

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.

Open to Public Inspection

| | | ndar year 2023 or tax year beginning | | <u>, 2023, and</u> | <u> </u> |
|-----------------------------------|-----------|---|---------------------------------------|--------------------|---|
| Nan | ne of fou | undation | | | A Employer identification number |
| | | B FOUNDATION | | | 85-1202302 |
| | | d street (or P.O. box number if mail is not delivered to street address) | | Room/suite | B Telephone number (see instructions) |
| | | oliday Dr. | | | XXXXXXXXXX |
| | | n, state or province, country, and ZIP or foreign postal code Lam City, UT 84302 | | | C If exemption application is pending, check here |
| | | | rn of a former pub | lic charity | D 1. Foreign organizations, check here |
| • | JIICOK | Final return Amended | • | ilo Criarity | |
| | | Address change Name cha | | | 2. Foreign organizations meeting the 85% test, check here and attach computation |
| H (| Check | type of organization: X Section 501(c)(3) exempt private | | | <u> </u> |
| | | n 4947(a)(1) nonexempt charitable trust | | lation | E If private foundation status was terminated under section 507(b)(1)(A), check here |
| | | arket value of all assets at J Accounting method: | X Cash | Accrual | 1 |
| | | year (from Part II, col. (c), | 22 00011 | _ / tool dal | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here |
| | ine 16) | 2 = 2 = | st be on cash bas | is.) | |
| | art I | Analysis of Revenue and Expenses (The total of | | | (d) Disbursements |
| | | amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (a) Revenue a expenses pe books | er (b) Ne | et investment income (c) Adjusted net income for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 61,56 | 7. | (53333031) |
| | 2 | Check if the foundation is not required to attach Sch. B. | 3,30 | | |
| | 3 | Interest on savings and temporary cash investments | | | |
| | 4 | Dividends and interest from securities | | | / |
| | 5a | Gross rents | | | |
| | b | Net rental income or (loss) | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | | | |
| ne | b | Gross sales price for all assets on line 6a | | | |
| ē | 7 | Capital gain net income (from Part IV, line 2) | | | |
| Revenue | 8 | Net short-term capital gain | | | |
| ш | 9 | Income modifications | | | |
| | 10a | Gross sales less returns and allowances . | | | |
| | b | Less: Cost of goods sold | | | |
| | C | Gross profit or (loss) (attach schedule) | | | |
| | 11 | Other income (attach schedule) | | | |
| | 12 | Total. Add lines 1 through 11 | 61,56 | 7. | |
| | 13 | Compensation of officers, directors, trustees, etc | | | |
| | 14 | Other employee salaries and wages | | | |
| es | 15 | Pension plans, employee benefits | | | |
| use | 16a | Legal fees (attach schedule) | | | |
| x | b | Accounting fees (attach schedule) | 12 | 5. | |
| Θ | С | Other professional fees (attach schedule) | | | |
| Ę | 17 | Interest | | | |
| tra | 18 | Taxes (attach schedule) (see instructions) | 1 | 0. | |
| inis | 19 | Depreciation (attach schedule) and depletion | | | |
| <u>E</u> | 20 | Occupancy | | | |
| ¥ | 21 | Travel, conferences, and meetings | | | |
| anc | 22 | Printing and publications | | | |
| ğ | 23 | Other expenses (attach schedule) | | | |
| ati | 24 | Total operating and administrative expenses. | | _ | |
| Operating and Administrative Expe | | Add lines 13 through 23 | 13 | 5. | |
| ō | 25 | Contributions, gifts, grants paid | | _ | 67,083 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 13 | 5. | 67,083 |
| | 27 | Subtract line 26 from line 12: | | | |
| | а | Excess of revenue over expenses and disbursements . | 61,43 | 2. | |
| | b | Net investment income (if negative, enter -0-) | | | |
| | С | Adjusted net income (if negative, enter -0-) | | | |

| | Dala and Olarata | |
|--|---------------------------|------------|
| Form & | 0-PF (2023) CHEBIB | FOUNDATION |
| A SOLVE TO S | | |

| ollo | | | | alf (Change |
|--|--|-------------------|----------------|-------------------|
| rm/ 😹 | 7-PF (2023) CHEBIB FOUNDATION | | 85-1 | 1202302 P |
| 30° (I | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End | d of year |
| | should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market V |
| 1 | Cash - non-interest-bearing | , | . , | |
| 2 | Savings and temporary cash investments | 9,251. | 3,735 | 3,735. |
| 3 | Accounts receivable | 7,2020 | 3,.33 | 37.331 |
| 3 | | | | |
| ١. | Less: allowance for doubtful accounts | | | |
| 4 | Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| 5 | Grants receivable | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | |
| | disqualified persons (attach schedule) (see instructions) | | | |
| 7 | Other notes and loans receivable (attach schedule) | | | |
| | Less: allowance for doubtful accounts | | | |
| 8 | Inventories for sale or use | | | |
| 9 | Prepaid expenses and deferred charges | | | |
| | | | | |
| 1.00 | Investments - U.S. and state government obligations (attach schedule) . | | | |
| | Investments - corporate stock (attach schedule) | | | |
| С | , | | | |
| 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 | | | |
| 1 | Less: accumulated depreciation (attach schedule) | | | |
| 15 | Other assets (describe | | | |
| | | | | |
| 16 | Total assets (to be completed by all filers - see the | 0 251 | 2 725 | 2 725 |
| + | instructions. Also, see page 1, item I) | 9,251. | 3,735 | 3,735. |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| 19 | Deferred revenue | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 21 | Mortgages and other notes payable (attach schedule) | | | |
| 22 | Other liabilities (describe | | | |
| 23 | Total liabilities (add lines 17 through 22) | | | |
| 23 | | | | |
| | Foundations that follow FASB ASC 958, check here and | | | |
| 24 25 26 27 28 29 30 | complete lines 24, 25, 29, and 30 | | | |
| 24 | Net assets without donor restrictions | | | |
| 25 | Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check | | | |
| | here and complete lines 26 through 30 | | | |
| 26 | Capital stock, trust principal, or current funds | 9,251. | 3,735 | |
| 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | - | - | |
| 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| 29 | Total net assets or fund balances (see instructions) | 9,251. | 3,735 | |
| | | 7/2310 | 5,,55 | |
| 30 | Total liabilities and net assets/fund balances (see | 0 251 | 2 725 | |
| | instructions) | 9,251. | 3,735 | • |
| art II | | | T | |
| | tal net assets or fund balances at beginning of year - Part II, column (a), line 2 | • | | |
| en | d-of-year figure reported on prior year's return) | | 1 | |
| 2 En | ter amount from Part I, line 27a | | 2 | 61,432. |
| | her increases not included in line 2 (itemize) | | | |
| | d lines 1, 2, and 3 | | | |
| | creases not included in line 2 (itemize) | | 5 | |
| | tal net assets or fund balances at end of vear (line 4 minus line 5) - Part II. colu | ımn (h) line 20 | | |
| . IU | iai noi accito di tana palances al cha di veal time 4 Hillius IIIe di 1 all II. Cul | | 0 | |

| 85 | _1 | 2 | Λ | 2 | 3 | n | 2 |
|------------|----|---|---|---|---|---|---|
| $^{\circ}$ | | 4 | v | 4 | J | v | 4 |

| CL/N 3 | oupital Callic alla | LOCOCC TO: Tax OII III VOCIIIO | | | | /ach |
|----------|--|---|--|--|-----------------------------------|--|
| 010. | (a) List and describe th 2-story brick ware | e kind(s) of property sold (for example, real shouse; or common stock, 200 shs. MLC Co | estate, o.) | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| _1a | | | | | | |
| b | | | | | | |
| C | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | other basis ense of sale | | ain or (loss) s (f) minus (g)) |
| a | | | | | | |
| b | | | | | | |
| с | | | | | | |
| d | | | | | | |
| <u>e</u> | | | | | | |
| | Complete only for assets sho | wing gain in column (h) and owned by | the foundation o | n 12/31/69. | | ol. (h) gain minus |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess over col. (j | | | ot less than -0-) or rom col. (h)) |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| е | | | | | | |
| 2 | Capital gain net income or (ne | et canital loss) | ain, also enter in P oss), enter -0- in P | | 2 | |
| 3 | Net short-term capital gain or | (loss) as defined in sections 1222(5) | and (6): | | | |
| | If gain, also enter in Part I, lin | e 8, column (c). See instructions. If (lo | ss), enter -0- in | } | | |
| _ | | | | | 3 | |
| Part | | n Investment Income (Section 49 | | | | |
| 1a | | s described in section 4940(d)(2), che | | | | |
| | _ | n letter: (attach cop | | |) | |
| b | | s enter 1.39% (0.0139) of line 27b. Ex | | | | |
| _ | , | ol. (b) | | | | |
| 2 | | estic section 4947(a)(1) trusts and tax | | - | · · | |
| 3 | | | | | | |
| 4 | | estic section 4947(a)(1) trusts and tax | | - | • | |
| 5 | | come. Subtract line 4 from line 3. If | zero or less, ente | r-0 | 5 |) |
| 6 | Credits/Payments: | and 2022 aversay ment are dited to 2 | 000 | ا دء ا | | |
| a | • • | s and 2022 overpayment credited to 2 s - tax withheld at source | | | | |
| b | | extension of time to file (Form 8868) . | | | | |
| G C | | sly withheld | | | | |
| d 7 | , | Add lines 6a through 6d | | | | , |
| 8 | ' ' | ayment of estimated tax. Check here | | m 2220 is attached | | |
| 9 | | 5 and 8 is more than line 7, enter am | _ | | <u> </u> | |
| 10 | | ore than the total of lines 5 and 8, enter | | | | |
| 11 | | be: Credited to 2024 estimated tax | | - | Refunded . 1 | |
| | | | | | | |

85-1202302

| twa! | The Control of Control | | | acker-s |
|------|--|----------|-------|---------|
| а | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | X |
| | participate or intervene in any political campaign? | 1a | | Α_ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | v |
| | instructions for the definition | 1b | | Х |
| | If the answer is "Yes" to 1a or1b, 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 | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation.\$ (2) On foundation managers. \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers. \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | |
| 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 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | | X |
| 7 | 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 XIV | 7 | Х | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. UT | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| D | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | OD | | |
| 9 | 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," | | | |
| | complete Part XIII | 9 | | х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | - | | |
| 10 | names and addresses | 10 | x | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | -10 | | |
| • • | meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| 12 | person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | x | |
| 13 | Website address https://chebibfoundation.org/ | 13 | | |
| 14 | The books are in care of Louay F. Chebib Telephone no. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXX | XXX | |
| 14 | Located at 770 Holiday Dr Brigham City, UT ZIP+4 84302 | -4 24 24 | -4242 | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | Г |
| 13 | | | | |
| 16 | and enter the amount of tax-exempt interest received or accrued during the year | | Yes | Nic |
| 16 | over a bank, securities, or other financial account in a foreign country? | 16 | 162 | No X |
| | | 10 | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country | | | |

85-1202302

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. During the year, did the foundation (either directly or indirectly): X 1a(1) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified X 1a(2) X 1a(3) X (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?.............. 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or X use of a disqualified person)? 1a(5) (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 Х 1a(6) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that X 1d 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)): At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for Х tax year(s) beginning before 2023? If "Yes," list the years 2a , 20 , 20 , 20 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 2b X 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 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time X 3a If "Yes," did it have excess business holdings in 2023 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 3b Did the foundation invest during the year any amount in a manner that would jeopardize its charitable X 4a Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize b its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning

UYA Form **990-PF** (2023)

| ₹Q. | MONI TO | • | | | |
|-------|---------|--------|--------|----------|----------------|
| £ Kub | Form s | u-PF (| (2023) | CHEBIB | FOUNDATIO |
| EN CH | Page V | /I-B | Sta | atements | Regarding Acti |

| R | 5 | _ | 1 | 2 | O | 2 | 3 | n | 2 |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| oftware | VI-D Statements Regarding Activities it | N AALLIC | JII FUI III 472 | LU IVIAY | De Nequ | ireu (| Jonanuea) | | · · · · · · · · · · · · · · · · · · · | for or | |
|---------|---|------------|--|----------|------------------------|-----------|--|-----------|---------------------------------------|--------|--|
| a | During the year, did the foundation pay or incur any am | ount to: | | | | | | | Yes | G/ESV | |
| | (1) Carry on propaganda, or otherwise attempt to influe | ence legi | islation (sectior | n 4945(e |))? | | | 5a(1) | 2 | ζ | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or | | | | | | | | | K | |
| | indirectly, any voter registration drive? | | | | | | | | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) | | | | | | | | | | |
| | (4)(A)? See instructions | | | | | | | | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for | | | | | | | | | | |
| | | | | | | | | | | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the trans- | actions f | ail to qualify ur | der the | exceptions d | escribe | d | 5a(5) | | | |
| | in Regulations section 53.4945 or in a current notice reg | | | | | | | 5b | | | |
| С | Organizations relying on a current notice regarding disa | - | | | | | | V. | | | |
| d | If the answer is "Yes" to question 5a(4), does the found | | | | | | | | | | |
| u | maintained expenditure responsibility for the grant? | | | | | | | 5d | | | |
| | , , | | | | | | | Su | | | |
| | If "Yes," attach the statement required by Regulations s | | | | | | | | | | |
| 6a | Did the foundation, during the year, receive any funds, | - | - | | | | | | - | 7 | |
| L | benefit contract? | | | | | | | 6a | 2 | | |
| b | Did the foundation, during the year, pay premiums, dire | ctly or in | directly, on a p | ersonal | benefit contr | act? . | | 6b | 2 | | |
| | If "Yes" to 6b, file Form 8870. | | | | | | | | | _ | |
| 7a | At any time during the tax year, was the foundation a pa | | | | | | | 7a | 2 | | |
| b | If "Yes," did the foundation receive any proceeds or have | | | | | | | 7b | \vdash | | |
| 8 | Is the foundation subject to the section 4960 tax on pay | ment(s) | of more than \$ | 1,000,0 | 00 in remune | eration o | r | | | | |
| | | | | | | | | 8 | 2 | ζ | |
| Part | VII Information About Officers, Director | s, Trus | tees, Found | dation | Managers | i, High | ly Paid Employ | ees, a | ınd | | |
| | Contractors | | | | | | | | | | |
| _1_ | List all officers, directors, trustees, and foundate | tion ma | nagers and t | heir co | mpensatio | n. See | instructions. | | | | |
| | (a) Name and address | `´hou | e, and average rs per week | | mpensation ot paid, | empl | Contributions to oyee benefit plans | | ense acco | | |
| | T. Cl 1 1. | devot | ed to position | en | ter -0-) | and def | ferred compensation | 00. | | | |
| | ay F Chebib | Directo | or CEO Preside | | • | | | | | | |
| | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | 0. | | | | | | |
| Ran | ia H Chebib | Dire | ector | | _ | | | | | | |
| | xxxxxxxxxxxxxxxxxxxxxxxxxxxxx | _ | | | 0. | | | | | | |
| Far | is L Chebib | Dire | ector | | | | | | | | |
| XXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | 0. | | | | | | |
| | | | | | | | | | | | |
| | | | | | 0. | | | | | | |
| 2 | Compensation of five highest-paid employees ("NONE." | other tl | han those inc | cluded | on line 1 - s | see ins | tructions). If none | e, ente | r | | |
| (| a) Name and address of each employee paid more than \$50,000 | | (b) Title, and a hours per w devoted to po | /eek | (c) Comper | sation | (d) Contributions to employee benefit plans and deferred compensation | | ense acco allowance | | |
| NON | E | | | | | | | | | | |
| NON | E | | | | | | | | | | |
| NON | 'F | | | | | | | | | | |
| MOI | D | | | | | | | | | | |
| NON | E | | | | | | | | | | |
| NON | E | | | | | | | | | | |
| Total | number of other employees paid over \$50,000 . | | 1 | | | | | | | _ | |

85-1202302

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

| 3 | Five highest-paid independent contractors for professional services. Se | e instructions. If none, enter "NONE | Ξ." |
|--|--|---------------------------------------|------------------|
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NON | 3 | | |
| NON | E | | |
| NON | E | | |
| NON | <u> </u> | | |
| NON | <u> </u> | | |
| Total n | umber of others receiving over \$50,000 for professional services | | |
| Part \ | | | |
| | the foundation's four largest direct charitable activities during the tax year. Include relevant statistic nizations and other beneficiaries served, conferences convened, research papers produced, etc. | cal information such as the number of | Expenses |
| | Melping Needy Families: The Helping Needy Families | | |
| | families than have been rendered 'in-need', whether | | 66.040 |
| _ | lisaster. The program provides financial support i | for food, housing, etc. | 66,948. |
| 2 | FFII F C | OPY | |
| 3 | | | |
| 4 | | | |
| | | | |
| Part \ | /III-B Summary of Program-Related Investments (see instruction | ions) | |
| Des | cribe the two largest program-related investments made by the foundation during the tax year on li | nes 1 and 2. | Amount |
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| —————————————————————————————————————— | ther program-related investments. See instructions. | | |
| 3 | program reading in the minute of the month of the minute of the mi | | |
| | | | |
| | | | |
| Total | Add lines 1 through 3 | | |



67,083.

4

instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., 1a 1b C 1c 1d Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 5 5 6 Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) 0. 1 1 0. 2a Tax on investment income for 2022 from Part V, line 5 Income tax for 2022. (This does not include the tax from Part V.) 2b b 3 3 Recoveries of amounts treated as qualifying distributions 5 5 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. 7 Qualifying Distributions (see instructions) Part XI 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 67,083. а 1a b 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a Cash distribution test (attach the required schedule) b 3b

Form **990-PF** (2023) UYA

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4.

| Ω | ᄃ | -1 | າ | n | າ | 3 | n | 2 |
|---|---|-----|-----|---|---|---|---|---|
| O | J | _ 1 | - 4 | v | 4 | J | v | _ |

| MO. | | - / | | | Gckor oo |
|--------|---|---------------|----------------------------|--------------------|-------------|
| | | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
| 1 | Distributable amount for 2023 from Part X, line 7 | | · | | |
| 2 | Undistributed income, if any, as of the end of 2023: | | | | |
| – a | Enter amount for 2022 only | | | | |
| b | Total for prior years: 20 , 20 , 20 , 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2023: | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2023 from Part XI, | | | | |
| | line 4: \$ 67,083. | | | | |
| а | Applied to 2022, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see instructions) | | | | |
| d | Applied to 2023 distributable amount | | | | 67,083. |
| е | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2023 | | | | |
| | (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: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b | Prior years' undistributed income. Subtract | | | | |
| | line 4b from line 2b | | | | |
| С | 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 | | | | |
| е | Undistributed income for 2022. Subtract line | | | | |
| | 4a from line 2a. Taxable amount - see | | | | |
| £ | instructions | | | | |
| f | Undistributed income for 2023. Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be distributed in 2024 | | | | -67,083. |
| 7 | Amounts treated as distributions out of corpus | | | | -07,003. |
| ′ | 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 2018 not | | | | |
| 5 | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2024. | | | | |
| • | Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9: | | | | |
| а | Excess from 2019 | | | | |
| b | Excess from 2020 | | | | |
| C | Excess from 2021 | | | | |
| d | Excess from 2022 | | | | |
| | Excess from 2023 | | | | |

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

| .a | If the foundation has received a ruling or det | | | - | | |
|------|---|--|---|--|-------------------------------|---------------|
| | foundation, and the ruling is effective for 202 | 3, enter the date of | the ruling | | | |
| b | Check box to indicate whether the foundation | n is a private operat | ing foundation describ | bed in section | 4942(j)(3) | or 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | Tax year (a) 2023 | (b) 2022 | Prior 3 years (c) 2021 | (d) 2020 | (e) Total |
| b | 85% (0.85) of line 2a | | | | | |
| С | Qualifying distributions from Part XI, line 4, for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| а | alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | | | | DV | , |
| С | "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (3) Largest amount of support from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Part | XIV Supplementary Information | (Complete this | s part only if the | foundation had | \$5,000 or more in | assets at |
| | any time during the year - s | see instructions | s.) | | | |
| 1 | Information Regarding Foundation Manag | jers: | | | | |
| а | List any managers of the foundation who habefore the close of any tax year (but only if | ave contributed more they have contribute | e than 2% of the total ed more than \$5,000) | contributions receive . (See section 507(d) | ed by the foundation (2).) | |
| b | List any managers of the foundation who ov ownership of a partnership or other entity) of | | | | ge portion of the | |
| 2 | Information Regarding Contribution, Gran Check here X if the foundation only makes unsolicited requests for funds. If the founda complete items 2a, b, c, and d. See instruct | contributions to pre | selected charitable o | rganizations and doe | | |
| а | The name, address, and telephone number | or email address of | f the person to whom | applications should I | oe addressed: | |
| b | The form in which applications should be su | ubmitted and informa | ation and materials th | ey should include: | | |
| С | Any submission deadlines: | | | | | |
| d | Any restrictions or limitations on awards, su factors: | ch as by geographic | cal areas, charitable f | ields, kinds of institut | ions, or other | |

| Supplementary Information (continue) | nued) | | | | W.II. |
|--|--|--------------------------------|-------------------------------|--------|----------|
| Grants and Contributions Paid During the | Year or Approved for | or Future | Payment | | cker-sof |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of gr contribution | ant or | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | | |
| a Paid during the year none 770 Holiday dr Brigham City, UT 84302 | | NC | Families in | . Need | 67,083. |
| | | | | | |
| EFIL | E (| 5(| OP | Y | |
| | | | | | |
| Total | | | | 20 | 67,083. |
| b Approved for future payment | <u> </u> | <u></u> | <u> </u> | | 07,003. |
| | | | | | |
| Total | • | • | • | 2h | |

Form **990-PF** (2023)

85-1202302

| P | XV-A | Analysis of Income-Producing Activ | vities | | | | ETH. CO. |
|--------|---------|---|--|---|--|-----------------------------|---|
| - EF/N | 7 | amounts unless otherwise indicated. | | usiness income | Excluded by secti | on 512, 513, or 514 | (e) *Cker-s |
| | | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions.) |
| 1 | ŭ | am service revenue: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | f — | | | | | | |
| | | es and contracts from government agencies | | | | | |
| 2 | - | ership dues and assessments | | | | | |
| 3 | | st on savings and temporary cash investments | | | | | |
| 4 | | nds and interest from securities | | | | | |
| 5 | | ntal income or (loss) from real estate: | | | | | |
| | | ot-financed property | | | | | |
| | | debt-financed property | | | | | |
| 6 | | ntal income or (loss) from personal property | | | | | |
| 7 | | investment income | | | | | |
| 8 | Gain o | or (loss) from sales of assets other than inventory. | | | | | |
| 9 | Net inc | come or (loss) from special events | | | | | |
| 10 | | profit or (loss) from sales of inventory | | | | | |
| 11 | Other i | revenue: a | | | | | |
| | b | overal. | | | | | |
| | С | | | | | _ | |
| | d | | | | | | |
| | е | | | | | | |
| 12 | | al. Add columns (b), (d), and (e) | | | | | |
| 13 | | Add line 12, columns (b), (d), and (e) | | | | . 13 | |
| | | eet in line 13 instructions to verify calculations.) | | | | | |
| | rt XV-E | | | | | | |
| Lir | ne No. | Explain below how each activity for which income of the foundation's exempt purposes (other than be | is reported in co by providing fund | olumn (e) of Part X\ Is for such purpose | V-A contributed in es). (See instruction | nportantly to the actions.) | ccomplishment |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



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

| 1 | Did the | e organization dir | rectly or ind | lirectly enga | ge in any of t | he following | g with any | other o | rganiz | ation descr | ibed | | | | Yes | No |
|----------|--------------|---|-------------------|--------------------|---------------------|-----------------|-----------------|-----------|-----------|-----------------|------------|-----------|-------------|---------------------------|--------|-----|
| | in sec | tion 501(c) (other | than section | on 501(c)(3) | organization | s) or in sec | tion 527, r | elating | to poli | tical | | | | | | |
| | organi | izations? | | | | | | | | | | | | | | |
| а | Transf | fers from the repo | orting found | dation to a no | oncharitable | exempt org | anization o | of: | | | | | | | | |
| | (1) C | ash | | | | | | | | | | | | 1a(1) | | X |
| | (2) O | ther assets | | | | | | | | | | | | 1a(2) | | X |
| b | Other | transactions: | | | | | | | | | | | | | | |
| | (1) S | ales of assets to | a noncharit | table exempt | t organization | ١ | | | | | | | | 1b(1) | | X |
| | (2) P | urchases of asse | ts from a n | oncharitable | exempt orga | anization | | | | | | | | 1b(2) | | X |
| | (3) R | ental of facilities, | equipment | , or other as | sets | | | | | | | | | 1b(3) | | X |
| | | eimbursement ar | | | | | | | | | | | | 1b(4) | | Х |
| | | oans or loan guar | • | | | | | | | | | | | 1b(5) | | Х |
| | | erformance of se | | | | | | | | | | | | 1b(6) | | Х |
| | ` ' | ng of facilities, equ | | | | | | | | | | | | 1c | | Х |
| | | answer to any of | | _ | | | - | | | | | | | | | |
| | | of the goods, oth | | | | _ | | | | - | | | | | | |
| | | in any transaction | | _ | - | - | | | | | | | | | | |
| | | b) Amount involved | | | | | | | | | | | | | aaaman | to. |
| (a) Line | 110. | (b) Amount involved | (6) |) Name of non | CHAHLADIE EXE | npi organizat | lion | (u) i | Descrip | tion of transfe | ers, liair | Sacions | s, and sne | aring arrai | igemei | 115 |
| | | | | | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | W | | | |
| | | _ | | _ | _ | | _ | | _ | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2a | Is the | foundation direct | ly or indired | ctly affiliated | with, or relate | ed to, one c | or more tax | -exem | pt orga | anizations | | | | | | |
| | descri | bed in section 50 | 1(c) (other | than section | 501(c)(3)) c | r in section | 527? . | | | | | | | Ye | s 🗌 | No |
| b | If "Yes | s," complete the f | ollowing sc | hedule. | | | | | | | | | | | | |
| | | (a) Name of organ | nization | | (b) T | ype of organi | ization | | | (0 | c) Descr | iption of | relations | hip | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Under | penalties of perjury, I o | declare that I ha | ave examined th | is return, includir | ng accompanyi | ng schedules | and state | ements, | and to the best | of my kn | owledge | and belief, | it is true, | | |
| Sign | correct | t, and complete. Decla | ration of prepar | rer (other than ta | xpayer) is based | on all informat | tion of which p | reparer h | nas any l | knowledge. | • | _ | | | | |
| Here | | | | | 1 | | זס | RESI | DEN | гт | | Ī | | RS discuss reparer sho | | |
| пеге | Signa | ature of officer or truste | ee | | | Date | Title | | 1\ | - | | — | See instru | | Yes [| No |
| | | Print/Type preparer's | | | Preparer's | | | | | Date | | Chast | 1:1 | PTIN | | |
| Paid | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 3,500 | J | | | | | | Check | if if | _ | | |
| Prepa | rer | Finale part | | | | | | | | | Firm! | self-em | pioyea | <u> </u> | | |
| Use C | | Firm's name | | | | | | | | | Firm's | | | | | |
| | · · · · y | Firm's address | | | | | | | | | Phone | 110. | | | | |



CHEBIB FOUNDATION

Schedule of Contributors

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

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

OMB No. 15 O47 college of the colleg

Employer identification number

85-1202302

Name of the organization

| 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 |
| 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 |
| | |
| | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See |
| General Rule | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions. |
| Special Rules | |
| regulations under s | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ved from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| contributor, during literary, or education | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III. |
| contributor, during contributions totale during the year for General Rule app | the year, contributions exclusively for religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year |
| Caution: An organization th | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Employer identification no

85-1202302

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 |
|--------------|---|--------------------------------|--|
| <u>1</u> | Khaled L Chebib XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX | \$ <u>19,531.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>2</u> | Farouk S Chebib XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | \$15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Laila Chebib XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | \$ 20,610. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. <u>4</u> | Name, address, and ZIP + 4 Samia Akkad XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Total contributions \$ 6,077. | Person X 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 r

85-1202302

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (c) (d) from Description of noncash property given FMV (or estimate) Date received Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from Description of noncash property given FMV (or estimate) Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I

UYA Schedule B (Form 990) (2023)

\$

Employer identification n

BIB FOUNDATION

85-1202302

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and Part III

| | the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional | ar. (Enter this information of | ne total of exclusively religious, charitable, etc., once. See instructions.) \$ |
|---------------------------|---|--------------------------------|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and ZIF | (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, and ZIP | (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, and ZIF | (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, and ZIF | (e) Transfer of gift | Relationship of transferor to transferee |
| - | | | |

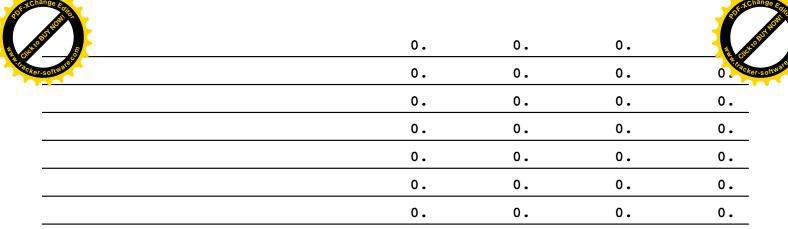


Form 990-PF Professional Fees Expense

of organization IB FOUNDATION

Supporting Details for Form 990-PF, Part I, Line 16

| (a) Description | (b) Revenue and expenses per books | (c) Net investmen income | income | for charitable purpose |
|--------------------------|------------------------------------|--------------------------|--------|------------------------|
| Legal fees: | | | | |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| Accounting fees: | | | | |
| Tax ACT | 125. | 0. | 0. | 0. |
| | 0, | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| Other professional fees: | | | | |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |



0.

EFILE COPY





Form 990-PF Taxes Expenses

Supporting Details for Form 990-PF, Part I, Line 18

| (a) Description | | (c) Net investmen income | | (e) Disbursement for charitable purpose |
|-----------------|-----|--------------------------|----|---|
| Utah Licence | 10. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |
| | 0. | 0. | 0. | 0. |





EFILE COPY





Form 990-PF Substantial Contributors

Supporting Details for Form 990-PF. Part VI-A, Line 10

| a) Name (enter either the person's na business's name | me or the | (b) Address | |
|---|---------------------------|--|---------------------|
| Person Samia Akkad | Street address | ······································ | Room or suite no. |
| Business | City, town or post office | State XX | ZIP Code XXXXX |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| - | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| | | | |

| Business | City, town or post office | State | ZIP Code |
|----------|---------------------------|-------------------------|---------------------|
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |
| Person | Street address | <i>5</i> () - | Room or suite no. |
| Business | City, town or post office | State | ZIP Code |
| | Foreign country | Foreign province/county | Foreign postal code |