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2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

		ndar year 2018, or tax year beginning 01-01-20	018 , a	nd ei	nding 12-31-				
	e of fou Cıv Inc	indation				entification numbe	r		
%	Will Fer	rguson			82-5200967				
		i street (or P O $$ box number if mail is not delivered to street address annix Rd $$) Room/suite		B Telephone number (see instructions) (858) 484-8880				
City	or town	, state or province, country, and ZIP or foreign postal code							
San	Diego, (CA 92129			C If exemption	application is pendin	g, check here		
G Ch	eck al		former public charity		D 1. Foreign or	ganızatıons, check he	ere 🕨 🗌		
		Final return Amended return				rganizations meeting k here and attach co			
		Address change Name change			· ·	undation status was t			
		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec			
		A 4947(a)(1) nonexempt charitable trust Other taxable trust Other	le private foundation Cash	1	E 16 the found	ation is in a 60 month			
of '	ear (f	Trom Part II, col (c),		ıaı		ation is in a 60-montl n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Boyonyo and				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc , received (attach	225						
	_	schedule) Check If the foundation is not required to attach	225						
	2	Sch B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities							
	5a	Gross rents							
eu	ь	Net rental income or (loss)	-						
Ž	6a	Net gain or (loss) from sale of assets not on line 10							
Revenue	b	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)	-						
~	7 8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	225	<u> </u>	0	0			
	13	Compensation of officers, directors, trustees, etc							
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
en S	16a	Legal fees (attach schedule)							
Administrative Expenses	ь	Accounting fees (attach schedule)							
e E	С	Other professional fees (attach schedule)							
≩	17	Interest							
Str	18	Taxes (attach schedule) (see instructions)							
Ξ	19	Depreciation (attach schedule) and depletion							
A G	20	Occupancy							
<u> </u>	21	Travel, conferences, and meetings							
<u>}</u> at	22	Printing and publications	20		0	0			
Ĕ	23		20	<u> </u>		0			
Operating and	24	Total operating and administrative expenses. Add lines 13 through 23	20		0	0	,		
ď	25	Contributions, gifts, grants paid	20	-		<u> </u>			
	26	Total expenses and disbursements. Add lines 24 and							
	27	Subtract line 26 from line 12	20	1	0	0			
	a	Excess of revenue over expenses and							
		disbursements	205	<u> </u>					
	Ь	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)			0				
For	C	work Reduction Act Notice, see instructions.			Cat No. 11289		m QQQ-PF (2018		

1	Cash—non-interest-bearing	0	0	
2	Savings and temporary cash investments	0	195	
3	Accounts receivable			
	Less allowance for doubtful accounts ▶	0	0	
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶	0	0	
5	Grants receivable	0	0	
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶	'		
8	Inventories for sale or use	0	0	
9	Prepaid expenses and deferred charges	0	0	
10a	Investments—U S and state government obligations (attach schedule)			
ь	Investments—corporate stock (attach schedule)			
С	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶	'		
12	Investments—mortgage loans	0	0	
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe >)			
16	Total assets (to be completed by all filers—see the			
	ınstructions Also, see page 1, item I)	0	195	
17	Accounts payable and accrued expenses	0	0	
18	Grants payable	0	0	
19	Deferred revenue	0	0	
30	Lang from officers directors trustees and other disqualified persons			

	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	0	195	
	17	Accounts payable and accrued expenses	0	0	
les	18	Grants payable	0	0	
	19	Deferred revenue	0	0	
틎	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)	0	0	
Balances		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
ank	24	Unrestricted	0	195	
Ba	25	Temporarily restricted	0	0	
	I				1

26 Permanently restricted . . Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds 27 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) . 0 195 Total liabilities and net assets/fund balances (see instructions) . 195 31

Net Assets or Fund **Analysis of Changes in Net Assets or Fund Balances**

```
Part III
      Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-
      of-year figure reported on prior year's return)
                                                                                                                                              0
                                                                                                                  1
 2
      Enter amount from Part I, line 27a
                                                                                                                  2
                                                                                                                                            205
 3
      Other increases not included in line 2 (itemize)
                                                                                                                  3
```

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

4

5

6

205

195

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10

4

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

(d)	
Date sold	

Page **3**

2-story brick wa	rehouse, or common stock, 200 sh	s MLC Co)	P—Purchase D—Donation	(mo , day, yr)	Date sold (mo , day, yr)
1a					
(e) Gross sales price	(f) Depreciation allowed	Cost or	(g) other basis	Gain o	h) r (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)
a					
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ov	wned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) l (յ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a					
b					
с					
d					
e					
	lain or (loss) as defined in sections rt I, line 8, column (c) (see instruct)-	3	
Part V Qualification U	Inder Section 4940(e) for R	educed Tax on Net	Investment In	come	
	rivate foundations subject to the se				
(101 optional use by domestic pi	invate roundations subject to the se	ection +940(a) tax on he	st investment incom	<i>(</i>)	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributa t qualify under section 4940(e) Do		· ·) Y	es 🗌 No
· · · · · · · · · · · · · · · · · · ·	ount in each column for each year,			5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rati (col (b) divided by c	
2017					
2016					
2015					
2014					
2013				T	
2 Total of line 1, column (c	•		2		
number of years the foun	for the 5-year base period—divide dation has been in existence if less ncharitable-use assets for 2018 from	than 5 years	0, or by the 4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution If line 8 is equal to or green instructions	ons from Part XII, line 4 , ater than line 7, check the box in P	Part VI, line 1b, and com		g a 1% tax rate Se	e the Part VI

(b)

How acquired

(c) Date acquired

Pa	rt VIII Statements Regard	ding Ac	tivities for Which	Form 4720 May Be	Required (con	tınued)					
5a	During the year did the foundation p	pay or inc	cur any amount to						Yes	No	
	(1) Carry on propaganda, or otherw	vise atter	npt to influence legisl	ation (section 4945(e))?		Yes 🗸	No				
	(2) Influence the outcome of any sp	pecific pu	iblic election (see sect	tion 4955), or to carry		res 🗠	1 140				
	on, directly or indirectly, any vo	ter regist	tration drive?		· ·	Yes 🗸	No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?											
	(4) Provide a grant to an organization other than a charitable, etc , organization described										
	ın section 4945(d)(4)(A)? See instructions										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or										
	educational purposes, or for the	prevent	on of cruelty to childi	ren or anımals?	· ·	Yes 🗸	No				
b	If any answer is "Yes" to $5a(1)-(5)$,	, dıd any	of the transactions fa	ul to qualify under the ex	ceptions described	d in					
	Regulations section 53 4945 or in a	current r	notice regarding disas	ter assistance? See instr	uctions			5b		No	
	Organizations relying on a current n	notice reg	ardıng dısaster assıst	ance check here		▶ □					
C	If the answer is "Yes" to question 5a	a(4), doe	s the foundation clain	n exemption from the							
	tax because it maintained expenditu				· ·	Yes 🗸	No				
	If "Yes," attach the statement requi	red by Re	egulations section 53	4945-5(d)							
6a	Did the foundation, during the year,	, receive	any funds, directly or	indirectly, to pay premit	ıms on						
	a personal benefit contract?				. \square	Yes 🗸	No				
b	Did the foundation, during the year,	, pay pre	miums, directly or ind	lirectly, on a personal be	nefit contract? .			6b		No	
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the fou	ndation a party to a p	prohibited tax shelter trai	nsaction?	Yes 🗸	No				
b	If yes, did the foundation receive ar		•					7 b			
В	Is the foundation subject to the sect	tion 4960) tax on payment(s) o	of more than \$1,000,000	in remuneration o	r					
	excess parachute payment during th	he year?			· · ·	Yes 🗸	No				
	Information About C	Officers	, Directors, Trust	tees, Foundation Ma	nagers, Highl			yees,			
Ра	and Contractors										
1	List all officers, directors, trustee	es, foun	dation managers ar	nd their compensation	See instruction	s					
			Title, and average	(c) Compensation (If			. (e)	Expen	se acc	ount.	
	(a) Name and address		ours per week voted to position	not paid, enter -0-)	employee benefit deferred comp			ther al			
v.II. =	m Ferguson	CEO	oted to position	-0-)	dererred comp		0				
	m Ferguson 🔀 6 Mannıx Rd	40 00		ľ			٦			,	
	Diego, CA 92129										
dolf	Gundersen 🐒		Chief Operating Officer	0			0			(
	Eton Ridge	20 00									
1adıs	son, WI 53726										
eslie	e Graves 🥦	Director 1 00		0			이			(
	Sox 279	1 00									
	g Green, WI 53588	Cocrotary	,				_				
	Shively Shipper Shippe	Secretary 1 00	•	0			0			(
	Keyes Avenue son, WI 53711										
	Compensation of five highest-pa	id emplo	yees (other than t	hose included on line 1	L—see instructio	ns). If no	one, e	nter "	NONE.	"	
		(1) Title, and average		(d) Contribut	ions to					
(a)	Name and address of each employee	paid	hours per week	(c) Compensation	employee b			Expens			
	more than \$50,000		devoted to position		plans and de compensa		01	ther all	owance	es	
ION	F				Companisa						
	_										
		_									
	I number of other amplements	or ¢EC C	00			•					
ota	nl number of other employees paid ov	er \$50,00				<u> </u>	<u> </u>	rm 99 () DE 1	(2010	
							FOR	m yur	1-PF (701R	

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
T-1-1		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	5	
List the foundation's four largest direct charitable activities during the tax year. Incl.	lude relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research paper	rs produced, etc	Expenses
1 The organization held online video conference discussion sessions we they hoped the candidates in the then-upcoming municipal elections.		0
2		
3		
4		
-		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation of	during the tax year on lines 1 and 2	Amount
1		_
		-
2		
		-
All other program-related investments See instructions		
3		-
		-
Total. Add lines 1 through 3		
<u> </u>		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

0

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Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

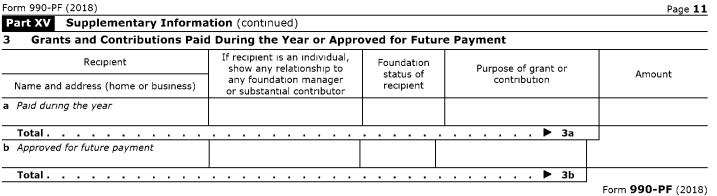
4

5

Forn	Form 990-PF (2018) Page 9							
P	art XIII Undistributed Income (see ins	structions)						
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018			
1	Distributable amount for 2018 from Part XI, line 7	<u> </u>	rears prior to 2017	2017	2018			
	Undistributed income, if any, as of the end of 2018							
a	Enter amount for 2017 only	°						
b								
3		_						
_	From 2013							
a b								
_	From 2015							
	From 2016							
	From 2017							
	Total of lines 3a through e							
	Qualifying distributions for 2018 from Part							
, T	XII, line 4 ▶ \$							
a	Applied to 2017, but not more than line 2a							
	Applied to undistributed income of prior years							
	(Election required—see instructions)							
С	Treated as distributions out of corpus (Election required—see instructions)							
d	Applied to 2018 distributable amount.							
	Remaining amount distributed out of corpus							
	Excess distributions carryover applied to 2018							
	(If an amount appears in column (d), the							
	same amount must be shown in column (a)))						
6	Enter the net total of each column as indicated below:							
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5							
b	Prior years' undistributed income Subtract line 4b from line 2b							
С	Enter the amount of prior years' undistributed							
	income for which a notice of deficiency has							
	been issued, or on which the section 4942(a) tax has been previously assessed							
d	Subtract line 6c from line 6b Taxable amount							
-	—see instructions							
е	Undistributed income for 2017 Subtract line							
	4a from line 2a Taxable amount—see							
_ ا	instructions				_			
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019	_						
7	Amounts treated as distributions out of	•						
	corpus to satisfy requirements imposed by							
	section 170(b)(1)(F) or 4942(g)(3) (Election may							
1	be required - see instructions)							
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).							

d Subtract line 6c from line 6b Taxable amount —see instructions		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions		
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019		
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)		

applied on line 5 or line 7 (see instructions) . . . **9 Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a . . . 10 Analysis of line 9 a Excess from 2014.



nter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
g Fees	and contracts from government agencies					
2 Membe	rship dues and assessments t on savings and temporary cash					
	ds and interest from securities.					
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property.					
	tal income or (loss) from personal property					
	nvestment income					
ınvento						
	ome or (loss) from special events					
.0 Gross p	profit or (loss) from sales of inventory					
	revenue a	1				
3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu		0	13	3	
3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the Explain below how each activity for which	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	(
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	C
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	0
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	0
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is reporte	ment of Exempled in column (e) of	pt Purposes	ted importantly to	0

Form	990-PF	(2018)											Pa	ge 13
Pai	rt XVI	Information Re Exempt Organi		rans	fers To a	and Transact	tior	ns and Rela	tio	nships With Nor	ncharit	able		
		rganization directly or in r than section 501(c)(3)									on 501		Yes	No
		from the reporting foun	-	•		-	•	_		-	-			
(1) Cash											.	1a(1)		No
-		er assets									1	1a(2)		No
b Other transactions														
											No			
(2) Purchases of assets from a noncharitable exempt organization											- t	1b(2)		No
•	-	tal of facilities, equipmer	•						•		ŀ	1b(3)		No
•	-	nbursement arrangemen							•		ŀ	1b(4)		No
•	(5) Loans or loan guarantees										-			
•	•	ormance or services or m of facilities, equipment, n			-				•		.	1b(6) 1c		No No
	-	swer to any of the above			-						· [narket v			NO
of ın	the go any tra	ods, other assets, or ser ansaction or sharing arra	vices given b ingement, sh	y the ow in	reporting f column (d	foundation If t i) the value of t	he f	oundation rece goods, other a	eive asse	d less than fair mar ts, or services recei	ket value ved	9		
(a) Li	ne No	(b) Amount involved	(c) Name of	nonch	arıtable exer	mpt organization		(d) Description	n of	transfers, transactions,	, and shar	ıng arra	ngemer	its
							-							
							-							
							-							
							-							
2- I-	. *b = 6=:	undation directly or indire		ماندرز ل		d +								
		in section 501(c) (other	•		•	•			_		es 🔽	No		
b If	"Yes,"	complete the following s	chedule											
		(a) Name of organization	on		(b) Type of organiz	atıo	n		(c) Description	of relatio	nship		
6 .	of wh	der penalties of perjury, my knowledge and belief ich preparer has any kno	, it is true, c											
Sign Here		*****				2019-05-10		****	*		return	e IRS di e prepa		
	'	Signature of officer or t	rustee			Date		Title				str)? [Yes	□ _{No}
Paid	d	Print/Type preparer's	s name	Prep	arer's Sıgn	nature		Date		Check if self- employed ▶ □	PTIN			
Pre	pare Only	i ii iii o ii aiii e r									Fırm's EI	N ►		
<i>-</i>	, Gilly	Firm's address ▶									Phone no	o O		
		I												

efile GRAPHIC print - DO NOT PI	ROCESS	As Filed Data -	DLN: 93491130025389				
TY 2018 Compensation Explanation							
	Name:	EnCıv Inc					
	EIN:	82-5200967					
Softw	are ID:	18007992					
Software V	/ersion:	V1.0					
Person Name			Explanation				
William Ferguson	This did not become a paid position as anticipated						
Adolf Gundersen Not a paid position							
Leslie Graves Not a paid position							
Pete Shively Not a paid position							

```
efile GRAPHIC print - DO NOT PROCESS As Filed Data -
                                                                        DLN: 93491130025389
TY 2018 Explanation of Non-Filing with Attorney General Statement
                         Name: EnCiv Inc
                            EIN: 82-5200967
                   Software ID: 18007992
              Software Version: V1.0
                     Statement: Will do so if required.+
```

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349113002	25389		
TY 2018 Other Decreases Schedule						
Name:	EnCıv Inc					
EIN:	82-5200967					
Software ID:	18007992					
Software Version:	V1.0					
Description		Amount				
Bank fees				10		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491130025389			
TY 2018 Other Expenses Schedule							
Name:	EnCıv Inc						
EIN:	82-5200967						
Software ID:	18007992						
Software Version:	V1.0						
Other Expenses Schedule				·1			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Monthly bank service fees	20	0	0	0			