTMENTS STATEMENT  DESCRIPTION METHOD BOOK VALUE VALUE  CRESTWOOD EQUITY PARTNERS LP FMV 30,150. 30,82 THE CARLYE GROUP LP FMV 93,915. 96,24  TOTAL TO FORM 990-PF, PART II, LINE 13 124,065. 127,06  FORM 990-PF OTHER ASSETS STATEMENT  DESCRIPTION BEGINNING OF END OF YEAR FAIR MARKET VALUE  DIVIDENDS RECEIVABLE 0. 269. 269	DESCRIPTION				вос	K VALUE		ET	
FORM 990-PF OTHER INVESTMENTS  VALUATION METHOD BOOK VALUE VALUE  CRESTWOOD EQUITY PARTNERS LP THE CARLYE GROUP LP FMV FMV 93,915.  TOTAL TO FORM 990-PF, PART II, LINE 13  DESCRIPTION  BEGINNING OF END OF YEAR FAIR MARKET WALUE  DIVIDENDS RECEIVABLE  O. 269.  STATEMENT	COMMON STOCKS - GOLD	MAN SACHS			1	,958,735.	1,975,5	1,975,584.	
DESCRIPTION  VALUATION METHOD  BOOK VALUE  FAIR MARKET VALUE  CRESTWOOD EQUITY PARTNERS LP THE CARLYE GROUP LP  FMV  93,915.  96,24  TOTAL TO FORM 990-PF, PART II, LINE 13  124,065.  TOTAL TO FORM 990-PF  OTHER ASSETS  STATEMENT  DESCRIPTION  BEGINNING OF END OF YEAR FAIR MARKET VALUE  DIVIDENDS RECEIVABLE  0. 269.  26	TOTAL TO FORM 990-PF	LINE 10B		1	,958,735.	1,975,584.			
DESCRIPTION  METHOD  BOOK VALUE  VALUE  CRESTWOOD EQUITY PARTNERS LP THE CARLYE GROUP LP  TOTAL TO FORM 990-PF, PART II, LINE 13  TOTAL TO FORM 990-PF  OTHER ASSETS  STATEMENT  DESCRIPTION  BEGINNING OF END OF YEAR FAIR MARKET YR BOOK VALUE  DIVIDENDS RECEIVABLE  0. 269. 26	FORM 990-PF	194.73	OTHER IN	VESTMENT	S		STATEMENT	3	
THE CARLYE GROUP LP  FMV  93,915. 96,24  TOTAL TO FORM 990-PF, PART II, LINE 13  124,065.  127,06  FORM 990-PF  OTHER ASSETS  BEGINNING OF END OF YEAR FAIR MARKET YR BOOK VALUE  DIVIDENDS RECEIVABLE  0. 269. 269.	DESCRIPTION				вос	K VALUE		ET	
FORM 990-PF OTHER ASSETS STATEMENT  BEGINNING OF END OF YEAR FAIR MARKET YR BOOK VALUE BOOK VALUE VALUE  DIVIDENDS RECEIVABLE 0. 269. 26		TNERS LP	_						
DESCRIPTION  BEGINNING OF END OF YEAR FAIR MARKET YR BOOK VALUE  DIVIDENDS RECEIVABLE  0. 269. 26	TOTAL TO FORM 990-PF, PART II,		LINE 13		124,065		127,060		
DESCRIPTION YR BOOK VALUE BOOK VALUE VALUE  DIVIDENDS RECEIVABLE  0. 269. 26	FORM 990-PF		OTHER	ASSETS	<del></del>	<del>21                                    </del>	STATEMENT	4	
	DESCRIPTION							ET	
TO FORM 990-PF, PART II, LINE 15 0. 269: 26	DIVIDENDS RECEIVABLE	1		0	•	269.		269.	
	TO FORM 990-PF, PART	r II, LINE 1	.5	0	•	269.		269.	

EXPLANATION

THE FOUNDATION IS ORGANIZED IN THE STATE OF GEORGIA BUT THE STATE HAS NO FILING REQUIREMENTS FOR THE FOUNDATION

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

NAME OF CONTRIBUTOR
ADDRESS

ANIL KATARYA

3576 TUXEDO PARK NW
ATLANTA, GA 30305