

Return of Private Foundation

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

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

Go to wave its gov/Form9900F for instructions and the latest information.

OMB No 1545-0052

2017

Open to Public Inspection

► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning and ending A Employer identification number Name of foundation THE CLUTHE AND WILLIAM B. OLIVER 76-0461993 FOUNDATION FOR HEALTH AND AGING Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1260 (713)627-2440800 GESSNER City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here 77024 HOUSTON, TX Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Accrual ∞ F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 4,105,179.01 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) } expenses per books income income (cash basis only) 700.00 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 86,852.77STATEMENT 86,852.77 86,852.77 4 Dividends and interest from securities 5a Gross rents RECEIVED b Net rental income or (loss) 348,638.01 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 348,638.01 MAY 2018 348,638.01 7 Capital gain net income (from Part IV, line 2) 0...00 Net short-term capital gain MADEN Income modifications b Less Cost of goods sold c Gross profit or (loss) 771.26 0.00 771.26STATEMENT 11 Other income 436,962.04 435,490.78 87,624.03 Total Add lines 1 through 11 119,748.96 107,748.96 12,000.00 12,000.00 13 Compensation of officers, directors, trustees, etc. 71,155.03 0.00 0.00 71,155.03 14 Other employee salaries and wages 31,803.88 4,571.98 4,571.98 27,231.90 Pension plans, employee benefits 16a Legal fees **b** Accounting fees 8,426.41 19,661.63 28,088.04 8,426.41 c Other professional fees STMT 3 17 Interest 918.00 STMT 4 17,708.17 918.00 13,845.46 18 Taxes 797.53 2,769.09 0.00 Depreciation and depletion 19 20 Occupancy 6,755.45 0.00 6,755.45 21 Travel, conferences, and meetings 0.00 22 Printing and publications 37,546.67 9,374.57 9,374.57 28,172.10 23 Other expenses STMT 5 24 Total operating and administrative 313,603.73 35,290.96 38,060.05 <u>274,570.53</u> expenses Add lines 13 through 23 85,410.00 85,410.00 Contributions, gifts, grants paid 26 Total expenses and disbursements 399,013.73 35,290.96 38,060.05 359,980.53 Add lines 24 and 25 27 Subtract line 26 from line 12: 37,948.31 2 Excess of revenue over expenses and disbursements 400,199.82 b Net investment income (if negative, enter -0-)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

G-21

Form **990-PF** (2017)

49,563.98

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D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
<u></u>	ar t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	200.00	200.00	200.00
	2	Savings and temporary cash investments	83,992.63	135,974.63	135,974.63
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	-		
		Less: allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 6	3,380,627.21	3,367,391.05	3,968,301.12
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 92,529.95			
		Less accumulated depreciation STMT 7 > 92,276.69			
	15	Other assets (describe ► STATEMENT 8)	450.00	450.00	450.00
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	3,466,320.63	3,504,268.94	4,105,179.01
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.00	0.00	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26, and lines 30 and 31			
၁င		Unrestricted			
alaı	25	Temporarily restricted			
or Fund Balance	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
F	ĺ	and complete lines 27 through 31.	2 466 200 62	2 524 252 24	
	I	Capital stock, trust principal, or current funds		3,504,268.94	
Assets	1	Paid-in or capital surplus, or land, bldg., and equipment fund	0.00	0.00	
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.00	0.00	
Net	30	Total net assets or fund balances	3,466,320.63	3,504,268.94	
		W . I II b !!!!!	2 466 220 62	2 504 260 04	
_	31	Total liabilities and net assets/fund balances		3,504,268.94	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	3,466,320.63
	•	r amount from Part 1, line 27a		2	37,948.31
_		r increases not included in line 2 (itemize)		3	0.00
-		lines 1, 2, and 3		4	3,504,268.94
•		eases not included in line 2 (itemize)		5	0.00
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	3,504,268.94
_					Form 990-PF (2017)

			ON FOR HEAL						76-046	1993	Page 3
P			sses for Tax on In			1/25/1/				т	
	(a) List and describe		of property sold (for examor common stock, 200 shs		ite,	(0) H	ow acquired Purchase Donation	(c) Da (mo	te acquired , day, yr.)	(d) Dat (mo., d	te sold ay, yr.)
_	FIDELITY INVES					<u> </u>	P	VAR	IOUS	12/3	1/17_
b	CAPITAL GAINS	DIVID	ENDS			 					
C					-	 					
<u>d</u>						+					
<u>e</u>		(f) D	epreciation allowed	(a) Cos	et or other basic	1	 _	(h)	Gain or /long	<u> </u>	
	(e) Gross sales price	(1) 0	(or allowable)	, ,	st or other basis expense of sale				Gain or (loss lus (f) minus		
a	346,261.08									346,2	61.08
_b	2,376.93									2,3	<u>76.93</u>
<u>d</u>		 -									
<u>e</u>			-luss (b) and -usad but		40/04/00						
	Complete only for assets showin			***************************************			c	(I) Gains of (k) bi	(Col. (h) gaın ıt not less tha	minus	
	(i) FMV as of 12/31/69) Adjusted basis as of 12/31/69		cess of col. (i)		·		es (from col. (
			·							346 2	61.08
				~		t			· · · · · · ·		76.93
C											<u> </u>
d											
<u>e</u>											
2	Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line - ın Part I, line	7 7	}	2			348,6	38.01
3	Net short-term capital gain or (los	ss) as defin									
	If gain, also enter in Part I, line 8,			V • V •		}					
	f (loss), enter -0- in Part I, line 8		tion 4040(a) for	Daduasa	I Tall an Na		3			-	0.00
	art V Qualification U							come			
(1-01	optional use by domestic private	toundatio	ns subject to the section 4	1940(a) tax on	i net investment ii	ncome.)				
If se	ection 4940(d)(2) applies, leave th	nis part bla	nk.								
Was	s the foundation liable for the sect	tion 4942 t	ax on the distributable am	ount of any ve	ear in the base ne	riod?				Yes	X No
	es," the foundation doesn't qualif				•						
1	Enter the appropriate amount in e	each colum	nn for each year; see the ir	structions be	fore making any e	entries.					
	(a) Base period years		(b)			(c)			Dietrit	(d) outlon ratio	
	Calendar year (or tax year beginnir	ng in)	Adjusted qualifying dis		Net value of no				(col. (b) div	rided by col.	
	2016			845.78			5,176.				<u>11363</u>
	2015			<u>237.51</u>			1,319.				93264
	2014			$\frac{082.49}{170.49}$			3,141.				92875
	2013			179.48 625.60			5,324.				00366
	2012			023.00	<u>=</u>	7,01	2,363.	/ 		<u> </u>	<u>07459</u>
,	Total of line 1, column (d)							2		. 5	05327
	Average distribution ratio for the 5	5-vear base	e period - divide the total o	on line 2 by 5.	0. or by the numb	er of ve	ears	<u>-</u>			03327
	the foundation has been in exister	-	·		-,,	, .		3		.1	01065
			•								
4	Enter the net value of noncharitab	le-use ass	ets for 2017 from Part X,	line 5				4	3,	871,6	<u> 19.66</u>
5	Multiply line 4 by line 3							5		391,2	85.24
6	Enter 1% of net investment incom	ne (1% of F	Part I, line 27b)					6	ļ	4,0	02.00
7	Add lines 5 and 6							7		395,2	87.24
	Enter qualifying distributions from	n Part XII	ine 4					8			80.53
	If line 8 is equal to or greater than See the Part VI instructions.			1b, and comp	olete that part usin	ng a 1%	tax rate.		—l	10	<u> </u>

THE CLUTHE AND WILLIAM B. OLIVER FOUNDATION FOR HEALTH AND AGING 76-0461993 Form 990-PF (2017)

			461993		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.	. [
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here And enter 1%	1	8,	004	.00
	of Part I, line 27b)			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			.00
3	Add lines 1 and 2	3	8,		.00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			.00
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	8,	004	.00
6	Credits/Payments*				
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2,560.00				
	Exempt foreign organizations - tax withheld at source 6b 0.00				
	Tax paid with application for extension of time to file (Form 8868) 6c 0.00				
	Backup withholding erroneously withheld 6d 0.00		•		~ ~
_	Total credits and payments. Add lines 6a through 6d	7	2,		.00
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			.00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	5,	444	.00
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		—-	
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ art VII-A Statements Regarding Activities	11			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene			Vac	No
ıa		Ш	4-	163	
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini	ition	1a 1b	 	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	HUII	10	-	
	distributed by the foundation in connection with the activities.				
^	Did the foundation file Form 1120-POL for this year?		1c	1	х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
ď	(1) On the foundation. ► \$ 0.00 (2) On foundation managers. ► \$ 0.00				
م	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
Ū	managers. ► \$ 0 • 0 0				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
-	If "Yes," attach a detailed description of the activities.		 -		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r			
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?	N/	A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or			ļ	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
	remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			ĺ	
	TX]	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		_8b_	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar			
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		_ 9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	DE	_X_

Pa	irt VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	-		l
	If "Yes," attach statement. See instructions	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► <u>WWW.OLIVERFOUNDATION.ORG</u>	<u> </u>		40
14	The books are in care of MARVIN A. WURZER Telephone no. (713)			40
4.5	Located at ► 800 GESSNER, SUITE 1260, HOUSTON, TX ZIP+4 ►7'	1024	<u></u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N1	- -	ـــا
10	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		/A Yes	No
10	securities, or other financial account in a foreign country?	10	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	<u> </u>	
	foreign country	1		1
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		ļ	ļ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			l
	if the foundation agreed to make a grant to or to employ the official for a period after	İ	ļ	
	termination of government service, if terminating within 90 days.)	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	<u> </u>	<u>X</u>
	Organizations relying on a current notice regarding disaster assistance, check here			}
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1.		
_	before the first day of the tax year beginning in 2017?	1c	 	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
d	before 2017?	1	}	
	If "Yes," list the years \		ļ	
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	}		
	statement - see instructions.) N/A	2b	{	ĺ
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>		1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	ĺ	}	
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			,
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			1
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	<u>3b</u>	<u> </u>	<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	}		
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4 <u>b</u>	<u></u>	X
	Fo	orm 99 0	v-PF	(2017)

THE CLUTHE AND WILLIAM B. OLIVER Form 990-PF (2017) FOUNDATION FOR HEALTH AND AGING 76-0461993 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) No 5a During the year, did the foundation pay or incur any amount to: Yes (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X 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 in section Yes X No 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A 5b Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes No expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (If not paid, enter -0-) (a) Name and address WOEHLER M.D. THOMAS R. PRESIDENT/TRUSTEE 101 WESTCOTT, SUITE 1106 HOUSTON, TX 77007 20.00 12,000.009,621.00 0.00 DEBORAH L. WOEHLER VICE PRESIDENT/TRUSTEE 101 WESTCOTT, SUITE 1106 HOUSTON, TX 77007 40.00 0.00 107.748.96 MARVIN A. WURZER ASST.SEC. & TREAS./TRUSTEE 800 GESSNER, SUITE 1260 HOUSTON, TX 77024 1.00 0.00 0.00 0.00 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation SANDRA J. BRISTOW OFFICE MANAGER 20.00 71,155.03 0.00 0.00

Form **990-PF** (2017)

Total number of other employees paid over \$50,000

THE CLUTHE AND WILLIAM B. OLIVER

Form 990-PF (2017) FOUNDATION FOR HEALTH AND AGING 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly

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Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	1	▶ (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant station number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the iduced, etc.	Expenses
N/A	<u> </u>	
N/A		
3		, , , , , ,
	- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
3		
]
Total, Add lines 1 through 3	>	0.00

Form 990-PF (2017) 76-0461993 FOUNDATION FOR HEALTH AND AGING Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 3,548,186.96 a Average monthly fair market value of securities 1a 382,391.38 Average of monthly cash balances 1b c Fair market value of all other assets 1c 3,930,578.34 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0.00 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 0.00 3,930,578.34 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 58,958,68 3,871,619.66 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 193,580.98 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here **X** and do not complete this part.) Minimum investment return from Part X, line 6 2a Tax on investment income for 2017 from Part VI, line 5 Income tax for 2017. (This does not include the tax from Part VI.) 2c Add lines 2a and 2b Distributable amount before adjustments. Subtract-line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 359,980.53 a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 359,980.53 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4

Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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

income, Enter 1% of Part I, line 27b

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c Excess from 2015 d Excess from 2016 e Excess from 2017 THE CLUTHE AND WILLIAM B. OLIVER

FOUNDATION FOR HEALTH AND AGING 76-0461993 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 06/05/95 **X** 4942(1)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2017 (b) 2016 (c) 2015 (d) 2014 income from Part I or the minimum (e) Total investment return from Part X for 49,563.98 54,965.48 60,065.15 79,175.99 243,770.60 each year listed 42,129.38 46,720.66 51,055.38 67,299.59 **b** 85% of line 2a 207,205.01 c Qualifying distributions from Part XII, 359,980.53 417,382.47 386,237.51 407,082.49 line 4 for each year listed 1,570,683,00 d Amounts included in line 2c not used directly for active conduct of 0.00 0.00 0.00 0.00 exempt activities 0.00 e Qualifying distributions made directly for active conduct of exempt activities. 359,980.53 417,382.47 386,237.51 407,082.49 Subtract line 2d from line 2c 1,570,683,00 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter. 1 × 0.00 (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) 0.00 b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 129,053.99 124,172.55 138,043.99 146,104.67 537,375.20c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 0.00 (2) Support from general public and 5 or more exempt organizations as provided in 0.00 section 4942(j)(3)(B)(iii) (3) Largest amount of support from 0.00 an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: N/Ab The form in which applications should be submitted and information and materials they should include: N/A c Any submission deadlines:

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

Form **990-PF** (2017)

N/A

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year TEXAS HEALTH INSTITUTE N/A PUBLIC GENERAL SUPPORT 8501 N. MOPAC EXPRESSWAY SUITE 170 AUSTIN TX 78759 1,620,00 HEALTHCORPS, INC. N/A PUBLIC GENERAL SUPPORT P.O.BOX 131487 HOUSTON, TX 77219 450,00 N/A PUBLIC GENERAL SUPPORT FBI NCAAA 10765 LANTERN ROAD, SUITE 201 FISHERS IN 46038 1,200,00 DEPELCHIN CHILDREN'S CENTER N/A PUBLIC GENERAL SUPPORT 4950 MEMORIAL DRIVE HOUSTON, TX 77007 1,000.00 N/A PUBLIC BARRINGTON PLACE ELEMENTARY HEALTH & NUTRITION 2100 SQUARE DOBBINS DR. PROGRAMS 3 000 00 SUGAR LAND TX 77478 SEE CONTINUATION SHEET(S) ▶ 3a 85,410,00 b Approved for future payment NONE → 3b Total

5.000	amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
-	service revenue:	code		code	Amount	
		-		+		
		_		+-+		
		- 		+-+		
		i		+-		· · · · · · · · · · · · · · · · · · ·
e		_		+-+		
Food	and contracts from government agencies	-		+-+		
-	ship dues and assessments	-				
	on savings and temporary cash			+ +		
investme		- }		1		
	ls and interest from securities			14	86,852.77	
	al income or (loss) from real estate:			 • •	00,052.77	
	financed property			 		
	lebt-financed property			1-1-		
	al income or (loss) from personal		······	 		
property	• • •			1		
	restment income			01	771.26	
-	loss) from sales of assets other			1 1	.,,,,,,,,,	
than inve				18	348,638.01	
	me or (loss) from special events			1 - 1		
	ofit or (loss) from sales of inventory					
Other rev	• •					
a						
		1 1				
		I f				
						<u></u>
e	· · · · · · · · · · · · · · · · · · ·		0.00		436,262.04	0.0
e Subtotal.	. Add columns (b), (d), and (e)					
	. Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)		0.00		13	436,262.0
Total Ad)	0.00		13	436,262.0
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. T-B Relationship of Activities	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. /I-B Relationship of Activities Explain below how each activity for which in	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.0
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
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Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
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Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.
Total Ace worksh	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. I-B Relationship of Activities Explain below how each activity for which in the foundation's exempt purposes (other the	to the Accor	nplishment of E	xempt l	Purposes	436,262.

THE CLUTHE AND WILLIAM B. OLIVER

Form 990-PF (2				H AND AG				<u> 161993</u>		ige 13
Part XVII			ansfers to a	nd Transact	ions an	d Relationsh	nips With Nonc	haritable		
, D. J. Abo	Exempt Organ								V	No
	ganization directly or indi				_	described in secti	on 501(c)		Yes	NO
	n section 501(c)(3) orgai from the reporting found			_	iizations					I
(1) Cash	nom the reporting round	iation to a noncha	irilable exempt on	yanızanını vi.				10/1)		v
(2) Other	assets							1a(1) 1a(2)		X
b Other tran								10(2)		
	of assets to a noncharita	ible exempt organ	nization					1b(1)	j	X
` '	nases of assets from a no	, •						1b(2)		X
. ,	I of facilities, equipment,		, - 0					1b(3)		Х
	bursement arrangements							1b(4)		Х
(5) Loans	s or loan guarantees							1b(5)		Х
(6) Perfo	rmance of services or me	embership or fun	draising solicitatio	ins				1b(6)		X
c Sharing of	f facilities, equipment, ma	ailing lists, other a	issets, or paid em	ployees				1c		X
d If the answ	ver to any of the above is	"Yes," complete t	the following sche	dule. Column (b)	should alwa	ays show the fair n	narket value of the goo	ds, other ass	ets,	
	s given by the reporting f			ed less than fair m	arket value	in any transaction	or sharing arrangeme	nt, show ın		
) the value of the goods,	, — <u>- </u>				·				
(a) Line no	(b) Amount involved	(c) Nam		e exempt organizat	tion	(d) Description	of transfers, transactions,	and sharing ar	angeme	nts
		ļ	N/A	-1						
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			· · · · · · · · · · · · · · · · · · ·				·			
2a Is the four	ndation directly or indirec	tly affiliated with,	or related to, one	or more tax-exem	pt organiza	tions described		 		
in section	501(c) (other than section	on 501(c)(3)) or ii	n section 527?		-			Yes	X] No
b If "Yes," co	implete the following sch	edule.		,						
	(a) Name of org	ganization	<u>.</u>	(b) Type of orga	nization		c) Description of relat	onship		
	N/A									
										
				<u> </u>		· · · · · · · · · · · · · · · · · · ·				
Lindae	constitute of parting I declare	that I have examine	d this return, includin	a accompanying sob	adulas and at	atamanta and to the	hoot of my knowledge			
Sign and be	penalties of perjury, I declare elief, it is true, correct, and coi	mplete Declaration of	of preparer (other than	n taxpayer) is based o	equies and st on all informat	atements, and to the tion of which preparer	has any knowledge	May the IRS or	discuss t	his er
Sign Here	M.	CIA			5/18		SECR &	return with th shown below		1
	nature of officer or trustee	<u>, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	- Color	Date/	3/18	TREAS Title		X Yes		J No
	Print/Type preparer's na		Areparer's si		· -	Date	Check if P	ΙΝ		
	Transfige properties 3 in	uv	// Sparor 3 31		١.		self- employed	•••		
Paid	DENISE M.	STONER	Allanso	M. Ston	er K	5-15-18		01235	366	
Preparer	Firm's name ► JOH		WURZER P	.c.			Firm's EIN ► 74			
Use Only								2,000		
•	Firm's address ▶ 80	0 GESSN	ER, SUIT	E 1260			 			
			TX 77024				Phone no. (71:	3) <u>627</u>	-24	40

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
* Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
BOYS AND GIRLS CLUB, DENISON TEXAS 2100 S. MIRICK DENISON, TX 75020	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	3,000.00
FORT BEND COUNTY KIDS & COPS, INC. 1410 WILLIAMS WAY BLVD RICHMOND, TX 77469	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	4,000.00
FORT BEND ISD ELEMENTARY SCHOOLS 16431 LEXINGTON BLVD. SUGAR LAND. TX 77479	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	1,500,00
FORT BEND ISD - LEONETTI ELEMENTARY 1757 WATEERS LAKE BLVD. MISSOURI CITY, TX 77459	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	3,000,00
OAK HILL ELEMENTARY PTA 6101 PATTON RANCH ROAD AUSTIN, TX 78735	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	2,000.00
GASTON LENOTRE SCHOLARSHIP 7070 ALLENSBY HOUSTON, TX 77022	N/A	PUBLIC	GIFT FOR HEALTH & NUTRITION PROGRAMS	6,000.00
KLEIN INTERMEDIATE, KLEIN ISD 4710 W. MT. HOUSTON RD. HOUSTON, TX 77088	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	3,000,00
STRACK INTERMEDIATE 18027 KUYKENDAHL RD. SPRING TX 77379	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	3,000,00
THE EDUCATION FOUNDATION OF HARRIS COUNTY 6300 IRVINGTON BLVD, SUITE 404 HOUSTON, TX 77077	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	3,000,00
V.W. MILLER INTERMEDIATE, PASADENA ISD 1002 FAIRMONT PKWY	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	3,000,00
PASADENA, TX 77504		<u> </u>	<u></u>	3,000.00
Total from continuation sheets				78 140 00

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
TURNER ELEMENTARY, PASADENA ISD 4333 LILY STREET PASADENA, TX 77505	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	6,000
PASADENA, TX 7/505				6,000.
UNIVERSITY OF HAWAII FOUNDATION 310 KAAHUMANU AVE.	N/A	PUBLIC	ENDOWMENT GIFT FOR HEALTH & NUTRITION	
KAHULUI, HI 96732			PROGRAMS	5,000.0
VIRTUOSI OF HOUSTON 2121 KIRBY DRIVE #117	N/A	PUBLIC	GENERAL SUPPORT	
HOUSTON, TX 77019				1,000.0
YES PREP BRAYS OAKS 9000 W. BELLFORT ST.	N/A	PUBLIC	HEALTH & NUTRITION PROGRAMS	
HOUSTON, TX 77031				4,140.0
YMCA OF AUSTIN 3208 RED RIVER	N/A	PUBLIC	GENERAL SUPPORT	
AUSTIN, TX 78705				3,000,0
HURRICANE HARVEY FLOOD RELIEF	NONE	I	FLOOD RECOVERY RELIEF-MONEY DISBURSED TO INDIVIDUALS TO REBUILD HOMES AND	
			REPLACE PERSONAL	27,500,0
				- <u></u>
		1		

FOUNDATION FOR HEALTH AND AGING 76-0461993 **Supplementary Information** 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - HURRICANE HARVEY FLOOD RELIEF FLOOD RECOVERY RELIEF-MONEY DISBURSED TO INDIVIDUALS TO REBUILD HOMES AND REPLACE PERSONAL PROPERTY

THE CLUTHE AND WILLIAM B. OLIVER

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SEC	URITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE		
FIDELITY INVESTMENTS FIDELITY	84,056.16	0.	00 84,056.	16 84,056.16	84,056.16
INVESTMENTS PEPSICO INC. WELLS FARGO MONEY	2,376.93 2,334.42				
MARKET CHECKING YUM BRANDS	10.99 451.20				
TO PART I, LINE 4	89,229.70	2,376.	93 86,852.	86,852.77	86,852.77
FORM 990-PF		OTHER I	NCOME	S	TATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME			771.26	0.00	771.26
TOTAL TO FORM 990-P	F, PART I,	LINE 11	771.26	0.00	771.26
FORM 990-PF	ОТ	HER PROFES	SIONAL FEES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL, ACCOUNTING & ADMINISTRATIVE FEES		28,088.04	8,426.4	1 8,426.41	19,661.63
TO FORM 990-PF, PG	1, LN 16C	28,088.04	8,426.4	1 8,426.41	19,661.63

FORM 990-PF	TAX	ES	SI	ATEMENT 4
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
PAYROLL TAXES PAYROLL TAXES-SUTA EXCISE TAXES	14,604.16	918.00	918.00	13,686.16
	159.30	0.00	0.00	159.30
	2,944.71	0.00	0.00	0.00
TO FORM 990-PF, PG 1, LN 18	17,708.17	918.00	918.00	13,845.46
FORM 990-PF	OTHER E	XPENSES	ST	ATEMENT 5
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
WEBSITE EXPENSES DUES AND SUBSCRIPTIONS MARKETING & PUBLIC RELATIONS	1,630.14	0.00	0.00	1,630.14
	2,581.97	258.20	258.20	2,323.77
EXPENSE OFFICE SUPPLIES PHONE & UTILITIES EXPENSE POSTAGE EXPENSE	3,400.00	0.00	0.00	3,400.00
	2,030.72	2,030.72	2,030.72	0.00
	4,612.54	922.51	922.51	3,690.03
	316.26	63.25	63.25	253.01
INSURANCE - OFFICER & DIRECTORS INSURANCE - UMBRELLA POLICY INSURANCE - WORKMAN'S COMP SUPPLIES	2,593.00	0.00	0.00	2,593.00
	1,002.00	0.00	0.00	1,002.00
	487.00	0.00	0.00	487.00
	2,184.52	436.90	436.90	1,747.62
TEEN BOARD MEETINGS & SUPPLIES BANK & BROKERAGE ACCOUNT	7,350.98	0.00	0.00	7,350.98
CHARGES GENERAL LIABILITY INSURANCE STORAGE FEES COMPUTER SUPPLIES	733.88	733.88	733.88	0.00
	937.00	937.00	937.00	0.00
	3,694.55	0.00	0.00	3,694.55
	3,992.11	3,992.11	3,992.11	0.00
TO FORM 990-PF, PG 1, LN 23	37,546.67	9,374.57	9,374.57	28,172.10

FORM 990-PF	CORPORATE STOCK		STATEMENT
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
942 SH PEPSICO INCORPORATED 61 SH PEPSICO INCORPORATED FIDELITY INVESTMENTS 188 SH YUM INC.		1.00 3,312.39 3,364,076.66 1.00	112,964.6 7,315.1 3,832,678.6 15,342.6
TOTAL TO FORM 990-PF, PART	II, LINE 10B	3,367,391.05	3,968,301.1
FORM 990-PF DEPRECIATION (OF ASSETS NOT HELD FOR	INVESTMENT	STATEMENT
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT LAPTOP COMPUTER OFFICE FURNITURE OFFICE EQUIPMENT COMPUTER EQUIPMENT	377.77 2,516.82 10,030.58 270.61 10,248.29	377.77 2,516.82 10,030.58 270.61 10,248.29	0.0 0.0 0.0 0.0

FORM 990-PF	OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OFFICE SECURITY DEPOSIT	450.00	450.00	450.00
TO FORM 990-PF, PART II, LINE 15	450.00	450.00	450.00