4NED JUN 2 6 2019

· Form 990-PF

Department of the Treasury Internal Revenue Service **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2018

Open to Public Inspection

		ndar year 2018 or tax year beginning	, 201	8, and	ending		, 20
Nan	ne of fou	Indation			A Employe	er identification numb	er
		ly Foundation, Inc.				14-1828786	
Nun	nber and	street (or P.O. box number if mail is not delivered to street address)	Room	n/suite	B Telephor	ne number (see instruct	ions)
c/o	Bartlet	tt, Pontiff, Stewart & Rhodes, P.C., PO Box 2168				518-946-7606	i
City	or town	, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ling, check here▶ ☐
Gle	ns Fall	s, New York 12801-2168	~-		·		
			of a former public	chanty	D 1. Foreig	n organizations, check	here ▶ 🗍
		☐ Final return ☐ Amended		Ĭ			-
		Address change Name char	nge		z. roreig check	n organizations meetin here and attach compi	g the 65% test, utation · · ▶ □
H	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation	M	E if private	foundation status was	terminated under
	Section	on 4947(a)(1) nonexempt charitable trust Other tax	cable private found	dation	section 5	07(b)(1)(A), check here	▶□
ī	Fair m	narket value of all assets at J Accounting method	: 🗹 Cash 🗌 A	ccrual	E If the four	ndation is in a 60-mont	h tomination
	end of	f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ▶ 🗌
	line 16	5) ► \$ 168 (Part I, column (d) must be	on cash basis.)				_
Р	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books				(cash basis only)
/	1	Contributions, gifts, grants, etc., received (attach schedule)	100		·····		1
	2	Check ► ☐ if the foundation is not required to attach Sch. B					i
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities		<u> </u>			i
	5a	Gross rents					
	b	Net rental income or (loss)					
Ф	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a				•	
Š	7	Capital gain net income (from Part IV, line 2)					
Œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less: Cost of goods sold RECEIV	ED				
	С	Gross profit or (loss) (attach schedule)	2				
	11	Other income (attach schedule) MAY 1 4 2	019		,		
	12		100 100		0	0	
S	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	1 <u>1</u> E				
penses	14	3					
9	15	Pension plans, employee benefits					
Ä	16a	Legal fees (attach schedule)					
9	ь	Accounting fees (attach schedule)					
Ę	C	Other professional fees (attach schedule)			_		
tra	17	Interest					
Ę.	18	Taxes (attach schedule) (see instructions)					•
Ē	19	Depreciation (attach schedule) and depletion					
ģ	20	Occupancy				·	
9	21	Travel, conferences, and meetings					
a	22	Printing and publications					
ng	23	Other expenses (attach schedule)		<u> </u>			
Operating and Administrative	24	Total operating and administrative expenses. Add lines 13 through 23					
be	25	Contributions, gifts, grants paid	0				· · · · · · · · · · · · · · · · · · ·
Ō	26	Total expenses and disbursements. Add lines 24 and 25	0		0	0	
	27	Subtract line 26 from line 12:			<u>U</u>	<u> </u>	
	а .	Excess of revenue over expenses and disbursements	100				
	ь	Net investment income (if negative, enter -0-) .	100		0		
		Adjusted net income (if negative, enter -0-)				0	
	<u> </u>					<u> </u>	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2018)



Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		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	68	168	168
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Plodges receivable >			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ষ্ট	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	C	Investments - corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			,
		instructions. Also, see page 1, item I)	68	168	168
	17	Accounts payable and accrued expenses			
ø	18	Grants payable			
ij	19	Deferred revenue			
T	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
nces	24	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ö	26	Permanently restricted			
Fund Balan		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	o	o	
इ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
šše	29	Retained earnings, accumulated income, endowment, or other funds	68	168	
Ž	30	Total net assets or fund balances (see instructions)	68	168	
et	31	Total liabilities and net assets/fund balances (see			i
~		ınstructions)	68	168	
Pa	rt III				
_		Il net assets or fund balances at beginning of year-Part II, colur	nn (a), line 30 (must ac	ree with	
		-of-year figure reported on prior year's return)			68
2	Ente	er amount from Part I, line 27a		2	100
3	Othe	er increases not included in line 2 (itemize)		3	0
4	Add	lines 1, 2, and 3		4	168
5		reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—F			0
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5)-F	Part II, column (b), line 3	0 6	168

	(a) List and describe the kind	t(s) of property sold (for example, real et e, or common stock, 200 shs. MLC Co.)	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
<u>b</u>						
<u> </u>	······································					
<u>d</u>						
<u>е</u>				L		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) (f) minus (g))
<u>a</u>						
<u>b</u>						
<u>C</u>						
<u> </u>						
<u> e </u>						
	Complete only for assets show	ving gain in column (h) and owned	by the foundation	on 12/31/69.		ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		ot less than -0-) or (from col. (h))
a						
<u>b</u>						
С						
<u>d</u>						
е						
2	Capital gain net income or		also enter in Pa , enter -0- ın Paı		2	(
3	If gain, also enter in Part I,	or (loss) as defined in sections, line 8, column (c). See instru	ctions. If (loss)	, enter -0- in)	_	
Part	Part I, line 8	er Section 4940(e) for Redu	 		3	
Was t		this part blank. ection 4942 tax on the distributed alify under section 4940(e). Do			pase period?	☐ Yes ☐ No
1	Enter the appropriate amou	int in each column for each yea	ar; see the instru	uctions before ma	aking any entries.	•
Calr	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net value of	(c) f nonchantable-use as	ssets Dis	(d) stribution ratio divided by col. (c))
	2017					
	2016					
	2015					
	2014					_
	2013			2		
		•				
2	Total of line 1, column (d)				. 2	
3		or the 5-year base period—div undation has been in existence			1 ₋ 1	
4	Enter the net value of noncl	haritable-use assets for 2018 fr	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	
	Add lines 5 and 6				. 7	
7	Add lines 5 and 6				· 	

Part \		nstr	uctio	13)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0	
	here Dand enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			1
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a			i
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
đ	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11			
Part \	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
_	participate or intervene in any political campaign?	1a	ļ	<u>√</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		✓
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•		j
	on foundation managers. ► \$			
	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		√
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		√
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	<u> </u>		
	conflict with the state law remain in the governing instrument?	6	1	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		
	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ New York			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			— <i>a</i>
	complete Part XIV	9		1 /
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			·
	names and addresses	10		✓

гаг	Statements Regarding Activities (continued)			
		ļ	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		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		/
13	person had advisory privileges? If "Yes," attach statement. See instructions	12 13	1	
	Website address ► www.evsfoundation.org			L,
14	The books are in care of ▶ John Sweeney Telephone no. ▶ 51	B-946-	7606	
	Located at ► 588 Hardy Road, Wilmington NY ZIP+4 ► 12	2997-2	608	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			▶ □
16	At any time during calendar year 2018, 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		✓
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes✓ No(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? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(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 Organizations relying on a current notice regarding disaster assistance, sheet here.	1b		
c	Organizations relying on a current notice regarding disaster assistance, check here			
•	were not corrected before the first day of the tax year beginning in 2018?	1c	-	√
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
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. ▶ 20, 20, 20, 20,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
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 2018?	4b]	1

Part	VII-B Statements Regarding Activitie	es for V	Vhich Form	4720	May Be R	equire	ed (conti	nued)			
5a	During the year, did the foundation pay or incu				· · · · · · · · · · · · · · · · · · ·		 '			Yes	No
	(1) Carry on propaganda, or otherwise attempt	-		on (sect	tion 4945(e))? .	☐ Yes	✓ No			
	(2) Influence the outcome of any specific pub	lic elect	on (see sect	ion 495	5); or to c	arry on	1				
	directly or indirectly, any voter registration	drive?					☐ Yes	✓ No			
	(3) Provide a grant to an individual for travel, s						☐ Yes	✓ No			
	(4) Provide a grant to an organization other th						1				
	section 4945(d)(4)(A)? See instructions .						Yes	✓ No			
	(5) Provide for any purpose other than religiou						_				
•-	purposes, or for the prevention of cruelty to						Yes	☑ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of							scribed	_		
	in Regulations section 53.4945 or in a current r								5b		
_	Organizations relying on a current notice regard										
С	If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibili										
	If "Yes," attach the statement required by Regu		_				☐ Yes	☐ No			
6a	Did the foundation, during the year, receive an					miume					
00		-		-			, □Yes	√ No			
b	Did the foundation, during the year, pay premiu					henefi		_	6b		<u> </u>
•	If "Yes" to 6b, file Form 8870.	2111 0 , 0 110	only of intainer	ony, on	a persona	Derien	COMME	• •	100		
7a	At any time during the tax year, was the foundation	n a partv	to a prohibite	d tax sh	elter transad	tion?	☐ Yes	[₹] No			
Ь	If "Yes," did the foundation receive any procee								7b		
8	Is the foundation subject to the section 4960 t	ax on pa	ayment(s) of	more t	han \$1,000	,000 in					
	remuneration or excess parachute payment(s)	during th	e year?				Yes	✓ No	1 1	1	
Part	VIII Information About Officers, Dire	ctors,	Γrustees, F	ounda	tion Man	agers,	Highly F	Paid Er	nploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and four	ıdation ı	nanagers ar	nd their	compens	ation. S	See instri	ections.	_		
	(a) Name and address	(b) Titl	e, and average rs per week ed to position	(c) Co	mpensation not paid, iter -0-)	(d) emplo	Contribution byee benefit erred compe	s to plans	(e) Expe	nse acc allowan	
John S		(b) Titt hou devot	e, and average rs per week ed to position	(c) Co	mpensation not paid,	(d) emplo	Contribution ovee benefit	s to plans	(e) Expe		
	(a) Name and address	(b) Title hou devote	e, and average rs per week	(c) Co	mpensation not paid,	(d) emplo and def	Contribution ovee benefit	s to plans	(e) Expe		
588 Ha	(a) Name and address	(b) Title hou devote	e, and average rs per week ed to position ent / Director urer - 1 hour	(c) Co	mpensation not paid, iter -0-)	(d) emplo and def	Contribution ovee benefit	s to plans ensation	(e) Expe		ces
88 Ha Willian 102 W	(a) Name and address iweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031	(b) Title hou devote Preside / Treas	e, and average rs per week ed to position ent / Director urer - 1 hour	(c) Co	mpensation not paid, iter -0-)	(d) emplo and def	Contribution ovee benefit	s to plans ensation	(e) Expe		ces
588 Ha Willian 102 W Theod	(a) Name and address iweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney	(b) Title hou devoted Preside / Treas Secret Director	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours	(c) Co	mpensation not paid, iter -0-)	(d) emplo and def	Contribution ovee benefit	s to plans ensation	(e) Expe		<u>0</u>
588 Ha Willian 102 W Theod	(a) Name and address iweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031	(b) Title hou devoted Preside / Treas Secret Director	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours	(c) Co	mpensation not paid, iter -0-)	(d) emplo and def	Contribution ovee benefit	s to plans ensation	(e) Expe		<u>0</u>
588 Ha Willian 102 W Theod	(a) Name and address iweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney	(b) Title hou devoted Preside / Treas Secret Director	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours	(c) Co	mpensation not paid, iter -0-)	(d) emplo and def	Contribution ovee benefit	s to plans plans ensation 0	(e) Expe		0 0
588 Ha Willian 102 W Theodo	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115	(b) Title hou devote Preside / Treas Secrete Director Vice Processor Contractor (c) Treas Con	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours resident / or - 0 hours	(c) Co (if r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution byee benefit erred compe	s to plans sinsation 0	(e) Expei other a	allowan	0
588 Ha Willian 102 W Theod	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devote Preside / Treas Secrete Director Vice Processor Contractor (c) Treas Con	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours resident / or - 0 hours	(c) Co (if r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution byee benefit erred compe	s to plans sinsation 0	(e) Expei other a	allowan	0
588 Ha Willian 102 W Theodo	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115	(b) Title hou devote Preside / Treas Secrete Director Vice Processor Contractor (c) Treas Con	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours resident / or - 0 hours	(c) Co (ff r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution byee benefit erred compe	s to plans insation 0 0 0 0 uctions	(e) Expei other a	allowan	0
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	mpensation not paid, iter -0-)	(d) emplo and def	contribution byee benefit erred compe see instr (d) Contribut erriplovee	s to plans insation 0 0 0 0 uctions	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours resident / or - 0 hours	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	Contribution byee benefit erred compe see instr	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address Sweeney Indy Road, Wilmington NY 12997 In A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 In ore Sweeney In acramento Street, San Francisco CA 94115 Compensation of five highest-paid employer	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,	(b) Title hou devoide Preside / Treas Secret. Director Vice Propirector Contractor Contr	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,	(b) Title hou devoid Preside / Treas Secret. Director Vice Propertor Other Contractor Co	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,	(b) Title hou devoid Preside / Treas Secret. Director Vice Propertor Other Contractor Co	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0 enter
588 Ha Willian 102 W Theodo 2220 S	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,	(b) Title hou devoid Preside / Treas Secret. Director Vice Propertor Other Contractor Co	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0
S88 Ha William 102 W Theodo 2220 S 2	(a) Name and address sweeney rdy Road, Wilmington NY 12997 n A. Sweeney, Jr. 153 Street Apt. 4W, New York NY 10031 pre Sweeney acramento Street, San Francisco CA 94115 Compensation of five highest-paid employe "NONE." (a) Name and address of each employee paid more than \$50,	(b) Title hou devoit Preside / Treas Secret. Directo Vice Probirecto Directo O000	e, and average rs per week ed to position ent / Director urer - 1 hour ary / or - 0 hours esident / or - 0 hours er than those hours per than those hours per week end are recommended.	(c) Coi (ff r en	opensation not paid, iter -0-) 0 0 uded on li	(d) emplo and def	see instr (d) Contribute employee plans and of	s to plans insation 0 0 0 0 uctions to benefit deferred	(e) Experience (e) Ex	one, (0 0

Par		n About Officers, Directors, Trustees, Found actors (continued)	lation Managers, Highly Paid En	nployees,
3	Five highest-paid in	dependent contractors for professional services. S	See instructions. If none, enter "NON	E."
	(a) Name and	address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	E			
			<u> </u>	
			<u> </u>	<u> </u>
		of Direct Charitable Activities		,
Lis	st the foundation's four large ganizations and other benefic	st direct chantable activities during the tax year. Include relevant ianes served, conferences convened, research papers produced, o	statistical information such as the number of etc	Expenses
1	N/A			
2		***************************************	*****	

3				
				
4				

Par	t IX-B Summary	of Program-Related Investments (see instru	entions)	<u> </u>
		im-related investments made by the foundation during the tax year		Amount
1	N/A	in routes investments made by the loundation during the tax year	Offinios Fibra 2.	, unounc
•				

2		· · · · · · · · · · · · · · · · · · ·		
_				

Ali	other program-related invest	tments See instructions.		
3	. •			-
-				1
Tota	I. Add lines 1 through 3	3		<u> </u>
				Form 990-PF (2018)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foresee instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	 	
•	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	93
C	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	93
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	93
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	1
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	92
6	Minimum investment return. Enter 5% of line 5	6	52
Part			
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	our laution	
1	Minimum investment return from Part X, line 6	1	5
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	J	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	5
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
Part	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	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
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 income.		
	Enter 1% of Part I, line 27b. See instructions	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 qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

		(a)	(b)	(c)_	(d)
		Corpus	Years prior to 2017	2017	2018
	Distributable amount for 2018 from Part XI,				
	line 7			· · · · · · · · · · · · · · · · · · ·	
	Undistributed income, if any, as of the end of 2018:			_	
	Enter amount for 2017 only			0	
	Total for prior years: 20, 20, 20 Excess distributions carryover, if any, to 2018:	· · · · · · · · · · · · · · · · · · ·	0		
	From 2013				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	Total of lines 3a through e	193	·····		
	Qualifying distributions for 2018 from Part XII,	7 . 7 . 7			
	line 4: ▶ \$ 0				
	Applied to 2017, but not more than line 2a .			0	
	Applied to undistributed income of prior years				
	(Election required—see instructions)		o		
•	Treated as distributions out of corpus (Election				- · · · · · · · · · · · · · · · · · · ·
1	required—see instructions)	. 0			
	Applied to 2018 distributable amount				
•	Remaining amount distributed out of corpus	0			
	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same				İ
	amount must be shown in column (a).)	5			
	Enter the net total of each column as				
	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	188			
	Prior years' undistributed income. Subtract line 4b from line 2b				
			O		
	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		o		
.	Subtract line 6c from line 6b. Taxable				
	amount-see instructions		0		
•	Undistributed income for 2017. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0	
	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2019				
	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)	_			
		0			
	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
	· · · · · · · · · · · · · · · · · · ·				
	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	400			
	Analysis of line 9:	188			
	Excess from 2014				
	Excess from 2015				
	Excess from 2016 93				
	Excess from 2017				
	Excess from 2018 0		<u> </u>		

Form 99	0-PF (2018)					Page 10
Part	XIV Private Operating Founda	tions (see instr	uctions and Par	t VII-A, question 9	9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo				L	/
	Check box to indicate whether the four		e operating found		ection 🗌 4942(j)(3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	<u> </u>	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	· · ·
	each year listed				//	
	85% of line 2a				/ /	
C	Qualifying distributions from Part XII, line 4 for each year listed				/	
	Amounts included in line 2c not used directly		 		/	· · · · · · · · · · · · · · · · · · ·
•	for active conduct of exempt activities		ļ		Í I	
е	Qualifying distributions made directly		 	 		
•	for active conduct of exempt activities.				1	
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:	1				
а	"Assets" alternative test - enter:			1/		
	(1) Value of all assets				1	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					· · · · · · · · · · · · · · · · · · ·
C	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on			1	1	
	securities loans (section		X			
	512(a)(5)), or royalties)		-			
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	//	 	- 		
	an exempt organization					
	(4) Gross investment income	V				······································
Part		n (Complete t	his part only if	the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-					
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have o	contributed more t	than \$5,000). (See s	ection 507(d)(2).)	
						
b	List any managers of the foundation					rgo portion of the
	ownership of a partnership or other en	ility) of which the	e louridation has a	t 10% of greater into	erest.	
2	Information Regarding Contribution	Grant Gift La	on Sobolarshin	oto Programa		
2	Information Regarding Contribution Check here ▶ ☐ if the foundation		_	_	organizations and	door not account
	unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See in		g, g.a, e.e.	,	. 94	Julio Jorianorio,
а	The name, address, and telephone nu		dress of the pers	on to whom applica	tions should be ac	Idressed:
_						
b	The form in which applications should	l be submitted ar	nd information and	materials they sho	uld include:	
				-		
						
C	Any submission deadlines:					
						:
đ	Any restrictions or limitations on av	vards, such as t	by geographical a	areas, charitable fi	elds, kinds of inst	stutions, or other
	factors:					

Part	XV Supplementary Information (conti	inued)			
3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
NONE					
					ļ
			!		
					•
					
	Total			▶ 3a	
U	Approved for fature payment				
			:		
	,				
					li
	Total			N 2h	

	rt XVI-A Analysis of Income-Procest gross amounts unless otherwise indicate		usiness income	Excluded by secti	on 512, 513, or 514	(-)
		(a)	(b)	(c)	(d)	(e) Related or exempt function income
1	Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
	a					
	b					
	C				,-,,	
	d		 	ļ		
	e			ļ		,
	Fore and contracts from accommont					
2	g Fees and contracts from government Membership dues and assessments .	agencies	 	1.		
3	Interest on savings and temporary cash inv	<u> </u>		 		
4	Dividends and interest from securities .		 			
5	Net rental income or (loss) from real estat			,		. ,
	a Debt-financed property		<u> </u>			
	b Not debt-financed property		<u> </u>			
6	Net rental income or (loss) from personal					
7	Other investment income					
8	Gain or (loss) from sales of assets other than	inventory				
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventor		ļ			
11			ļ			
	b		 			
	<u> </u>		ļ			
	d		 			
42	Subtotal. Add columns (b), (d), and (e) . Total. Add line 12, columns (b), (d), and (e)	 	 	 		
12	Subtotal. Add Columns (b), (d), and (e)	-, 	<u> </u>	L	12	
7.3						
13 (See	e worksheet in line 13 instructions to verify	calculations.)			13	
See	worksheet in line 13 instructions to verify	calculations.)				
See Pal Lin	worksheet in line 13 instructions to verify rt XVI-B Relationship of Activities	calculations.) s to the Accomplishn	nent of Exemp	t Purposes		
See Pal Lin	worksheet in line 13 instructions to verify rt XVI-B Relationship of Activities	calculations.) s to the Accomplishn	nent of Exemp	t Purposes		
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See Pal Lin	worksheet in line 13 instructions to verify rt XVI-B Relationship of Activities	calculations.) s to the Accomplishn	nent of Exemp	t Purposes		
See Pal Lin	worksheet in line 13 instructions to verify rt XVI-B Relationship of Activities	calculations.) s to the Accomplishn	nent of Exemp	t Purposes		

		Organizati	ons									
1 a	ın se orga	ection 501(c) (o nizations?	directly or indirectly exther than section section to	501(c)(3) organizatio	ns) or in secti	ion 527, re					Yes	No
-			_							4 - (4)		<u> </u>
						• • • •		• •		1a(1)		<u> </u>
		Other assets .								1a(2)		<u> </u>
b	Othe	r transactions:	-									
	(1) S	sales of assets to	a noncharitable exen	npt organization .						1b(1)		✓
	(2) F	urchases of asse	ets from a noncharital	ble exempt organizat	ion					1b(2)		
			, equipment, or other							1b(3)	-	<u>√</u>
			rrangements					•	• •	1b(4)	-	Ţ
			-						• •			
		oans or loan gua					• •	• •	• •	1b(5)	-	<u> </u>
			ervices or membershi	· -						1b(6)		<u> </u>
С			quipment, mailing list							1c		✓_
d			of the above is "Yes,									
			ther assets, or servic									
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.												
(a) Line	no.	(b) Amount involved	(c) Name of noncha	aritable exempt organizatio	n (d) Desc	nption of transfe	ers, trar	saction	ns, and sh	naring arra	angeme	ents
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2a	is th	e foundation dire	ectly or indirectly aff	iliated with, or relate	ed to, one or m	ore tax-exe	mpt c	rgani	zations			
			501(c) (other than sec								e [/]	No
h										<u> </u>	, u	110
b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationsh										onobio.		
		(a) Name of Organ	IIZABOTI	(b) Type of orga	unzauon		(0) 00	SCHIPTO	ii Oi ieiau	unanıp		
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-	Und	or penalties of porjury, I	declare that I have examined	this return, including accom	panying schedules an	d statements, and	to the	bcat of	my knowl	cdgc and	belief, it	is true,
Sign		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
_									IRS discuss this return preparer shown below?			
Here		Signature of officer of trustee Date President Title See instru										
	Lagi	<u> </u>			riue	I B.i.				DTIN		
Paid		Print/Type preparer	rs name	Preparer's signature		Date			k 🔲 if	PTIN		
Prep	arer							self-e	mployed			
Jse (Firm's name ▶					Firm's	s EIN >	·			
JJE (J. 11 y	Firm's address Phone						e no.				
						 						