Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2018

PREPARED FOR:

GEORGIE BADIEL FOUNDATION, INC. P.O. BOX 1161 NEW YORK, NY 10028

PREPARED BY:

MICHAEL I. THALER, CPA, PC 2-8 HAVEN AVE, SUITE 224 PORT WASHINGTON, NY 11050

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER EQUIPMENT	07/27/18	200DB	5.00	ну	19B	2,928.				2,928.			586.	586.
2	PHONE & ACCESSORIES	06/18/18	200DB	5.00	ну	19B	1,251.				1,251.			250.	250.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,179.				4,179.	0.		836.	836.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,179.				4,179.	0.		836.	836.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						4,179.			0.	4,179.	0.			836.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						4,179.			0.	4,179.	0.			836.
	ENDING ACCUM DEPR											836.			
	ENDING BOOK VALUE											3,343.			

828111 04-01-18

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

NEW YORK INFORMATIONAL FORMS

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2018

PREPARED FOR:

GEORGIE BADIEL FOUNDATION, INC. P.O. BOX 1161 NEW YORK, NY 10028

PREPARED BY:

MICHAEL I. THALER, CPA, PC 2-8 HAVEN AVE, SUITE 224 PORT WASHINGTON, NY 11050

AMOUNT OF TAX:

BALANCE DUE OF \$50

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2019

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

Form	887	'9-	E	0

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service For calendar year 2018, or fiscal year beginning ______, 2018, and ending ______

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

GEORGIE BADIEL FOUNDATION, INC.

47-4675005

, 20

Name and title of officer GEORGIE BADIEL PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	194,637.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize MICHAEL I. THALER, CPA, PC	to enter my PIN 10028
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed is being filed with a state agency(ies) regulating charities as part of the enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on indicated within this return that a copy of the return is being filed with a program, I will enter my PIN on the return's disclosure consent screen.	a state agency(ies) regulating charities as part of the IRS Fed/State
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	12051911050 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 20 ⁻ confirm that I am submitting this return in accordance with the requirements of <i>I e-file</i> Providers for Business Returns.	, ,
ERO's signature 🕨	Date 11/08/19
ERO Must Retain This Form	n - See Instructions
Do Not Submit This Form to the IRS	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2018)
823051 10-26-18	

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FILEABLE FORMS

	000
Form	990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



A For the 2018 calendar year, or tax year beginning and ending							
B	Check if applicab	le: C Name of organization		D Employer identifie	cation number		
	Addre	P GEORGIE BADIEL FOUNDATION, INC.					
	Name	ge Doing business as		47-4	675005		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	P.O. BOX 1161		516-	883-4600		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	220,709.		
	Amer	NEW IORK, NI 10028		H(a) Is this a group re			
	Appli tion	F Name and address of principal officer: GEORGIE BADIEL		for subordinates	? Yes X No		
	pend	ZZ N. 6TH STREET APT. ISA, BROOKLYN, NY	<u> 112 </u>	H(b) Are all subordinates in	cluded? Yes No		
		xempt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)		
		te: WWW.GEORGIEBADIELFOUNDATION.ORG		H(c) Group exemption			
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2015 N	I State of legal domicile: NY		
Pa	art I	Summary					
ė	1	Briefly describe the organization's mission or most significant activities: PROV	IDE AC	CESS TO CLEA	N WATER		
Activities & Governance		WELLS AND SANITATION TO VILLAGES IN RURAL					
ern	2	Check this box		1 1	ets. 7		
Š	3				/ 6		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)	0				
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0				
tivit	6	Total number of volunteers (estimate if necessary)		0.			
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
			<u></u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		114,793.	205,709.		
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
Ř	11			10,628.	-11,072.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		125,421.	194,637.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		580.	6,059.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,570.	56,000.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
bei	. ь	Total fundraising expenses (Part IX, column (D), line 25)  8,02					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,170.	134,851.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		107,320.	196,910.		
	19	Revenue less expenses. Subtract line 18 from line 12		18,101.	-2,273.		
0 C	201		Be	ginning of Current Year	End of Year		
Assets	20	Total assets (Part X, line 16)		19,958.	17,635.		
tAs	21	Total liabilities (Part X, line 26)		0.	0.		
-Ne		Net assets or fund balances. Subtract line 21 from line 20		19,958.	17,635.		
	art II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of officer				Date		
Here		GEORGIE BADIEL, PRESID	ENT					
		Type or print name and title						
	Prin	t/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	MIC	CHAEL I. THALER	MICHAEL I.	THALER	11/08	/19 self-employed	P00539214	
Preparer			R, CPA, PC			Firm's EIN 🕨 🗍	L1-3167261	
Use Only	Firm	's address 🖕 2-8 HAVEN AVE, S	UITE 224					
		PORT WASHINGTON,	NY 11050			Phone no. 516 -	-883-4600	
May the I	RS di	scuss this return with the preparer shown abo	ve? (see instructions	5)			X Yes No	
832001 12-3	B32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) GEORGIE BADIEL FOUNDATION, INC. 47-4675005 Page 2	2
Par	t III Statement of Program Service Accomplishments	1
	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission: PROVIDE ACCESS TO CLEAN WATER WELLS AND SANITATION TO VILLAGES IN	
	RURAL BURKINA FASO & OTHER PARTS OF AFRICA. PROVIDE LITERACY &	-
	EDUCATION FOR WOMEN & GIRLS IN BURKINA FASO & OTHER PARTS OF AFRICA.	-
	PROVIDE BASIC HEALTH & HYGIENE EDUCATION & AWARENESS FOR RURAL AREAS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 102,167. including grants of \$ 6,059.) (Revenue \$	<u> </u>
та	THE CORPORATION IS FORMED FOR A CHARITABLE PURPOSE TO PROVIDE ACCESS TO	,
	CLEAN WATER WELLS AND SANITATION TO VILLAGES IN RURAL BURKINA FASO AND	-
	OTHER PARTS OF AFRICA, PROVIDE LITERACY AND EDUCATION FOR WOMEN AND	_
	GIRLS IN BURKINA FASO AND OTHER PARTS OF AFRICA, PROVIDE BASIC HEALTH	_
	AND HYGIENE EDUCATION & AWARENESS FOR RURAL AREAS TO POOR INDIVIDUALS	
	AND PLANT TREES.	_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	<u>,</u>
40	(Code:) (Expenses \$ Including grants of \$) (Revenue \$	)
		-
		-
		_
		_
		_
		_
4		<u>,</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		-
		-
		-
		-
		_
		_
4-1		_
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 102,167.	-
	Form 990 (2018	3)
832002	12-31-18	•1
	0	

Form	990	$(20^{-1})$	8)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		Λ
8		8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>-</b>		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	<i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	<u> </u>	0010
332003	12-31-18	rorm	550	∠∪18)

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Form	990	(2018)	1
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			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
<b>00</b>	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note. All Form 990 filers are required to complete Schedule O	38	Х	
rai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			V	
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a5Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
832004	4 12-31-18			(2018)

#### 17271108 130075 BAD5005

Form 990 (20				FOUNDATION,		
Part V	Statements	Regarding Otl	her IRS Fili	ngs and Tax Com	oliance	(continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v						
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c). Did the examination receive a payment in success of $C_{75}$ mode path as a contribution and path for each and convises provided to the payor?	7-		х						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		л						
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b								
U	to file Form 8282?	7c		х						
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
<ul><li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li></ul>										
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
sponsoring organization have excess business holdings at any time during the year?										
9 Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
40	amounts due or received from them.)	40								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a								
a	Is the organization licensed to issue qualified health plans in more than one state?	15a								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
с	c Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> </ul>										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b								
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2018)

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Form 990	(2018)
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GEORGIE BADIEL FOUNDATION, INC.

47-4675005 Page **6** 

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

-		1.1		7	Ye	s No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
	Enter the number of voting members included in line 1a, above, who are independent	1b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any	/ other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under th	e direct s	upervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form §	990 was fi	led?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's as					X
	Did the organization have members or stockholders?					X
	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			75		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				,	
				8a	X	
	The governing body?					
	Each committee with authority to act on behalf of the governing body?			8b		+
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					x
Soci	organization's mailing address? If "Yes." provide the names and addresses in Schedule O		<u></u>	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Co	ode.)		V.	
					Ye	
	Did the organization have local chapters, branches, or affiliates?			10;	3	<u> </u>
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?					_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before f	iling the form?	? <b>11</b>	a X	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13					_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflic	ts?	12	s X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," des	cribe			
	in Schedule O how this was done			. 12	2	X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva	al by inde	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15	a	X
b	Other officers or key employees of the organization			15	5	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	а			
	taxable entity during the year?			16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	·			
	exempt status with respect to such arrangements?			16	,	
Sect	tion C. Disclosure			<u> </u> 10	- 1	
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990.T (	Section 501/c	)(3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				) avan	abic
		n in Cab-				
40			,	and fina		
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	mict of In	terest policy,	and finar	icial	
	statements available to the public during the tax year.		<b>.</b>			
	State the name, address, and telephone number of the person who possesses the organization's bound of $MTCHAFT$ T THAT FR CRA PC - 516-883-4600	oks and r	ecoras 🕨 _			
	MICHAEL I. THALER, CPA, PC - 516-883-4600					
		L M				
	2-8 HAVEN AVE, SUITE 224, PORT WASHINGTON, NY 110	50			rm <b>99</b>	<b>•</b> • • •

Form 9	990	(201	8)
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GEORGIE BADIEL FOUNDATION, INC.

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	nt Contrac	ctors		

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т 

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per	box	not c , unle:	Pos heck ss per	more rson i	than o s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Institutional trustee Officer Kev emplovee		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) GEORGIE BADIEL-LIBERTY	10.00							40.000	0	0	
PRESIDENT/BOARD DIRECTOR	0.00	х		X				42,000.	0.	0.	
(2) ETELLE HIGONNET BOARD DIRECTOR	0.00	x						0.	0.	0.	
(3) CHID LIBERTY	0.00							<b>Ŭ</b>			
BOARD DIRECTOR	0.00	x						0.	0.	0.	
(4) ISABEL HIDROBO	0.00										
BOARD DIRECTOR		х						0.	0.	0.	
(5) HANS HUMES	0.00										
BOARD DIRECTOR		Х						0.	0.	0.	
(6) ZANG TOI	0.00										
BOARD DIRECTOR		Х						0.	0.	0.	
(7) J. PAUL MARTIN	0.00										
BOARD DIRECTOR		Х						0.	0.	0.	
		-									
		┢									
		-									
		-									
		1									
		-									
		_									
		-									
		-									
										Form <b>990</b> (2018)	

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832007 12-31-18

Form 990 (2018)

	990 (2018) GEORGIE E	BADIEL F	'OU	ND	AT	10	N,	I	INC.	47-46	<u>575(</u>	05	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week (list any	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related		an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS	I	fr org and	om the anizati d relate	e ion ed
С	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							<u>42,000.</u> <u>0.</u> 42,000.		0.0.0			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th						o re		000 of reportable				0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-				•			•		[	3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4		X
	rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>											5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										ensati			
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Co	<b>(C)</b> Compensation		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C	e lis )	ted	above) who received me	ore than			000	
												-orm	<b>990</b> (2	2018)

832008 12-31-18

orm 990		IE BADIEL	FOUNDAT	ION, INC.		47-4675	005 Page 9
Part VI	III Statement of Reven	ue					
	Check if Schedule O conta	ins a response or n	ote to any line	in this Part VIII			
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
<u>v</u> 1;	a Federated campaigns	1a					
<b>_</b>	<b>b</b> Membership dues						
, A	c Fundraising events	1c					
ar	d Related organizations	1d					
, <u>m</u> il	e Government grants (contributio	ons) <b>1e</b>					
is f	f All other contributions, gifts, grants						
the	similar amounts not included above	e 1f 20	5,709.				
d d	<b>g</b> Noncash contributions included in lines 1a	a-1f: \$					
u a	h Total. Add lines 1a-1f			205,709.			
		Bu	siness Code				
2 2 3	a						
9	b						
ent	c						
	d						
, I	e						
	f All other program service reven						
	g Total. Add lines 2a-2f						
3	Investment income (including c						
4	other similar amounts) Income from investment of tax-						
5	Royalties		· · -				
5	noyanies		i) Personal				
6	a Gross rents						
	<ul><li>a Gross rents</li><li>b Less: rental expenses</li></ul>						
	c Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>a</b> Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	()					
	<b>b</b> Less: cost or other basis						
	and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		►				
	a Gross income from fundraising including \$	events (not					
eve	contributions reported on line 1	1c). See					
ב ב	Part IV, line 18	a <u>1</u>	5,000.				
ទ្ឋី	b Less: direct expenses	b 2	6,072.				
،   ^ر	c Net income or (loss) from fundr	aising events	►	-11,072.			-11,072.
9 (	a Gross income from gaming act						
	Part IV, line 19						
	<b>b</b> Less: direct expenses						
	c Net income or (loss) from gamin	-	►				
10 #	a Gross sales of inventory, less re						
	and allowances						
	<b>b</b> Less: cost of goods sold						
	c Net income or (loss) from sales						
4.1	Miscellaneous Revenue		siness Code				
11 a		<b> </b>					
	b	<b> </b>					
	C						
	d All other revenue						
12	e Total. Add lines 11a-11d Total revenue. See instructions			194,637.	0.	0	-11,072.
			····· 🚩 🖊		V •	v •	Form <b>990</b> (2018

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GEORGIE BADIEL FOUNDATION, Part IX Statement of Functional Expenses

Da	Check if Schedule O contains a respons	e or note to any line in ti (A)		(C)	<u>X</u> (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	6 9 5 9	c		
	and domestic governments. See Part IV, line 21	6,059.	6,059.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	56,000.		56,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal	2 5 0 0		2 500	
С	Accounting	3,502.		3,502.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1			1
2	Advertising and promotion	1,666.		2 7 6 0	1,666
3	Office expenses	3,760.		3,760.	
4	Information technology				
5	Royalties				
6	Occupancy	12 410		12 41 0	
7	Travel	13,416.		13,416.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates	026		026	
2	Depreciation, depletion, and amortization	836.		836.	
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	07 052	07 053		
а	WELL BUILDING/REPAIR PR	87,953.	87,953.		
b	HEALTH/HYGIENE PROGRAMS	6,455.	6,455.		1 050
c	OUTSIDE SERVICES	4,852.		1 010	4,852
d	MEALS	1,819.	1 700	1,819.	1 /00
	All other expenses <u>SEE SCH O</u>	10,592.	1,700.	7,400.	1,492
5	Total functional expenses. Add lines 1 through 24e	196,910.	102,167.	86,733.	8,010
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Figure 160 (1998-2 (ASC 958-720)				

INC.

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GEORGIE	BADIEL	FOUNDATION,	INC
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		Check if Schedule O contains a response or r	ote to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			19,958.	1	14,292.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest comper	loyees. Complete				
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqu					
		section 4958(f)(1)), persons described in secti	on 4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of se	ection 501(d	c)(9) voluntary			
S		employees' beneficiary organizations (see inst	tr). Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,179. 836.			
	b	Less: accumulated depreciation		836.	0.	10c	3,343.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lin	ie 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 34	)	19,958.	16	17,635.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV of	Schedule D		21	
Se	22	Loans and other payables to current and form	ner officers,	directors, trustees,			
Liabilities		key employees, highest compensated employ					
iabi		Complete Part II of Schedule L		······		22	
-	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	irties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). (	Complete Part X of			
		Schedule D		······  -	0	25	
	26				0.	26	0.
		Organizations that follow SFAS 117 (ASC 9		here  here and			
es		complete lines 27 through 29, and lines 33					
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets		·····		28	
pd	29			· · · · · · · · ·		29	
Fu		Organizations that do not follow SFAS 117	(ASC 958),				
٥ د		and complete lines 30 through 34.			0		0
set	30	Capital stock or trust principal, or current fund			0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or			19,958.	31	17,635.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated			19,958.	32 33	17,635.
_	33 34	Total net assets or fund balances			19,958.	33 34	17,635.
	04	Total liabilities and net assets/fund balances				U7	Form <b>990</b> (2018)

Form 990 (2018)
Part X Balance Sheet

	1990 (2018) GEORGIE BADIEL FOUNDATION, INC.	47-467	<u>5005</u>	Page <b>12</b>	
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,637.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	196	,910.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,273.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	,958.	
5					
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-50.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	17	<u>,635.</u>	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			<u>۱</u>	es No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>90</b> (2018)	

SCHED	ULI	ΕA
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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2018

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. rs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
Name of the organization							identificatio	
GEOF	RGIE BADIEL	FOUNDATION,	INC.				7-46750	)05
Part I Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	e instructions	6.		
<ul> <li>The organization is not a private found</li> <li>1 A church, convention of cl</li> <li>2 A school described in sec</li> <li>3 A hospital or a cooperative</li> <li>4 A medical research organicity, and state:</li> </ul>	nurches, or associatio tion 170(b)(1)(A)(ii). ( e hospital service orga	n of churches described Attach Schedule E (Forn anization described in se	in section 1990 or 99 ection 170	on <b>170(b)(1</b> 90-EZ).) 9 <b>(b)(1)(A)(ii</b>	i).	)(iii). Enter	the hospital's	s name,
5 An organization operated		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	d in	
section 170(b)(1)(A)(iv). (								
<ul> <li>6 A federal, state, or local go</li> <li>7 An organization that norm section 170(b)(1)(A)(vi). (0</li> <li>8 A community trust described as a comm</li></ul>	ally receives a substar Complete Part II.)	ntial part of its support fr	rom a gove			ne general p	ublic describ	ed in
9 An agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college	
or university or a non-land- university:	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
10 X An organization that norm activities related to its exe income and unrelated bus	mpt functions - subjections -	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	s support f	rom gross inv	vestment
<ul> <li>income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type II,</li></ul>								
g Provide the following information			(iv) is the ora:	nization listed			( 1) (	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of support (see ir		(vi) Amount support (see in	
organization		above (see instructions))	Yes	No	support (see if	istructions)	support (see ii	
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

## Schedule A (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATION, INC. 47-4675 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

47-4675005 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.							
	ction B. Total Support						(1)	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
-	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
•	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga instructi				10		
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t		<b>12</b>		
13	organization, check this box and stop	0		, ,	,	()()		
Sec	ction C. Computation of Publi	c Support Per	rcentage					
	Public support percentage for 2018 (li			column (fl)		14	%	
	Public support percentage from 2017		•	• • • • • • • • • • • • • • • • • • • •		15	<u> </u>	
						· · · ·		
	<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
h	<b>33 1/3% support test - 2017.</b> If the c		-					
	and <b>stop here.</b> The organization qual							
17a								
	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"			-	-	-		
b	10% -facts-and-circumstances test							
~	more, and if the organization meets th		-					
	organization meets the "facts-and-circ							
18	Private foundation. If the organizatio		-		• • • •		s <b>&gt;</b>	
				, , ,		edule A (Form 990		

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

#### Schedule A (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")		17,532.	73,122.	127,984.	220,709.	439,347.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		17,532.	73,122.	127,984.	220,709.	439,347.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
amount on line 13 for the year c Add lines 7a and 7b						0.
						439,347.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						455,547.
Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9 Amounts from line 6	( <b>u</b> ) 2014	17,532.	73,122.	127,984.	220,709.	439,347.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)		17,532.	73,122.	127,984.	220,709.	439,347.
14 First five years. If the Form 990 is for	the organization's					
	0		, ,	\$		, 
Section C. Computation of Public						
15 Public support percentage for 2018 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	<b>18</b> (line 10c, colur	nn (f), divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	' is not
more than 33 1/3%, check this box an	id stop here. The	organization qualifi	ies as a publicly s	upported organizat	tion	
b 33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, chee	ck this box and <b>st</b>	<b>op here.</b> The orgar	nization qualifies a	s a publicly suppo	rted organization	
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19a	, or 19b, check th	is box and see ins	tructions	<b>&gt;</b>
832023 10-11-18				Sche	edule A (Form 990	or 990-EZ) 2018
		15				

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#### Schedule A (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATION, INC.

#### 47-4675005 Page 4

Yes No

 Part IV
 Supporting Organizations

 (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATION, INC. Part IV Supporting Organizations (continued)

11 Hest be organization accepted a gift or combuction from any of the following persons?       11       11         2 A person with offencty or inforcement of a person described in (b) and (c) that over the organization?       11       11         2 A hang with the organization of a person described in (b) of or (b) abov?       11       11       11         2 A hang member of a person described in (b) or (b) abov?       11       11       11       11         2 A charge member of a person described in (b) or (b) abov?       11       11       11       11       11         2 Section B: Type I Supporting Organizations       The organization advance of the accepted organization advance or trauteses at all items during the fast system? if No, " describe in Pert VI how the supported organization of the than one supported organization advance of the supported organization of the than the supported organization advance organization ad				Yes	No
betwy, the governing body of a supported organization?     betwy the support of the organization acceleration of the support of organization acceleration of the support of the organization acceleration of the support or acceleration of the organization acceleration of the support or acceleration of the organization of the support organization of the support organization of the support or acceleration of the support organization of the support of organization of the support organization organization of the support organization organ	11	Has the organization accepted a gift or contribution from any of the following persons?			
<ul> <li>b A family member of a person described in (a) above?</li> <li>c A S9% controlled entity of a person described in (b) above?</li> <li>c A S9% controlled entity of a person described in (b) of (b) above?</li> <li>Section B. Type I Supporting Organizations</li> <li>1 Did the directors, trustees, or membrahip of one or more supported organizations have the power to regularly appoint or elect at loast a majority of the organization's directors or trustees, auge vised, or controlled the organization's activities. If the organization is directors or trustees at all times during the tax year? If <i>vise</i>: <i>t</i> can b, crc., provide detail in Pert V.</li> <li>2 Did the organization can be the benef of any supported organization, describe how the powers to granization, describe how the powers to granization directs on trustees wave allocated anong the supported organization, describe how the powers to granization other than the supported organization, describe how the powers to granization other than the support or controlled the support or granization other than the support or granization of the the powers or provides auto the support or granization? If "vs." explain in Pert V Now the support or granizations.</li> <li>2 Did the organization create of the benefit of any supported organization? If "vs." explain in Pert V Now the supporting organization.</li> <li>3 Section C. Type II Supporting Organizations</li> <li>4 Were any of the organization's supported organizations? If "No." describe in Part V how control or management of the supporting organizations. by the last day of the lift month of the organization's support organizations. by the last day of the lift month of the organization's filter, or subport of organization, and (i) copies of the organization's organization's support or ordect as the support or ordect day of the lift more than organization's a diverse or trustees at a lift or distribution. The support of organization's a diverse of the organization's organization's a support of organization, and (</li></ul>	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
e A 35% controlled entity of a person described in [a) or [b] above? // "Yes" to a, b, or c, provide detail in Part VI.     1     1     1     2     Section B. Type I Supporting Organizations     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations  Yes No  Define directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year 1 'Wo,'' describe in Part VI now the supported organization's directors or trustees at all times during the tax year 1 'Wo,'' describe in Part VI now the supported organization of the supported organization, describe how the powers to appoint and/or encode directors or trustees at all times during the tax year. Description and what conditions or restrictions, if any, applied to such powers during the tax year. Description or pointing organization of the test of the supported organization of the time the supported organization grant for the benefit of any yeapported organization of the time the supported organization's directors or trustees of the supporting organization of the time to organization of the directors or trustees of each of the organization as vested or controlled the supported organization of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or managed the upported organizations Section D. All Type II Supporting Organizations supported organizations, aby the last day of the fifth month of the organization provide to each of the supporting organizations, by the last day of the fifth month of the organization provide to each of the supported organization's supported organizations, and (i) copies of the organization fores, directors, or trustees the the date of notification, and (ii) copies of the organization so overning documents in effect on the date of notification, and (ii) copies of the organization so the organization was wested in supported organizations and was supported organizations, su	b	A family member of a person described in (a) above?	11b		
<ol> <li>Did the directors, trustees, or membership of one or more supported organizations have the power to model at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part W how the supported organization of directory operated, supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the two results of the organization appendix or controlled the supported organization of the than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization (b) that operated, supported organization gravitation? If "Yes," explain in Part W in providing such benefit carried out the purposes of the supported organization (b) that operated.</li> <li>Section C. Type II Supporting Organization</li> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization (b). The support of organization (b) that operated application:</li> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organization. Support of organization (b) that operated application:</li> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth morth of the organization's officers, directors, or trustees either (i) appointed organization's).</li> <li>Did the organization intertime the date of ontification, to the extern to previdely provided organization's apported organization's apported organization's.</li> <li>Were any of the organization is supported organization. The extern tore provided during the prior tax year, (i) a copy of the For</li></ol>	C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<ol> <li>Did the directors, trustees, or membership of one or more supported organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part V</b> how the supported organization's directors or trustees at all times during the constraints of the organization's directors or trustees are allocated anong the supported organization, describe how the powers to appoint and/or remove directs or trustees were allocated anong the supported organization, describe how the powers to appoint and/or remove directs or trustees were allocated anong the supported organization or entities or the support of any supported organization? If 'Yes,' explain in Part V how the powers to supported organization? If 'Yes,' explain in Part V how predifing such benefit carred out the purposes of the supported organization? If 'Yes,' explain in Part V how the granication is directors or trustees of the supported organization? If 'Yes,' explain in Part V how the granication's directors or trustees of the supported organization? If 'Yes,' explain in orthogen a carcitotide dramatication's supervision such the purposes of the support of organization? If 'Yes,' explain in orthogen a cancel of the supporting organizations are setted organization? If 'Yes,' explain in orthogen a cancel organization's directors or trustees direction and the organization? If 'Yes,' explain in orthogen a cancel organization's directors or trustees and in the same persons that controlled or managed the supporting organization's directors or trustees the lass of any period organization? If 'Yes,' explain in the organization's directors or trustees the organization? If 'Yes,' explain in Part V how the organization's aversen', if any explored organization's directors or trustees the organization's aversen', if any explored organization's directors or trustees the aversen's any explored organization's directors or trustees the organization's directors or trustees the organization and the organization's aversen', if any exported organizatio</li></ol>	Sec	tion B. Type I Supporting Organizations			
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<ol> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization?? If "No," describe in Part VI how control or management of the supporting Organizations was vested in the same persons that controlled or managed the supported organization(s).</li> <li>Section D. All Type III Supporting Organizations by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing on the governing body of a supported organization? If "No," explain in Part VI how the organization is non-ing on the governing body of a supported organization's supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's isoported organization is supported organization's isoported organization's assupported organization's involvement policies and in directing the use of a below.</li> <li>Check the box next to the method that the organization was responsive? If "Yes," then in Part VI how to erganization subported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> <li>Deto the organization is supported organizations. Complete line 2 below.</li> <li>Check the box next to t</li></ol>	Sec	tion C. Type II Supporting Organizations			
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<ul> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's of (i) serving on the governing body of a supported organization? If 'No, 'explain in Part VI how the organization's officers, directors, or trustees either (i) appointed or granization(s).</li> <li>By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization supported organizations.</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>Check the box next to the method that the organization supported and organization's supported organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</li> <li>The organization subported organizations activities during the tax year directly furthered their exempt purposes of the supported organization's activities during the supported organization determined that the organization was responsive? If 'Yes,'' then in Part VI identify those supported organization's novititue dustribuilities during the tax year (i) a visa, '' explain in Part VI the reasons for the organization's activities during the tax year directly furthered their exempt purposes, how the organization's novities during the supported organization's involvement.</li> <li>Did the activities described in (a) constitu</li></ul>	Sec	tion D. All Type III Supporting Organizations			
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Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATI	ON, I	INC.	47-4675005 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

#### Schedule A (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATION, INC.

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	S					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	e organization is responsive	)					
	(provide details in Part VI). See instructions.	-						
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
C	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
с	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ)	2018 GEORGIE	BADIEL	FOUNDATIC	ON, INC.	47-4675005	Page 8
Part VI	Part IV, Section A, li line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b, 4 on D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9l art IV, Section	b, 9c, 11a, 11b, an E, lines 1c, 2a, 2b,	d 11c; Part IV, Sect 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Sectic line 1; Part V, Section B, line 1e; P r any additional information.	on C, Part V,
	(See Instructions.)						
832028 10-11-1	3					Schedule A (Form 990 or 990	)-EZ) 2015
		005		20		BADIEL FOUNDATION	
					1 I 2 81 1 8 ( 2 1 8'		

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## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

nlover identification

Name of the organization		Employer identification numb
C	GEORGIE BADIEL FOUNDATION, INC.	47-4675005
Organization type (check	< one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	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 is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

-		2
Pad	e	2

Employer identification number

GEORGIE BADIEL FOUNDATION, INC.

47 - 4675005

Part I	<b>Contributors</b> (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	WARREN, NJ 07059	\$10,000.	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
2	<u>NEW YORK, NY 10017</u>	\$10,000.	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
3	Text WARREN, NJ 07059	\$41,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>NEW YORK, NY 10020</u>	\$15,309.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WASHINGTON, DC 20036	\$7,554.	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
6	NEW YORK, NY 10014	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

(d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for

(d)

Type of contribution

X

47-4675005

GEORGIE BADIEL FOUNDATION, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 7 10,000. \$ NEW YORK, NY 10023 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 8

8	WARWICK, RI 02889-9509		\$ <u>16,500.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP -	+ 4	Total contributions	Type of contribution
9	HUNTINGTON, IN 46750		\$ <u>6,093.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP -		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP -		Total contributions	Type of contribution         Person
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP -		Total contributions	Type of contribution         Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

17271108 130075 BAD5005

Employer identification number

47-4675005

GEORGIE BADIEL FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Schedule B (F	orm 990. 990	0-EZ. or 990-P	F) (2018)
	01111 0000, 000		-)(=0.0)

Page	4
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ame of organi	ization		Employer identification number				
EORGIE	BADIEL FOUNDATION, IN	Ċ.	47-4675005				
Part III Ex	clusively religious, charitable, etc., contribution	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
cor	mpleting Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) ss				
Us	se duplicate copies of Part III if additional s	pace is needed.					
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		( ) <b>—</b>					
		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
<u> </u>							
a) No. from			(d) Deceription of how with is hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>							
—							
	(e) Transfer of gift						
			<b>-</b>				
	Transferee's name, address, an		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				
— —							
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
— —		[					
<del>-</del>							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
—			—   —				
		(e) Transfer of gift					
	Transferee's name, address, an	d <b>ZI</b> P + 4	Relationship of transferor to transferee				
3454 11-08-18			Schedule B (Form 990, 990-EZ, or 990-PF) (20				

## 17271108 130075 BAD5005

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

GEORGIE BADIEL FOUNDATION, INC.

Employer identification number 47 - 4675005

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	conferring
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	prically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes t	ne organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art
	historical treasures, or other similar assets held for public exh	<i>,,,</i> 1	,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		······································
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		• • •
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
	1 10-29-18		

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Sche		BADIEL FO						47-46			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histor	rical Tre	easures, or	Other	⁻ Similar	⁻ Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	ny of the f	following that	are a sig	gnificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	<b>i</b> 🔄 Lo	oan or exc	hange progra	ms					
b	Scholarly research	e	•	ther							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they	/ further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the c	organizatio	on answered ""	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						ty?	∟	Yes		_ <b>No</b> □
Par							0				<u> </u>
		(a) Current year		or year	(c) Two years		(d) Three y	ears hack	(e) Four	Veare	hack
1a	Beginning of year balance	(a) Ourrent year		or year		3 Dack			(e) i oui	ycar 3	Dack
h	Contributions										
c c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a.	column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held ar	nd administere	ed for th	e organiza	ation	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, I	ine 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k value	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				4,179.		83	36.		3,34	<u>43.</u>
	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column</u>	<u>(B), line 1</u>	0c.)					3,34	
								Cabadula		- 0001	0040

Schedule D (Form 990) 2018

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)		•
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			25
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of line lite	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line		25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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### Schedule D (Form 990) 2018 GEORGIE BADIEL FOUNDATION, INC. 47-4675005 Page 3

Part VII Investments - Other Securities.

molete if the organization answered "Ves" on Fo a 000 Dart IV line 11h See Form 000 Dart V line 10 0

Sche	dule D (Form 990) 2018 GEORGIE BADIEL FOUNDATION,	INC.	47-4675005 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		. 5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	• •	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		_
b	Prior year adjustments		_
С	Other losses		_
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	or if the	2018						
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ic	Inspection lentification number	
		BADIEL FOUNDATION	. IN	īC.			47-467		
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, I	ine 1			
	complete this part								
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover ising e ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye		
compensated at le	ast \$5,000 by the	organization.	()			(1)	Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (	exempt from	registration	
LHA For Paperwork Ro	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z	Sche	dule G (Form	990 or 990-EZ) 2018	

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018	GEORGIE	BADIEL	FOUNDATION,	INC
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 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b. List overte with any statement of the reported more than \$15,000 of the reported more the reported more the reported more the report Part II

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA		(t - t - L	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,000.			15,000.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,000.			15,000.
	4	Cash prizes				
ŝ	5	Noncash prizes				
xpense	6	Rent/facility costs	17,800.			17,800.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,272.			8,272.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			26,072.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-11,072.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1		r	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
s		Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	/₀   No	□ 1es /₀	No 765 20	
	Ũ					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	) If "	Yes," explain:				
	20 10	)-03-18			Schedule G (For	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 GEORGIE BADIEL FOUNDATION, INC.	47-4675005 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b> %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name 🕨	
······································	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the am	ount
of gaming revenue retained by the third party $\triangleright$ \$	lount
c If "Yes," enter name and address of the third party:	
c in res, entername and address of the third party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year <b>&gt;</b> \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
832083 10-03-18 Schedul	e G (Form 990 or 990-EZ) 2018
32	

Part IV Supplemental Inform	mation (contin	ued)		
Schedule G (Form 990 or 990-EZ)	GEORGIE	BADIEL	FOUNDATION,	INC.

		Schedule G (Form 990 or 990-EZ)
832084 04-01-18	33	שטיישטעופ ע (רטוווז ששט טר ששט-EZ)

SCHEDULE I		arants and Oth					OMB No. 1545-0047			
(Form 990)		vernments, an					2018			
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.									
Internal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization GEORGIE B.	ADIEL FOU	NDATION, IN	с.				Employer identification number $47 - 4675005$			
Part I General Information on Grants a	nd Assistance									
1 Does the organization maintain records t										
criteria used to award the grants or assis							Yes X No			
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any			
recipient that received more than \$					(f) Method of	I	1			
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
FACE AFRICA										
P.O. BOX 391498										
CAMBRIDGE, MA 02139	26-1443101	501 (C)(3)	5,000.	٥.			DONEE'S EXEMPT PURPOSE			
NOAH NEW YORK										
P.O. BOX 24702										
BROOKLYN, NY 11202	45-4181200	501 (C)(3)	309.	0.			DONEE'S EXEMPT PURPOSE			
BATONGA FOUNDATION										
1875 CONNECTICUT AVE NW 10TH FLOOR										
WASHINGTON, DC 20009	20-5927387	501 (C)(3)	750.	0.			DONEE'S EXEMPT PURPOSE			
2 Enter total number of section 501(c)(3) ar	nd government or	anizations listed in the	e line 1 table		I	1	•			
3 Enter total number of other organizations							• • • • • • • • • • • • • • • • • • •			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### 832102 11-02-18

#### Schedule I (Form 990) (2018)

## GEORGIE BADIEL FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



47-4675005

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GEORGIE BADIEL FOUNDATION,

OF AFRICA. PROVIDE LITERACY & EDUCATION FOR WOMEN & GIRLS IN BURKINA

FASO & OTHER PARTS OF AFRICA. PROVIDE BASIC HEALTH & HYGIENE EDUCATION

& AWARENESS FOR RURAL AREAS TO POOR INDIVIDUALS & TO PLANT TREES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO POOR INDIVIDUALS & TO PLANT TREES.

FORM 990, PART VI, SECTION A, LINE 2:

GEORGIE BADIEL-LIBERTY & CHID LIBERTY ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS PROVIDED TO THE EXECUTIVE DIRECTOR BEFORE FILING. THE

EXECUTIVE DIRECTOR REVIEWS THE TAX RETURN WITH THE MEMBERS OF THE BOARD.

UPON APPROVAL, THE TAX RETURN IS FILED.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S

WEBSITE AND UPON WRITTEN REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS

AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EDUCATION/LITERACY PROGRAMS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

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

1,700.

Schedule O (Form 990 or 990-EZ) (2018)

0.

17271108 130075 BAD5005

36

2018.05000 GEORGIE BADIEL FOUNDATION BAD50051

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization GEORGIE BADIEL FOUNDATION, INC.	Employer identification numbe 47-4675005
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,700.
STORAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,693.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,693.
COMPUTER EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	120.
FUNDRAISING EXPENSES	1,492.
TOTAL EXPENSES	1,612.
WEBSITE MAINTENANCE & DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,138.
FUNDRAISING EXPENSES	٥
TOTAL EXPENSES	1 1 2 0
PRINTING & COPYING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,094.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,094.

BANK CHARGES:

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization GEORGIE BADIEL FOUNDATION, INC.	Page Employer identification number 47-4675005
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,005.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,005.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	803.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	803.
BOOKS & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	770.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	770.
PAYPAL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	282.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	282.
OTHER COSTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	201.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	201. Schedule O (Form 990 or 990-EZ) (2018

17271108 130075 BAD5005

2018.05000 GEORGIE BADIEL FOUNDATION BAD50051

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization		Employer identification numbe
GEORGIE BADIEL FO	UNDATION, INC.	47-4675005
POSTAGE & DELIVERY:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		131.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		131.
FOREIGN EXCHANGE FEE:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		113.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		113.
FILING FEES:		
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		50.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		50.
TOTAL OTHER EXPENSES ON FORM 990	0, PART IX, LINE 24E,	COL A 10,592.
FORM 990, PART XI, LINE 9, CHANG	GES IN NET ASSETS:	
NON-DEDUCTIBLE CHARITABLE CONTRI	IBUTIONS	-50.
832212 10-10-18	39	Schedule O (Form 990 or 990-EZ) (201

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

# **Depreciation and Amortization**

(Including Information on Listed Property) 990 OMB No. 1545-0172 18 ZU

Identifying number

Attachment Sequence No. 179

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

GEO	ORGIE BADIEL FOUNDAT	ION, INC.		FORM	1 990	PA	GE 10		47-4675005
Pa								V before y	
1 1	Maximum amount (see instructions)							1	1,000,000.
2 1	Fotal cost of section 179 property place								
	Threshold cost of section 179 property								2,500,000.
4 F	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0-					4	
<b>5</b> 🛛	Dollar limitation for tax year. Subtract line 4 from line	I. If zero or less, enter -	0 If married filing separate	ely, see ins	structions	<u></u>		5	
6	(a) Description of pro	perty	(b) Co	st (busines	ss use only)		(c) Elected	cost	
						_			
	Listed property. Enter the amount from		·····						
	Fotal elected cost of section 179 proper								
	Tentative deduction. Enter the <b>smaller</b> Carryover of disallowed deduction from								
	Business income limitation. Enter the sr							44	
	Section 179 expense deduction. Add lir		•					12	
	Carryover of disallowed deduction to 20							12	
	: Don't use Part II or Part III below for I				•   13	·			
Pa		,		include	listed pro	pertv	.)		
	Special depreciation allowance for quali		• •				,		
	he tax year			• • •			-	14	
	Property subject to section 168(f)(1) elec								
	Other depreciation (including ACRS)							16	
	rt III MACRS Depreciation (Don't						<u></u>	10	
		•	Section A						
17	MACRS deductions for assets placed in	service in tax ve	ars beginning before	e 2018				17	
	f you are electing to group any assets placed in service	-	0 0				▶□	Ξ. <u> </u>	
	Section B - Assets	Placed in Servic	e During 2018 Tax	Year U	sing the (	Gener	al Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only - see instructio	use	(d) Recov period		(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property	1	4,1	.79.	5 YR	s.	HY	200DB	836.
с	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				25 yrs	S.		S/L	
		/			27.5 yı	rs.	MM	S/L	
h	Residential rental property	/			27.5 y	rs.	MM	S/L	
	Nonropidantial real property	/			39 yrs	S.	MM	S/L	
i 	Nonresidential real property	/					MM	S/L	
	Section C - Assets P	laced in Service	During 2018 Tax Y	ear Usi	ng the Al	terna	tive Deprec	iation Syst	tem
<u>20a</u>	Class life							S/L	
b	12-year				12 yrs	S.		S/L	
c	30-year	/			30 yr:	S.	MM	S/L	
d	40-year	/			40 yr:	S.	MM	S/L	
Pa	rt IV Summary (See instructions.)								1
	Listed property. Enter amount from line							21	
22 1	<b>Fotal.</b> Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 20 in colu	umn (g),	and line 2	21.			
	Enter here and on the appropriate lines				ons - s <u>ee i</u>	nstr.		22	836.
	For assets shown above and placed in s	•	e current year, enter	the					
-	portion of the basis attributable to section			<u></u>	23	8			
81625	1 12-26-18 LHA For Paperwork Redue	ction Act Notice,	, see separate4nstr	uctions	s.				Form <b>4562</b> (2018)

For	rm 4562 (2018)	GEO	RGIE BA	DIEL	FOUI	NDAT	ION,	INC	2.			47-	4675	005	Page 2
P	art V Listed Proper				ner vehic	les, cer	tain aircr	aft, an	d property	vused for					
	entertainment, Note: For any			,	standar	d milear	ne rate o	r dedu	ctina leas	- exnens	e comr	olete <b>or</b>	lv 24a		
	24b, columns										o, oomp		<b>ily</b> 240,		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution:	See the i	nstruc	tions for li	mits for p	asseng	er auton	nobiles.)		
<u>24a</u>	a Do you have evidence to s	support the bu		ent use cla	aimed?	<u> </u>	′es 📃	No	24b If "Y	es," is th	e evide	nce writt	ten?	_ Yes ∟	No
	(a)	(b) Date	(c) Business/	,	(d)	Bo	(e)	nointion	(f)		g)		(h)		(i)
	Type of property (list vehicles first)	placed in	investment		Cost or	(hi	sis for depr Isiness/inve		Recovery period		hod/ ention		eciation uction		cted on 179
		service	use percenta	ge U	ther basis		use only	/)	periou	00110		ucui	uction	C	ost
25	Special depreciation allo								5						
	used more than 50% in				<u></u>				<u></u>	<u></u>	25	<u> </u>			
26	Property used more that	n 50% in a q	ualified busine	ess use:											
		: :		%								<u> </u>			
		: :		%								<u> </u>			
		: :		%											
27	Property used 50% or le	ess in a qualif	fied business	use:											
		: :		%						S/L ·				4	
		: :		%						S/L ·				4	
		: :		%						S/L -					
28	Add amounts in column	ı (h), lines 25	through 27. E	inter here	e and on	line 21,	, page 1				28				
<u>29</u>	Add amounts in column	ı (i), line 26. E	nter here and	on line 7	7, page 1			<u></u>			<u></u>		29		
			9	Section	B - Infor	mation	on Use	of Veh	nicles						
Co	mplete this section for ve	hicles used l	by a sole prop	rietor, pa	artner, or	other "	more the	an 5%	owner," oi	r related	person.	If you p	rovided v	vehicles	
toy	your employees, first ans	wer the ques	tions in Section	on C to s	see if you	ı meet a	an excep	tion to	completir	ng this se	ction fo	r those v	vehicles.		
-					-				-	-					
				(	a)	(	(b)		(c)	(0	d)	(	e)	(†	f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Ve	hicle	V	/ehicle	Veh	icle	Veł	hicle	Vehicle	
	year ( <b>don't</b> include commu	iting miles)	-												
31	Total commuting miles														
	Total other personal (no														
	driven	-	-												
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa														
00	use?														
			- Questions f		lovers W	ho Pro	vide Vet	l Niclos f	for Lise by	/ Thoir E	mnlove		1		1
۸nd	swer these questions to a												ron't		
	ore than 5% owners or rel			леерион		Joung				d by cm	pioyees		i cii t		
	Do you maintain a writte			ohibits a	ll person		ofvehicle	e incl	udina com	mutina	hy your			Yes	No
07	•		-						-	-				103	
28	employees? Do you maintain a writte														
00	employees? See the ins		-												
20	Do you treat all use of v													·	
	Do you provide more th								mployooo						
40															
	the use of the vehicles,														
41	Do you meet the require														
D	Note: If your answer to art VI Amortization	<i>১</i> , ১৪, 39, 4	u, or 41 IS "Ye	es, aon'	i comple	te Sect	IOU R LOL	the co	overea veh	licies.					
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs	Date	e amortization		Amortiza amoun	ble		Code		Amortiza	ation	Ai	mortization	
40	Amortization of costs th	at beging du		begins B tax yoa	l ar:	amoun			section		period or per	centage	to	or this year	
42	Amortization of costs th	iai negins du			u. 										
				: :											
	Amendia atiana atiana atiana	at he see 1								I					
	Amortization of costs th											43			
-	Total. Add amounts in o	column (†). Se	ee the instruct	ions for	wnere to	report						44			0 (00 10)
8162	252 12-26-18												F	orm 456	<b>2</b> (2018)

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each re	turn

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number	
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identificatio	on number (EIN) or	
print							
File by the	GEORGIE BADIEL FOUNDATION, INC. 47-46750						
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 1161	see instruct	tions.	Social se	curity numb	er (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a fendet NEW YORK, NY 10028	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)				
Applicat	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	Form 990-PF 04 Form 5227				10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990	Form 990-T (trust other than above) 06 Form 8870					12	
<ul> <li>If the</li> <li>If this</li> <li>box &gt;</li> <li>1 I re</li> <li>the</li> <li>2 If the</li> </ul>	quest an automatic 6-month extension of time until         organization named above. The extension is for the org         X       calendar year 2018         or         tax year beginning         ne tax year entered in line 1 is for less than 12 months, or         Change in accounting period	Group Exe and atta NOVE1 anization's , an theck rease	mption Number (GEN), . ach a list with the names and EINs of MBER 15, 2019 , to file return for: ad ending on: Initial return	If this is fo all memb	r the whole g ers the exter npt organizat	group, check this nsion is for.	
	nis application is for Forms 990·BL, 990·PF, 990·T, 4720 / nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
b lft	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and				
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
instructio		,		453-EO an		. ,	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see mstru	ICUONS.			3868 (Rev. 1-2019)	

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

1.General Informat	ion			
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2018 and Ending (	mm/dd/yyyy) 12/31/2	018
Check if Applicable:	Name of Organization: GEORGIE BADIEL		INC.	Employer Identification Number (EIN): 47-4675005
Name Change	Mailing Address: P.O. BOX 1161			NY Registration Number: $45-66-92$
Final Filing	City / State / ZIP:	10028		Telephone: 516 8834600
Reg ID Pending	Website:		ODC	Email:
	WWW.GEORGIEBAD	1ELFOUNDATION	• ORG	
Check your organization' registration category:	s 7A only EPTL	only X DUAL (7A &		onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com.
2. Certification				
See instructions for certif two signatories.	ication requirements. Imprope	r certification is a violation	of law that may be subject to	o penalties. The certification requires
We certify under p	penalties of perjury that we revi	ewed this report, including	all attachments, and to the b	pest of our knowledge and belief,
	re true, correct and complete ir			
President or Authorized	Officer:		GEORGIE BAD PRESIDENT	IEL
	Signature		Print Name	and Title Date
	orginataro			
Chief Financial Officer o	r Treasurer:			
	Signature		Print Name	and Title Date
3. Annual Reporting	g Exemption			
categories (DUAL filers) the additional attachments and	hat apply to your registration, o	complete only parts 1, 2, a	nd 3, and submit the certified	ory (7A or EPTL only filers) or both d Char500. No fee, schedules, or exemption, you must file applicable
exceed \$2	ng exemption: Total contribution 25,000 <u>and</u> the organization div ons during the fiscal year.			vernment agencies, etc. did not aising counsel (FRC) to solicit
	filing exemption: Gross receipt a fiscal year.	ts did not exceed \$25,000	and the market value of asse	ets did not exceed \$25,000 at any time
4. Schedules and A	ttachments			
See the following page for a checklist of				ising counsel or commercial co-venturer
schedules and attachments to	tor fund	raising activity in INY State	? If yes, complete Schedule	4a.
complete your filing.	Yes X No 4b. Did t	he organization receive go	vernment grants? If yes, con	nplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	
next page to calculate yo	e e e e e e e e e e e e e e e e e e e			Make a single check or money order
fee(s). Indicate fee(s) you payable to:				
are submitting here:	\$ <u>25.</u>	\$ 25.	\$ 50.	"Department of Law"
-	r Charitable Organizations (Up efers to an organization's NYS	• •	not refer to its IRS tax desig	nation.

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## GEORGIE BADIEL FOUNDATION, INC.

CHAR500
Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

## **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

X No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

## **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
$\fbox$ \$25, if the NET WORTH is less than \$50,000
50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

## Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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