Form **990-PF**

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

Department of the Treasury Internal Revenue Service ▶ 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

Form **990-PF** (2018)

Ē	or c	alendar year 2018 or tax year beginning	0:	9/11 , 2018,	and endin	ıg		12/31, 2018	
		of foundation		•			er identifi	cation number	
	THE	E RIST FAMILY FOUNDATION				83-20	83-2037794		
N	umbe	er and street (or P O box number if mail is not delivered t	o street address)	· <u>-</u>	Room/suite	B Telepho	ne numb	er (see instructions)	
	FOU	JNDATION SOURCE 501 SILVERSIDE	(80	0) 83	9-1754				
Ċ	ity or	town, state or province, country, and ZIP or foreign posta	al code		I.	<u> </u>			
						C If exempt	ion applica	ition is	
	WII	MINGTON, DE 19809-1377				penaing,	эпеск пеге		
G	Ch	eck all that apply X Initial return	Initial return	of a former p	ublic charit	y D 1 Foreign	n omanizat	lions, check here	
		Final return	Amended re	turn		I		tions meeting the	
		Address change	Name chang					ere and attach	
H	Ch	eck type of organization X Section 501(c)(3) exempt private	oundation					
≥]	;	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr	vate foundat	tion			status was terminated (1)(A), check here	
1	Fai	r market value of all assets at J Acco	unting method X C	ash Acc	rual			in a 60-month termination	
			ther (specify))(1)(8), check here . 🕨	
_			column (d) must be on ca	ish basis)					
Revenue	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted income	net	(d) Disbursements for charitable purposes (cash basis only)	
_	1	Contributions, gifts, grants, etc., received (attach schedule) .	367,065.						
	2	Check If the foundation is not required to attach Sch B	-						
	3	Interest on savings and temporary cash investments.							
	4	Dividends and interest from securities	-				-		
	5a	Gross rents	_						
	b	Net rental income or (loss)							
evenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a							
Š	7	Capital gain net income (from Part IV, line 2)			Ö.				
ĸ	8	Net short-term capital gain							
	9 10 a	Income modifications							
	Ь	Less Cost of goods sold .		-					
		Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
_	12	Total Add lines 1 through 11	367,065.		0.				
	13	Compensation of officers, directors, trustees, etc	0.						
nses	14	Other employee salaries and wages	 						
a)	15	Pension plans, employee benefits							
ΔX	16 a	Legal fees (attach schedule)	<u></u> _						
e m	b	Accounting fees (attach schedule)							
Ę	C	Other professional fees (attach schedule)		ECEN	רח	<u> </u>			
tra	17	Interest		IECLIA					
nis	18	Taxes (attach schedule) (see instructions)	4		(C)				
Ē	19	Depreciation (attach schedule) and depletion.	E1-224	APR 1 5 7	2019	`			
Ad	20	Occupancy	<u> </u>		g	<u> </u>			
פַ	21	Travel, conferences, and meetings		MATRI		1			
ā	16 a b c 17 18 19 20 21 22 23 24 25	Printing and publications	<u> </u>	ICUEN	. UI	_ t			
ing	23	Other expenses (attach schedule)	THE THE PERSON NAMED IN COLUMN 2	Avenue					
rat	24	Total operating and administrative expenses.	^						
þe		Add lines 13 through 23	0.						
0		Contributions, gifts, grants paid				 . <u>.</u>			
-	26	Total expenses and disbursements Add lines 24 and 25	0.			.		(
	27	Subtract line 26 from line 12	267 065						
	a	Excess of revenue over expenses and disbursements	367,065.			<u> </u>			
		Net investment income (if negative, enter -0-)			0.	<u>. </u>		<u> </u>	
		Adjusted net income (if negative enter -0-)			I		,		

•	art II	Balance Shoots	description column should be for end-of-year	Beginning of year	End-	of year
_	ar c ii	_ ·	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments		300,000.	300,000
					-	
			btful accounts ▶]
		l ess, allowance for doub		-		
			officers, directors, trustees, and other		"	
			, , , , , , , , , , , , , , , , , , , ,			
			tach schedule) (see instructions)			
			eceivable (attach schedule)			
"			btful accounts ▶			
ë			e			
Assets			eferred charges			
⋖	10a	Investments - US and state	e govemment obligations (attach schedule)			
	b	Investments - corporate	stock (attach schedule) ATCH. 1		67,065.	68,330
	11	Investments - land, buildings and equipment basis Less accumulated deprecia				
	12 13 14	(attach schedule) Investments - mortgage Investments - other (atta Land, buildings, and equipment basis Less accumulated deprecia (attach schedule)	loans			
1	15	Other assets (describe >	·)			
			completed by all filers - see the			
		instructions Also, see pa	age 1, item I)	0.	367,065.	368,330
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
S						
			rs, trustees, and other disqualified persons			
Liabilities			tes payable (attach schedule)			
ڐ			· •			
	23	Total liabilities (add line	s 17 through 22)	0.	0.	
٦		Foundations that follow	v SFAS 117, check here bthrough 26, and lines 30 and 31.			
딜	24	Unrestricted				
8						
<u> </u>						
힐			ot follow SFAS 117, check here ► X			
Net Assets or Fund Balances		and complete lines 27 t	through 31.			
2			pipal, or current funds			
ŝ			land, bldg, and equipment fund		367,065.	
AS		-	lated income, endowment, or other funds	0.	367,065.	
ĕ			balances (see instructions)	0.	307,003.	
Z			net assets/fund balances (see		267.065	
				0.	367,065.	
			nges in Net Assets or Fund Balar			T ****
1			alances at beginning of year - Part II	, ,		
			d on prior year's return)			0
			line 27a		2	367,065
			ed in line 2 (itemize) ▶		3	
4	Add	lines 1, 2, and 3			4	367,065
5	Decr	eases not included in	line 2 (itemize) ▶		5	
6	Tota	I net assets or fund ba	alances at end of year (line 4 minus l	ine 5) - Part II, column (b)	, line 30 6	367,065

Pâ	(a) List and de	s and Losses for Tax on Investigation in the stribe the kind(s) of property sold (for prick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a				_ D - DOHADON		
b						
c						
d						
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a		,		<u> </u>		
<u>b</u>				1		
<u>c</u>						
d				-		
<u>e</u>			11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Complete only for assets s	howing gain in column (h) and owner			Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a				 		
b		<u> </u>	 -	-		
<u>c</u>				-		
d				-		
<u>e</u>		<u> </u>	Alan antonia Basti i T	 	 .	
2	Capital gain net income	or (net capital loss)	gain, also enter in Part I, line 7			
3	Not abort term conital a		loss), enter -0- in Part I, line 7	2		 .
3	_	pain or (loss) as defined in sections	s (222(5) and (6) structions If (loss), enter -0- in $igl)$			
		• •	` '			
Da		Index Section 4940(a) for Re	duced Tax on Net Investment I	3		
Was		the section 4942 tax on the distril	Description of any year in the b			Yes No
		n't qualify under section 4940(e)	<u>,</u>			
1_	(a)		ear, see the instructions before mak	ing any en		
Cal	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2017					
	2016					
	2015			 		
	2014					
	2013		1			
2				2		
3	_	•	de the total on line 2 by 5 0, or by			
	the number of years the	foundation has been in existence	ıf less than 5 years	3		
4	Enter the net value of no	oncharitable-use assets for 2018	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5	-	
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		. <u>-</u>
7	Add lines 5 and 6			7		·
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	tions from Part XII, line 4	on Part VI, line 1b, and complete	8 that part	using a 1% tax	rate See th

names and addresses . ATCH 2

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Pai	VII-A Statements Regarding Activities (continued)			
	•	1 2	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	-
	Website address ▶ N/A			
14	The books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-839	-1754	1	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-1	377		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authorit	$\overline{}$	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name o		. 20	2. S
	the foreign country	2 7		4 4
Pai	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	5	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	، يستىس	10 3	5 3
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1	1	10 24
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	730 8	A) Co	2
	disqualified person?	1 24	3	7.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	路。	2.3	×3.4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	100	2.4	161
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1	8-1-41	1
	the benefit or use of a disqualified person)?	4.5	2.3	1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	13.7	The Back	ŝ
	foundation agreed to make a grant to or to employ the official for a period after	3,5	9,5	Ŷ.
	termination of government service, if terminating within 90 days)	, A		ار بار در این
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	17 19	81,0	2
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	10 16	* *,	1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		2 47	1, 1
	were not corrected before the first day of the tax year beginning in 2018?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	20	100 A	15.5
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1, 2, 3	130	
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	7.30	A. A.	4
	Se, Part XIII) for tax year(s) beginning before 2018?	17 369 25 34	AC Apr	1
	if "Yes," list the years	100 A	10 to 10	B 42 P
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	2 2	4, 5,	5
L	relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	11.3	F 23/2 !	النتا
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	717. VE	4	١.,٠٩
		1, 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 3
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	8 2	1	F .
	at any time during the year?) . Sem	- 28	
b	f "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	74	30 8 1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	ا يوليو	1,50	1.4
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	3	\$	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2 30 24	5 ⁹ 43	<u> </u>
	oundation had excess business holdings in 2018)	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	· ** ** ** ** **	- 43, Ts,	ادً] يَدُ
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

Pai	rt VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	ui red (conti	inued)			
5a,	During ti	ne year, did the foundation pay or incur any am			<u> </u>			Yes	No
		y on propaganda, or otherwise attempt to influ		n 4945(e))?	Yes	X No			,
•	(2) Influ	ence the outcome of any specific public ele	ection (see section 4	1955), or to carry on	, 		ŀ		
		ctly or indirectly, any voter registration drive?				X No	ŀ		
		ide a grant to an individual for travel, study, or o				X No			
	(4) Prov	ide a grant to an organization other than a	charitable, etc., org	anization described in	<u> </u>	_			
		on 4945(d)(4)(A)? See instructions				X No			
		ide for any purpose other than religious, cl							
	purp	oses, or for the prevention of cruelty to children	or animals?		Yes	X No			
b	If any a	nswer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions des	cribed in			
	Regulation	ons section 53 4945 or in a current notice regai	rding disaster assistan	ce? See instructions			5b		
	Organiza	itions relying on a current notice regarding disa	ster assistance, check	here		▶[
С	If the a	nswer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the ta	×				
	because	it maintained expenditure responsibility for the	grant?	. 	Yes	U No			
	If "Yes,"	attach the statement required by Regulations s	ection 53 4945-5(d)						
6a		foundation, during the year, receive any fur			s				
	on a pers	sonal benefit contract?			Yes	X No			
Ь	Did the f	oundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contract	ct?		6b		X
		o 6b, file Form 8870							!
7a	-	me during the tax year, was the foundation a p	•			X No			
b		did the foundation receive any proceeds or ha			on?		7b	 	
8		undation subject to the section 4960 tax on pa					i		
Day		Information About Officers, Directo	year ⁷	ndation Managara	Yes Vienbly De	X No			
	t VIII	and Contractors		_	- -	-	oyees,		
1	List all o	fficers, directors, trustees, and foundat	ion managers and	their compensation.					
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribute employee bene	fit plans	(e) Expens		
			devoted to position	enter -0-)	and deferred com	pensation			
ATCH	1 3			0.		0.			0.
									
				-					
2	Compen	sation of five highest-paid employees	(other than thos	e included on line	1 - see ir	nstructio	ns). If n	one, e	enter
	"NONE."	····	<u> </u>	-	(d) Contributi	ons to			
(a)	Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee b	enefit	(e) Expens		
			devoted to position		compensa	tion	otner all		• ——
	NONE								
			 						
						ľ			
Tata!	number:	of other employees and area 650,000	<u> </u>						
iotal	number (of other employees paid over \$50,000	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	🕨 📗	Form 99 (DE	20060
							ronn JJU	<i>-</i>	2018)

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Part VIII . Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)	lanagers, Highly Paid Emplo	yees,
3 'Five highest-paid independent contractors for professional services. See i	nstructions. If none, enter "NONE	."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0.
	-	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficianes served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 NONE	_	
2		
All others are related a set set of Constitution		
All other program-related investments. See instructions		
NONE		
NONE		
Table Add based Absorb 0		
Total. Add lines 1 through 3		

Pa	Int X. Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign foundation	ons,
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	1 _a	17,083.
	Average of monthly cash balances	• — —	37,500.
	Fair market value of all other assets (see instructions).		
d	f Total (add lines 1a, b, and c)	1d	54,583.
e	Reduction claimed for blockage or other factors reported on lines 1a and	.	· · · · · · · · · · · · · · · · · · ·
•	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	. 2	
3	Subtract line 2 from line 1d	· —	54,583.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		· · · ·
•	instructions)		819.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		53,764.
6	Minimum investment return. Enter 5% of line 5		825.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	. 1	825.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a	-	
	Income tax for 2018 (This does not include the tax from Part VI) 2b	\neg	
c	· · · · · · · · · · · · · · · · · · ·	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		825.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		825.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII		
	line 1		825.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a			
b	Tragram related introduction total ment activities and in the contract of the		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	1 1	
_	purposes	. 2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	A (b		
b			
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		
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.		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years	calculating whe	etner the foundation

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Part XIII Undistributed Income (see instruc	ctions)			
Distributable amount for 2018 from Part XI.	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7				825.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for pnor years 20_16_,20_15_,20_14_				
3 Excess distributions carryover, if any, to 2018				
i i				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				_
d Applied to 2018 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				•
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b,				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				,
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2019				825.
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 2013 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2019.		•		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				•
d Excess from 2017				
e Excess from 2018		<u> </u>		

complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines.

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

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient	contribution						
a Paid during the year									
		•							
		,							
	İ								
•									
				•					
Total			▶ 3a						
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·								
- The total for taland paymont									
Total			▶ 3b						

Fata area and analysis of income-Prod			- I Evaludad b		(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	Related or exempt function income
1 Program service revenue			Exclusion code		(See instructions)
a b					
			_		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			_		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				,	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory				· _ ·	
11 Other revenue a				·	
b	_				
c					 .
d					
e					
12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calcular Part XVI-B Relationship of Activities					
Explain below how each activity accomplishment of the foundation					
	_	 -			
	-				
	•				
		 .			
		. -			
					·····
					<u> </u>
		<u></u>			

Form 990-PF (2018	THE RIST	FAMILY	FOUNDATION	83-2037794	Page 13
	Information Regarding Tr Exempt Organizations	ansfers to	o and Transactions and Re	lationships With Noncharita	able

		Excilipt Olgai	IIZULIO II S									
1	Did the	e organization directi	ly or indirectly e	engage in any of th	e following	with any	other orga	nızatıon	described		Yes	No
	ın sec	ction 501(c) (other	than section	501(c)(3) organiza	ations) or	ın sectio	n 527, re	lating to	o political			
	organi	zations?										
а	Transf	ers from the reporting	g foundation to	a noncharitable exe	empt organ	zation of						
	(1) Cas	sh								1a(1)		Х
	(2) Oth	ner assets								1a(2)		X
b	Other t	transactions										
	(1) Sal	les of assets to a nor	ncharitable exen	npt organization						1b(1)		Χ
		rchases of assets fro								1b(2)		Х
		rital of facilities, equip		_								Χ
		imbursement arrange								1b(4)		Х
		ans or loan guarantee										Х
		rformance of service										Х
С		g of facilities, equipm										Х
		answer to any of the	_	•							fair m	arket
_		of the goods, other a										
		n any transaction or										
(a) Li	ne no	(b) Amount involved		oncharitable exempt orga					ctions, and sha			
		N/A	(-)			N/A						
		-										
			<u> </u>									
	-											
	_											
		· · · · · · · · · · · · · · · · · · ·		•								
	-											
	-											
	-					-						
	-											
				-								
					1							
		foundation directly of								-	ΓV	١
		ped in section 501(c)	•	tion 501(c)(3)) or in	section 52	77			[Y•	s X) No
D	IT "Yes	," complete the follow		#NT			<u> </u>					-
		(a) Name of organization		(b) Type of or	ganization			(c) Descrip	tion of relations	hip		
<u> </u>			<u></u>									
				<i>[</i>								
	Lindae	nonalina of Sount 1 deeler		ad the solver is abuses as					-1 b			
	correc	penalties of perjury, 1 declar it, and complete Declaration of	preparer (gither then ta:	ed this retum, including ac xpayer) is based on all inform	companying so ation of which p	reparer has any	knowledge	o the best	or my knowledg	e and b	eller, it	is true,
Sign		//	////		~ la				May the IRS	discus	this i	retum
Here	, <u>^</u>			03/3	۱/ ۱۵/۱۵	PKE	SIDENT	<u> </u>	with the pre		_	elow?
	Sign	nature of officer or trustee	•	Date *	,	Title			See instruction	s <u>X</u>	Yes	No
		Ta					T = .					
Paid		Print/Type preparer's nam		Preparer's signature			Date		ieck if F	MIT		
_		JEFFREY D HASK		JEFFREY D H	ASKELL		03/05/2	2019 se		P013		0
_	arer		UNDATION SC					Firm's Elf	v ▶51039	98347	<u> </u>	
Use	Only	Firm's address ► ON	E HOLLOW LN	, STE 212				·				
_		LAI	KE SUCCESS,	NY		1104	12	Phone no	800-83	39-17	754	
									F	<u>aar</u>	DE /	0040

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

THE RIST FAMILY FOUNDATION

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

<u> 2</u>018

Employer identification number

		83-2037794
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
*		
Check if your organization i	s covered by the General Rule or a Special Rule.	
· · · · · · · · ·		eral Rule and a Special Rule See
General Rule		
	y or property) from any one contributor Complete Parts I and II	•
Special Rules	Section: 501(c)(
regulations under 13, 16a, or 16b, a	sections $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedul and that received from any one contributor, during the year, total	e A (Form 990 or 990-EZ), Part II, line all contributions of the greater of (1)
contributor, durin literary, or educat	g the year, total contributions of more than \$1,000 exclusively f	for religious, charitable, scientific,
contributor, during contributions tota during the year fo General Rule app	g the year, contributions exclusively for religious, charitable, etc led more than \$1,000. If this box is checked, enter here the tot ir an exclusively religious, charitable, etc., purpose. Don't comp lies to this organization because it received nonexclusively religi	c, purposes, but no such al contributions that were received lete any of the parts unless the lous, charitable, etc., contributions

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

Employer identification number 83-2037794

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	RIST, BRIAN AND KIM MARIE 2830 WINKLER AVENUE, SUITE 105 FORT MYERS, FL 33916	\$367,065.	Person X Payroll X Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Employer identification number

83-2037794

Part II	Noncash Property (see instructions). Use duplicate copies	The state of the s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	WALGREENS BOOTS ALLIANCE		-
1	WBA, 1000 SH.		
		\$ 67,065.	12/27/2018
(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
			
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization THE RIST FAMILY FOUNDATION Employer identification number 83-2037794 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

ATTACHMENT 1

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

WALGREENS BOOTS ALLIANCE

ENDING BOOK VALUE

ENDING

67,065.

68,330.

68,330.

TOTALS

67,065.

ATTACHMENT 1

THE RIST FAMILY FOUNDATION

ATTACHMENT 2

LINE 10 - SUBSTANTIAL CONTRIBUTORS PART VII-A, FORM 990PF,

NAME AND ADDRESS

RIST, BRIAN AND KIM MARIE 2830 WINKLER AVENUE, SUITE 105 FORT MYERS, FL 33916 PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

THE RIST FAMILY FOUNDATION

FORM 990PF,

0 • 0 EXPENSE ACCT ALLOWANCES AND OTHER ATTACHMENT TO EMPLOYEE BENEFIT PLANS CONTRIBUTIONS 0 0 . 0 . COMPENSATION TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION DIR, SEC, TREAS, VP GRAND TOTALS PRES DIR, FOUNDATION SOURCE 501 SILVERSIDE RD FOUNDATION SOURCE .501 SILVERSIDE RD WILMINGTON, DE 19809-1377 WILMINGTON, DE 19809-1377 NAME AND ADDRESS KIM MARIE RIST BRIAN RIST

ATTACHMENT 4

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

BRIAN RIST KIM MARIE RIST