( ξ,

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 www.irs.gov/Form990PF for instructions and the latest information

Open to Public Inspection

For ca	alendar year 2017 or tax year beginning	5/01 , 2017,	and ending 4	/30 , 2018
•	***************************************	-, - <u>-</u>	<del></del>	A Employer identification number
THE	MARSHALL HERITAGE FOUNDATION	•	1	46-7293385
	S. COOK, 320 HAMMOND HWY #403	3		B Telephone number (see instructions) 504-309-9845
MEIA	AIRIE; LA 70005		ŀ	
				C If exemption application is pending, check here
G Cr	neck all that apply: Initial return	Initial return of a form	ner public charity	D 1 Foreign organizations, check here
	Final return	Amended return		• • •
	Address change	Name change	-11	2 Foreign organizations meeting the 85% test, check here and attach computation
H Ch		(c)(3) exempt private for		·
	Section 4947(a)(1) nonexempt charitable tru			E If private foundation status was terminated under section 507(b)(1)(A), check here
		ounting method. XC		
<i>(11)</i> <b>►</b>	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Other (specify)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
	2,102,730	column (d) must be on		
Part	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net (d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	expenses per books	**1001110	purposes
	sarily equal the amounts in column (a) (see instructions)			(cash basis only)
	Contributions, gifts, grants, etc., received (attach schedule)	3,884,177.		
	2 Check ► If the foundation is not required to attach Sch. B			
خ.	3 Interest on savings and temporary cash investments	752.	75:	2. 752.
<b>/</b>	3 Interest on savings and temporary cash investments 4 Dividends and interest from securities		/5.	132.
W	5 a Gross rents.		<del>-</del> .	
) (	b Net rental income or (loss)			
R	6 a Net gain or (loss) from sale of assets not on line 10			
. E	b Gross sales price for all assets on line 6a		· · · · · · · · · · · · · · · · · · ·	
SE	7 Capital gain net income (from Part IV, line 2)		-: -:	
¥°U	8 Net short-term capital gain 9 Income modifications	***************************************		
₹Ĕ	10 a Gross sales less			
₹n	allowances			
SCANNED ADD	b Less Cost of goods sold			
>	C Gross profit or (loss) (attach schedule)			
ğ	11 Other income (attach schedule)			
•	12 7-11	2 004 020	75	752
· ——	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc.	3,884,929. 0.	75	2. 752.
•	14 Other employee salaries and wages			
	15 Pension plans, employee benefits		·	
А	16a Legal fees (attach schedule) SEE ST 1	86,326.		
D M	h Accounting fees (attach sch) SEE ST 2 [	8,358.		RECEIVED
I N	C Other professional fees (attach sch)			
O Î P S E T	17 Interest 18 Taxes (attach schedule)(see instrs) SEE STM 3		_	MAR I 8 2019   S
E T		46.		2013
A A Ţ T	schedule) and depletion			OCHELLINE
N V G E				C.V. U
_				- 10
A E N X D P	22 Printing and publications. 23 Other expenses (attach schedule)			
D P	SEE STATEMENT 4	1,029.		
S	24 Total operating and administrative	1,023.	_	
E S	expenses Add lines 13 through 23	95,759.		
	25 Contributions, gifts, grants paid PART XV	4,178,711.		4,178,711
	26 Total expenses and disbursements. Add lines 24 and 25	4,274,470.		0. 4,178,711
	27 Subtract line 26 from line 12	4,214,410.		0. 4,170,711
	a Excess of revenue over expenses			
	and disbursements	-389,541.		
	<b>b</b> Net investment income (if negative, enter -0-)		75.	752.
700	C Adjusted net income (if negative, enter -0-)		TEE 005041 09	

D		Dallamaa Chaada	Attached scriedules and amounts in the description	Degining or year	Liiu	or year
Pari	H	Bàlance Sheets	column should be for end-of-year amounts only (See instructions )	(a) Book Value	<b>(b)</b> Book Value	(c) Fair Market Value
	1	Cash - non-interest	t-bearing			
	2	Savings and tempor	ary cash investments	897,333.	982,790	. 982,790.
	3	Accounts receivable	•			<u> </u>
		Less allowance for	doubtful accounts			
	4	Pledges receivable	·			
		Less allowance for	doubtful accounts •			<u> </u>
	5	Grants receivable				<del>  _</del>
	6	disqualified persons (atta	cers, directors, trustees, and other ich schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch)			
A S		Less allowance for	doubtful accounts			
S	8	Inventories for sale	or use			<u> </u>
A S S E T	9	Prepaid expenses a	<u> </u>		_	<u> </u>
S	10 a	Investments – US obligations (attach s	and state government schedule)			
	Ł	Investments — corporate	stock (attach schedule)			
	۰ (	: Investments — corporate	bonds (attach schedule)		•••	
	11	Investments – land, equipment basis	buildings, and			
		Less accumulated depred (attach schedule)	elation •			
	12	Investments - mort	gage loans			
	13	Investments - other	r (attach schedule)			
	14	Land, buildings, and	l equipment			
		Less accumulated deprec (attach schedule)	enation •			
	15 Other assets (describe ► SEE STATEMENT 5)		1,180,000.	1,180,000	. 1,180,000.	
	16	Total assets (to be a see the instructions	completed by all filers – Also, see page 1, item l)	2,077,333.	2,162,790	. 2,162,790.
Ļ	17	Accounts payable a	nd accrued expenses			
À	18	Grants payable				_
В	19	Deferred revenue	CT 6			
Ĺ	20		tors, trustees, & other disqualified persons ST 6		474,998	<u>· [</u>
t i	21	= =	s payable (attach schedule)		".	_;
į	22	Other liabilities (des	cribe • )			_
E S	23	Total liabilities (add	lines 17 through 22)	0.	474,998	.
		Foundations that fo	llow SFAS 117, check here 24 through 26, and lines 30 and 31.			7
ΝF	24	Unrestricted				
E U T N	25	Temporarily restricte	ed			
D	26	Permanently restrict	red.			
A B S A E T A		Foundations that do and complete lines 2	o not follow SFAS 117, check here   ▶\X\ 27 through 31.			
ΕĹ	27	Capital stock, trust r	principal, or current funds	2,077,333.	1,687,792	
SN	28		, or land, bldg , and equipment fund	2,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,00.,.52	<del>-</del>
С	29	• •	ulated income, endowment, or other funds		·-	_
O E R S	30	• .	und balances (see instructions)	2,077,333.	1,687,792	.]
	31	Total liabilities and i	net assets/fund balances		2,162,790	7
Darl	988	(see instructions)	nges in Net Assets or Fund Balanc	2,077,333.	2,162,130	<u>• L</u>
			alances at beginning of year - Part II, colum		ee with	
_	end-	of-year figure reported	d on prior year's return)	iii (a), iiile 30 (must agre	1	2,077,333.
_		r amount from Part I,			2	-389,541.
		increases not included in li	ne z (nemize) – – – – – – – – –		<del>-</del>	1 607 702
		lines 1, 2, and 3	(Hamiza)		5	1,687,792.
		ases not included in line 2 (	alances at end of year (line 4 minus line 5)	- Part II, column (b), line	<del></del>	1 687 792

Form **990-PF** (2017)

Page 2

(a) List and descri	be the kind(s) of property sold (for exa ehouse, or common stock, 200 shares	mple, real estate, MI C Company)	ow acquired Purchase Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		<b>(h)</b> Gain or ((e) plus (f) n	
а					
b					
С					
d					
e					
Complete only for assets sho	owing gain in column (h) and owned by			(I) Gains (Col gain minus col. (k), b	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		nan -0-) <b>or</b> Losses (fr	
a				<del></del> -	
b					
С					
d					
e				1	
2 Capital gain net income or (r		enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	and (6)			
If gain, also enter in Part I, I in Part I, line 8	ine 8, column (c) See instructions If (	loss), enter -0-	3		
Part V Qualification Und	der Section 4940(e) for Reduce	d Tax on Net Investmen	Incom	е	
	e this part blank lection 4942 tax on the distributable am alify under section 4940(e) Do not com		rıod?	Yes	X No
	nt in each column for each year, see th		v entries.		
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution (col (b) divided	
2016	11,169,733.	2,925,2	51.		3.818384
2015	5,049,099.	6,049,9			0.834573
2014	4,488,223.	4,997,5	<del></del>		0.898078
2013	6,000,000.	2,725,2			2.201648
2012				<del></del>	
2 Total of line 1, column (d)			2		7.752683
3 Average distribution ratio for number of years the foundat	the 5-year base period — divide the to ion has been in existence if less than 5	tal on line 2 by 5 0, or by the syears	3		1.93817
4 Enter the net value of nonch	arıtable-use assets for 2017 from Part	X, line 5	4		701,800
5 Multiply line 4 by line 3			5		L,360,208
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)		6		8
7 Add lines 5 and 6			7	-	1,360,216
8 Enter qualifying distributions			8	•	1,178,711
If line 8 is equal to or greate Part VI instructions	r than line 7, check the box in Part VI,	line 1b, and complete that part	using a 1	% tax rate See	the

46-7293385 Form 990 PF (2017) THE MARSHALL HERITAGE FOUNDATION Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1 a 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, 1 8. |X| and enter 1% of Part I, line 27b check here c 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 2 n foundations only, others, enter -0-) 3 8. 3 Add lines 1 and 2 4 0. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-5 8. 6 Credits/Payments a 2017 estimated tax pmts and 2016 overpayment credited to 2017 6 a **b** Exempt foreign organizations — tax withheld at source 6 b c Tax paid with application for extension of time to file (Form 8868) 6 c 8 d Backup withholding erroneously withheld 6 d 8. 7 Total credits and payments Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 9 0. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Refunded Enter the amount of line 10 to be Credited to 2018 estimated tax Part VII-A | Statements Regarding Activities Yes No 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? 1 b Х See the instructions for the definition If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? 1 c Х d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year ▶\$ 0. 0. (2) On foundation managers. (1) On the foundation e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶\$ 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 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes 3 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4 a b if 'Yes,' has it filed a tax return on Form 990-T for this year? 4 b NVA 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 6 Х 7 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 8 a Enter the states to which the foundation reports or with which it is registered. See instructions. LA b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General 8 b X (or designate) of each state as required by General Instruction G? If 'No,' attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If 'Yes,' complete Part XIV 9 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names 10 and addresses Form **990-PF** (2017

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Pa	ert VII-A Statements Regarding Activities (continued)				
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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persadvisory privileges? If 'Yes,' attach statement See instructions	on had	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica-	ition?	13	X	L
	Website address • N/A				
14	The books are in care of SHEENA A. BONADONA, CPA  Telephone no	<u>-'</u>	<u>447</u>	<u>-748</u>	<u> 6</u>
		205	Ŋ/Ā		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here	lae I	747.47		
	and enter the amount of tax-exempt interest received or accrued during the year	15		Yes	N/A No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	over a	16	165	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.				
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 8	a 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?	s X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  X  Ye	s No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	L I			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	s X 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)?	s No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	s X No			
i	b If any answer is 'Yes' to 1a(1)—(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1 b	Х	
	Organizations relying on a current notice regarding disaster assistance, check here	<b>-</b>			
•	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 before the first day of the tax year beginning in 2017?		1 c	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 $4942(j)(5)$ ):				
i	a 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 before 2017?	s X No			
	If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 , 20	.—			
ı	<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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)		2 b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	► 20 _ , 20 _ , 20 _ , 20				
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	s X No			
I	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, Form 4720, to determine if the foundation had excess business holdings in 2017)		3 b	N	/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a		X
	<b>b</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 b	0.55	X
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Form 990 PF (2017) THE MARSHALL HERIT	TAGE FOUNDATION		46-729	3385	P	age 6		
Part VII-B Statements Regarding Activit		n 4720 May Be Red	uired (continued)			-		
-5 a During the year, did the foundation pay or incu		/	Yes X	No	Yes	No		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra		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 4945(d)(4)(A)? See instructions								
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes X No								
b If any answer is 'Yes' to 5a(1)—(5), did <b>any</b> 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								
Organizations relying on a current notice regar	ding disaster assistance	e, check here	▶ 🗍					
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exe ability for the grant?	mption from the	X Yes	No				
If 'Yes,' attach the statement required by Regu	-	-5(d)						
6 a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indir	rectly, to pay premiums	∏Yes X	No				
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi	t contract?	6 b		Х		
If 'Yes' to 6b, file Form 8870								
7 a At any time during the tax year, was the found				No				
<b>b</b> If 'Yes,' did the foundation receive any proceed				√A   7b	' <u> </u>			
Part VIII Information About Officers, Directors	ectors, Trustees, Fo	undation Managers	s, mignly Pald Emplo	Jyees,				
List all officers, directors, trustees, and found	ation managers and the	ır compensation. See in	structions.					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other a				
DR. STEPHEN D. COOK	TRUSTEE	0.	0.			0.		
320 HAMMOND HWY, SUITE 403	1.00							
METAIRIE, LA 70005								
ELAINE T. MARSHALL	TRUSTÉE	0.	0.			0 .		
7001 PRESTON ROAD, SUITE 400 DALLAS, TX 75205	1.00							
E. PIERCE MARSHALL, JR	TRUSTEE	0.	0.			0 .		
7001 PRESTON ROAD, SUITE 400 DALLAS, TX 75205	2.00							
2 Compensation of five highest-paid employees	Cother than those inclu	ided on line 1 — see ins	tructions) If none ente	L 'NONE '				
	1	ided off file 1 - see ins	(d)Contributions to					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense other a	se acc allowar	ount, ices		
NONE								
				<u> </u>				
	<u> </u>			<del>                                     </del>				
Total number of other employees paid over \$50,000				L		0		

Page 6

Form 990-PF (2017) THE MARSHALL HERITAGE FOUNDATION	46-729	
Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services. See instructions. If	none, enter 'NONE.'	
	Type of service	(c) Compensation
LISKOW & LEWIS, APLC 701 POYDRAS STREET, SUITE 5000 NEW ORLEANS, LA 70139	LEGAL	60,280.
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities	<del></del> -	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 <u>N/A</u>		
	<del></del>	
2		
3		
·		
4		
Part IX-B   Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.
BAA		Form <b>990-PF</b> (2017)

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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

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

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

**b** Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

Enter 1% of Part I, line 27b See instructions

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TEEA0308L 09/12/17

3 b

4

5

6

4,178,711

4,178,703

Form 990-PF (2017)

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# Part XIII Undistributed Income (see instructions)

	(a) Corpus	<b>(b)</b> Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
Distributable amount for 2017 from Part XI, line 7				35,082.
2 Undistributed income, if any, as of the end of 2017				33,002.
a Enter amount for 2016 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		······································
3 Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012 3,168,602.				
<b>b</b> From 2013 8,741,836.				
c From 2014 4, 238, 423.				
<b>d</b> From 2015 4,746,720.				
e From 2016 11,023,562.	21 212 142			
f Total of lines 3a through e	31,919,143.			
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 4,178,711.				
XII, line 4 \( \bar{\sigma} \) \( \bar{\sigma} \), \( \bar{178}, 711. \) <b>a</b> Applied to 2016, but not more than line 2a			0.	
			- 0.	······································
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2017 distributable amount				35,082.
e Remaining amount distributed out of corpus	4,143,629.			······································
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
same amount must be shown in column (a) y				
6 Enter the net total of each column as				
indicated below:	0.5 0.50 770			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	36,062,772.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions		0.		
e Undistributed income for 2016 Subtract line 4a from			0.	
line 2a Taxable amount — see instructions			U.	
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2018.				0.
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)	0.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	2 160 602			
	3,168,602.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	32,894,170.			
10 Analysis of line 9				
a Excess from 2013 8,741,836.				
b Excess from 2014 4, 238, 423.				
c Excess from 2015 4,746,720.				
d Excess from 2016 11, 023, 562.				
e Excess from 2017 4,143,629.				Form <b>990-PF</b> (2017)

Form 990 PF (2017) THE MARSHALL HER	ITAGE FOUNDA	TION		<u>46-729338</u>	5 Page 10
Part XIV Private Operating Founda					N/A
1 a If the foundation has received a ruling or one is effective for 2017, enter the date of the					1040()(5)
<b>b</b> Check box to indicate whether the foundar		ating foundation de		4942(J)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I of the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XN, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					· · · · · · · · · · · · · · · · · · ·
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c '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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	-				
Part XV Supplementary Information	(Complete this	part only if the	e foundation ha	ad \$5,000 or mor	e in
assets at any time during t	ne year – see ir	structions.)			
1 Information Regarding Foundation Manag					
a List any managers of the foundation who is close of any tax year (but only if they have	nave contributed mo e contributed more to	re than 2% of the to han \$5 000) <i>(</i> See s	otal contributions re section 507(d)(2) )	ceived by the founda	ition before the
ELAINE T. MARSHALL	, contributed more t	Tall \$5,000) (500 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corp % or greater interes	oration (or an equa st	lly large portion of th	e ownership of
2 Information Regarding Contribution, Gran					
Check here $\blacktriangleright$ $\boxed{X}$ if the foundation only requests for funds. If the foundation make 2a, b, c, and d. See instructions	nakes contributions s gifts, grants, etc	to preselected char to individuals or org	itable organizations janizations under ot	and does not accep ther conditions, comp	t unsolicited liete items
a The name, address, and telephone number	er or email address	of the person to who	om applications sho	ould be addressed	
·		•			
<b>b</b> The form in which applications should be	submitted and inforn	nation and materials	s they should includ	de	
c Any submission deadlines	<u> </u>				, .
d Any restrictions or limitations on awards,	such as by geograph	nical areas, charitab	ole fields, kinds of in	nstitutions, or other fa	actors
		5.40010L 05.11.15		_ <del>,</del>	orm 990-PF (2017

3 Grants and Contributions Paid During the Y	ear or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE STATEMENT 7				
•				
Total			► 3a	4,178,711.
<b>b</b> Approved for future payment				
,				
Total			► 3b	

Page **12** 

	T,XVI-A   Analysis of Income-Pro					
Ente	r gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by :	section 512, 513, or 514	(e)
٠	·	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
1	Program service revenue			code		
a	<del></del>			<del>  -  </del>		
b		-		+ +		<u> </u>
	· - · · · · · · · · · · · · · · · · · ·			+ +		
e						<del></del>
f						
g	Fees and contracts from government ager	ncies				
2	Membership dues and assessments				-	
3	Interest on savings and temporary cash investments			14	752.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estat	e				
	Debt-financed property					
	Not debt-financed property		·			
6	Net rental income or (loss) from personal property  Other investment income	ļ				
7 8	Gain or (loss) from sales of assets other than invento	rv		_		
9	Net income or (loss) from special events	·' —		-		
10	Gross profit or (loss) from sales of inventor	ory -	-			
11	Other revenue					
а	1			1 11 11 11 11		
b						
c						
d						
е	·			_		
	Subtotal Add columns (b), (d), and (e)				752.	550
	Total. Add line 12, columns (b), (d), and				13	752.
	worksheet in line 13 instructions to verify of XVI-B Relationship of Activities		chmont of Evom	nt Durnos		
<b></b>				<del></del>	_	
	e No. Explain below how each activity for accomplishment of the foundation's	which income is report exempt purposes (oth	ted in column (e) of Pi ier than by providing fi	and AVI-A con- unds for such	purposes) (See insti	ructions )
	I/A					
	N/A					
				-		
				•		
					<del></del>	

Form 9			IARSHALL											7293		Pa	ge 13
Part )	(VII	Information R	egarding	Transfer	s to an	d Trai	ısactio	ns an	ıd Re	lations	ship	s Wit	h No	ncha	ritable		
		Exempt Orgai	nizations		_												
1 D	ıd tha c	organization direct	the or indirect	ly opene	ın anv of f	the fall	wing wit	h anv d	other o	raanizat	tion					Yes	No
d	escribe	d in section 501(c	) of the Code	e (other that	an section	501(c)	(3) organ	ization	s) or I	n section	527	ı					
	-	o political organiz			(A				٤.					- 1			
		s from the reportii	ng roundatior	n to a nonc	naritable	exemp	organiza	alloi i oi	1.					- 1	1 ~ (1)		v
•	) Cash														1 a (1)		X
	•	r assets												}	1 a (2)		
		insactions	anaharitahla	avamet ar	aanization									ŀ	1 b (1)		v
•	•	s of assets to a n hases of assets fi			•		2							}	1 b (2)		X
•	•	al of facilities, equ				ii iiZalio	1							}	1 b (3)		X
•	•	al of facilities, equal abursement arran	•	MIEI 233CL	3									}	1 b (4)		X
•	•	is or loan guarant	-											ŀ	1 b (5)		_ <u>X</u>
•	•	ormance of service		ership or fu	ındraising	solicita	ations							ŀ	1 b (6)		X
•	•	of facilities, equip		•	•			ees						ŀ	1 c	-	X
	•	. , ,		•										L			<del></del>
<b>d</b> If th a	the and ne good ny trans	swer to any of the is, other assets, o saction or sharing	above is 'Ye r services gi arrangemen	es,' comple ven by the at. show in	ete the foll reporting column <b>(c</b>	lowing founda <b>i)</b> the v	schedule ition If thalide alue of the school	Colum e found e good	nn <b>(b)</b> idation ds, oth	should a receive ier asset	alway d less s, or	s show than service	v the fa fair ma es reci	air ma arket v eived	rket value value in	of	
(a) Line	_	(b) Amount involved		ame of noncha				_							haring arran	gements	<del></del>
N/A									··	-							
														_			
_																	
								1									
	_	<del></del>						+									
							_	+									
	_							<del> </del>									
	-							<del> </del>							<del></del> _		
	-							+									
		<u>-</u>		<del>-</del> -				+							<del>-</del>	•——	
			<del> </del>				<u>-</u>										
	-																
d	escribe	undation directly of in section 501(c	) of the Code	e (other tha	th, or rela an section	ted to, 501(c)	one or m (3)) or in	ore tax section	x-exen n 527?	npt orga	nızatı	ons			Yes	X	No
		Name of organiz	•		<b>(b)</b> Type	e of org	anızatıor	1			(c)	Descri	ption c	of relat	tionship		
N/A							•										
		_											_				
		_								_							
		<del> </del>														_	
	Under pe correct,	nalbes of penury, I decla and complete Declarat	are that I have exa tion of preparer (	mined this retui (other than tax	m, including a payer) is bas	accompan sed on al	ying schedul information	es and sta of which	atements n prepar	s, and to the er has any	knowle	my know edge	wiedge ai	na beliet,	, it is true,		
Sign	ر ا		M.	$\overline{}$											May the I		
Here	▶<	Jull		<del>/</del>		13/11	2019		TRU	JSTEE					preparer s	hown be	
	Signal	ture of officer or trustee				Date			Title						X	Yes	No
		Print/Type preparer's	name		Preparer's	signature	COF	<del></del>	Da	ate / _/		Chec	:k	ıf	PTIN		
Paid		CHRISTOPHER H	KLEIN, CPA		CHRIST	OPHER	KLEIN,	CPA	_]3	<u>3/8/1</u>	4	self-	employe	d	P016158	95	
Prepa	rer	Firm's name	TERRANOVA	WILLIAM	S KLEIN	CPA'S	LLC				F	ırm's Ell	N ► 8:	1-393	4518		
Use C		Firm's address	800 W BAY														
	-	1	LAKE CHAR	LES, LA	70601						F	hone no	) (	337)	433-332	6	

BAA

Form **990-PF** (2017)

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

Department of the Treasury Internal Revenue Service Name of the organization

## **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

2017

Employer identification number

THE MARSHALL HERITAGE FOUNDAT	ION	46-7293385
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treate	d as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	s a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Ger</b>	neral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) organ	nization can check boxes for both the General Rule a	nd a Special Rule See instructions
General Rule		
$\fbox{X}$ For an organization filing Form 990, 990-EZ, property) from any one contributor Complet	or 990-PF that received, during the year, contribution e Parts I and II. See instructions for determining a contribution of the property of th	ins totaling \$5,000 or more (in money or contributor's total contributions
Special Rules		
	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%), that checked Schedule A (Form 990 or 990-EZ), Pa e year, total contributions of the greater of (1) \$5,000 EZ, line 1 Complete Parts I and II	art II, line 13, 16a, or 16b, and that
during the year, total contributions of more t	(c)(7), (8), or (10) filing Form 990 or 990-EZ that reconnants of the secondary of the seco	eived from any one contributor, tific, literary, or educational
during the year, contributions exclusively for \$1,000 If this box is checked, enter here the charitable, etc., purpose. Don't complete an	(c)(7), (8), or (10) filing Form 990 or 990 EZ that recovering the second contributions that were received during the year of the parts unless the <b>General Rule</b> applies to this e, etc., contributions totaling \$5,000 or more during the second contributions.	ntributions totaled more than ar for an <i>exclusively</i> religious, organization becaus <u>e</u>
990-PF), but it must answer 'No' on Part IV. line	e General Rule and/or the Special Rules doesn't file 2, of its Form 990, or check the box on line H of its ling requirements of Schedule B (Form 990, 990-EZ,	Form 990-EZ or on its Form 990-PF.

)	а	a	е	

of

1 of Part I

mployer identification num

THE MARSHALL HERITAGE FOUNDATION 46-7293385	Name of organization	Employeria	denuncation number
	THE MARSHALL HERITAGE FOUNDATION	46-729	93385

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional spi	ace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EPM TESTAMENTARY LEAD TRUST  7001 PRESTON RD, STE 400  DALLAS, TX 75013	\$ <u>3,884,177.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
			noncash contributions )

Page

1 to 1 of Part II

Name of organization

Employer identification number

THE MARSHALL HERITAGE FOUNDATION

46-7293385

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional spa	ace is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>	N/A		
		\$	
(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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No.	(b)		(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$ 	
BAA	Sch	  edule B (Form 990, 990-E	L Z, or 990-PF) (201)

of Part III

Name of organization THE MARSHALL HERITAGE FOUNDATION Employer identification number 46-7293385

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and						
	the following line entry For organizations co- contributions of \$1,000 or less for the year (	Enter this information once See instr	clusively religious, charitable, etc , ructions ) \$N/A				
(a) No. from	Use duplicate copies of Part III if additional s  (b)  Purpose of gift	(d) Description of how gift is held					
Part I	N/A						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	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, addres		Relationship of transferor to transferee				
	<b></b>						
(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, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee					
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2017)				

2017	PAGE 1	
TH	46-7293385	
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
LEGAL FEES		(C) (D) ADJUSTED CHARITABLE ET INCOME PURPOSES  0. \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES	·	
ACCOUNTING FEES		(C) (D) ADJUSTED CHARITABLE ET INCOME PURPOSES  0. \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
EXCISE TAX		(C) (D) ADJUSTED CHARITABLE ET INCOME PURPOSES  0. \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
ADVERTISING EXPENSE POSTAGE & MAILING REGISTRATION FEES SOFTWARE EXPENSE		(C) (D) ADJUSTED CHARITABLE ET INCOME PURPOSES  0. \$ 0.

## FEDERAL STATEMENTS

PAGE 2

THE MARSHALL HERITAGE FOUNDATION

46-7293385

STATEMENT 5 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

FELLOWSHIP OF ORTHOPAEDIC RESEARCHERS

BOOK VALUE

FAIR MARKET

VALUE

TOTAL \$

1,180,000. \$ 1,180,000. 1,180,000. \$ 1,180,000.

**STATEMENT 6** FORM 990-PF, PART II, LINE 20 LOANS FROM OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

BALANCE DUE

59,058.

400,000.

\$

LENDER'S NAME: LENDER'S TITLE: DATE OF NOTE:

MATURITY DATE:

REPAYMENT TERMS: INTEREST RATE:

SECURITY PROVIDED:

PURPOSE OF LOAN:

DESC. OF CONSIDERATION:

FMV OF CONSIDERATION: ORIGINAL AMOUNT:

BALANCE DUE:

LENDER'S NAME: LENDER'S TITLE: DATE OF NOTE:

MATURITY DATE:

REPAYMENT TERMS:

INTEREST RATE: SECURITY PROVIDED:

PURPOSE OF LOAN:

DESC. OF CONSIDERATION: FMV OF CONSIDERATION:

ORIGINAL AMOUNT: BALANCE DUE:

LENDER'S NAME: LENDER'S TITLE:

DATE OF NOTE: MATURITY DATE: REPAYMENT TERMS:

INTEREST RATE:

SECURITY PROVIDED:

PURPOSE OF LOAN: DESC. OF CONSIDERATION: FMV OF CONSIDERATION:

ORIGINAL AMOUNT:

BALANCE DUE:

ELAINE T. MARSHALL PRESIDENT & CO-TRUSTEE

12/22/2017 12/31/2019

DUE IN FULL 12/31/19

LEGAL FEES OF FOUNDATION

CASH 59,058.

59,058.

ELAINE T. MARSHALL PRESIDENT & CO-TRUSTEE

12/22/2017 12/31/2019

DUE IN FULL 12/31/19

N/A

FUND GRANT

CASH 400,000.

400,000.

ELAINE T. MARSHALL PRESIDENT & CO-TRUSTEE

6/22/2017

ON DEMAND

N/A

LEGAL FEES OF FOUNDATION DIRECT PAYMENT OF LEGAL FEES

15,940. 6,068.

15,940.

TOTAL \$ 474,998.

# **FEDERAL STATEMENTS**

PAGE 3

THE MARSHALL HERITAGE FOUNDATION

46-7293385

### STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
DALLAS CASA 2757 SWISS AVENUE DALLAS TX 75204	N/A	PC	CAPITAL CAMPAIGN	\$ 270,000.
GREENHILL SCHOOL 4141 SPRING VALLEY RD ADDISON TX 75001	N/A	PC	BUILDING COMMUNITY CAMPAIGN	1,570,000.
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY, SUITE 440 DALLAS TX 75251	N/A	PC	GENERAL SUPPORT	241,655.
TULANE UNIVERSITY 1555 POYDRAS ST, SUITE 1000 NEW ORLEANS LA 70112	N/A	PC	GOLDRING/WOLDENB ERG BUSINESS COMPLEX	785,000.
SALK INSTITUTE FOR BIOLOGICAL STUDIES 100100 N TORREY PINES RD LA JOLLA CA 92037	N/A	PC	NEUROGENETIC ANALYSIS OF MOTOR CIRCUITS AND DISEASES PROJECT	572,500.
NORTHWOOD WOMAN'S CLUB CHARITABLE FUND P.O. BOX 796155 DALLAS TX 75379	N/A	PC	GENERAL SUPPORT	7,056.
THE BRUNSTAD FOUNDATION FOR THE ADVANCEM 145 MEETING STREET PROVIDENCE RI 02906	N/A	PF	RESEARCH, LECTURING & EDUCATION	400,000.
HIGHLAND PARK UNITED METHODIST CHURCH 3300 MOCKINGBIRD LANE DALLAS TX 75205	N/A	NC	HAITI DISASTER RELIEF FUND AND CLINIC EXPANSION PROJECT	135,000.
METROPOLITIAN CRIME COMMISSION, INC 1615 POYDRAS STREET, SUITE 1060 NEW ORLEANS LA 70112	N/A	PC	CRIMINAL JUSTICE ACCOUNTABILITY PROJECT	197,500.

TOTAL \$ 4,178,711.

ORGANIZATION THE MARSHALL HERITAGE FOUNDATION 46-7293385

1 3

TAX YEAR ENDED 4/30/2018

#### FORM 990-PF, PART VII-B, LINE 5C

Name and Address of Grantee	Amount of Grant	Date of Grant	Purpose of Grant	Ex	Amounts pended by Grantee	To the Grantor's Knowledge, Grantee Has Diverted a Portion of Funds from the Purpose of the Grant (Yes/No)	Dates of Reports Received from the Grantee	Dates and Results of Any Verification of the Grantee's Reports
Fellowship of Orthopaedic Researchers, Inc     320 Hammond Hwy, Suite 403     Metairie, LA 70005	\$ -	Prior Years	Research and development of Prosthetic Replacement Magnetic Technology	\$	154,492	No	12/31/2018	N/A
2 The Brunstad Foundation for the Advancement of Law, Education, and Legal Studies 221 Trumbull Street, Apt 2305 Hartford, CT 06103	\$ 400,000	12/29/2017	Research, lecturing and education	\$	402,259	No	12/31/2018	N/A