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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

For	caler	ndar year 2018, or tax year beginning 01-01-2	018 , a	nd er	nding 12-31-	2018	
		undation BRADY TUCKER FOUNDATION INC				entification numbe	r
					13-6161561		
	ber and	d street (or P O box number if mail is not delivered to street address 1149	) Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
					(410) 310-2986	i	
		n, state or province, country, and ZIP or foreign postal code D 21601			<b>C</b> If exemption	application is pendin	g, check here
G Cl	neck al	Il that apply ☐ Initial return ☐ Initial return of a	former public charity		<b>D 1.</b> Foreign org	ganizations, check he	ere . $\square$
		☐ Final return ☐ Amended return	l			ganizations meeting	
		$\square$ Address change $\square$ Name change			,	k here and attach co	· · · —
H C	neck ty	/pe of organization $oxedsymbol{oxtime}$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust	le private foundation				
		ket value of all assets at end from Part II, col (c),	✓ Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
		↑ 10,365,131	t be on cash basıs )		and of booking	507( <i>D</i> )(1)( <i>D</i> )) ellec	ix nore
Pa	rt I	Analysis of Revenue and Expenses (The total	(-)				(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 schedule)	55,614	ı			
	2	Check ► ☐ If the foundation is <b>not</b> required to attach					
	_	Sch B	88		88		
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	223,592		223,592		
	5a	Gross rents	223,332	-			
	ь	Net rental income or (loss)	_				
e	6a	Net gain or (loss) from sale of assets not on line 10	752,161				
Ħ	ь	Gross sales price for all assets on line 6a					
Revenue	_	4,886,32	3	-			
Œ	7	Capital gain net income (from Part IV, line 2)			752,161		
	8	Net short-term capital gain		-			
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	90	)	90		
	12	Total. Add lines 1 through 11	1,031,545	5	975,931		
	13	Compensation of officers, directors, trustees, etc	75,433	3	15,087		60,346
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits	8,252	2	1,650		6,602
ens	16a	Legal fees (attach schedule)					
and Administrative Expenses	b	Accounting fees (attach schedule)	12,000		9,600		2,400
Ve	_ c	Other professional fees (attach schedule)	96,242	-	96,242		0
atı	17	Interest	<b>96-1</b> 45.755	,	C 070		0
II ST	18	Taxes (attach schedule) (see instructions)	15,753 373	1	6,870		-
Ē	19	Depreciation (attach schedule) and depletion			0		2.125
Ad	20 21	Occupancy	73,298		14,660		2,125 58,638
nd	22	Printing and publications	7,5,236	1	11,000		30,030
	23	Other expenses (attach schedule)	14,991		95		14,896
Operating	24	Total operating and administrative expenses.					· ·
Der.		Add lines 13 through 23	298,467	,	144,204		145,007
ō	25	Contributions, gifts, grants paid	337,444	ı			337,444
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	635,911		144,204		482,451
	27	Subtract line 26 from line 12	333,311		211,204		102,131
	a	Excess of revenue over expenses and					
	ь	disbursements  Net investment income (If negative, enter -0-)	395,634	+	024 727		
	c	Adjusted net income (if negative, enter -0-)			831,727		
For		work Reduction Act Notice, see instructions.	ı	<del></del>	Cat No 11289>	I For	m <b>990-PF</b> (2018)

737,247

6,630,431

1,711,240

23,736

807

13,767

5,386

5,386

9,471,237

9,471,237

9,476,623

9,476,623

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1,186,662

6,197,210

2,172,875

19,376

434

26,288

9,879,738

13,377

13,377

9,866,361

9,866,361

9.879.738

1

2

3

4

5

9,471,237

9,888,963

9,866,361 Form **990-PF** (2018)

395,634

22,092

22,602

1,188,454

6,747,857

2,116,292

8,913

434

26,288

10,365,131

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27 28

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30

31

Part III

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5

Liabilities

Balances

PE 26

ŏ

Assets

Net

Pledges receivable ▶

Less allowance for doubtful accounts

Grants receivable . . . . . . . .

Less allowance for doubtful accounts ▶

Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶ 6,843

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Deferred revenue . . . . . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Accounts payable and accrued expenses . . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . . . .

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted

Grants payable

Other notes and loans receivable (attach schedule)

disqualified persons (attach schedule) (see instructions) . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a UBS TRADED SECURITIE	S				
b UBS TRADED SECURITIE	S				
c SCUDDER K-1					
d NEW ALTERNATIVES					
e UBS INVESTMENTS CAP	GAIN DISTRIBUTIONS				
(2)	(f)	(	(g)	(	h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
<u> </u>	(or allowable)	plus expe	ense of sale	(e) plus (f	minus (g)
<b>a</b> 1,19	4,371		1,202,681		-8,310
<b>b</b> 3,47	4,330		2,723,517		750,813
С			4,723		-4,723
<b>d</b> 19	9,144		203,241		-4,097
e 1	8,478				18,478
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	(	(I)
	(i)	i	(k)		h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) <b>or</b>
F M V 45 01 12/31/09	as of 12/31/69	over col	(j), if any	Losses (fr	om col (h))
a					-8,310
b					750,813
c					-4,723
d					-4,097
e					18,478
2 Capital gain net income	or (net capital loss)	If gain, also enter in Pa If (loss), enter -0- in P		2	752.161
· -	ain or (loss) as defined in sections in t I, line 8, column (c) (see instructions in the column column).		}	3	752,161
Part V Qualification L	Inder Section 4940(e) for Re	duced Tax on Net	Investment Inc	come	
	rivate foundations subject to the sec				
Tor optional use by domestic p	invace roundations subject to the sec	cion 4540(a) tax on he	t investment incom	<i>C</i> )	
f section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributal t qualify under section 4940(e) Do		in the base period?	Y .	es 🔽 No
	ount in each column for each year,		making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets	(d) Distribution rat (col (b) divided by c	
2017	534,793		10,591,911	(00. (0) 0	0 050491
2016	479,117		9,912,589		0 048334
2015	492,401		10,502,237		0 046885
2014	534,823		10,622,485		0 050348
2014	494,305		10,066,352		0 049105
	, ,		<del>' '  </del>		
2 Total of line 1, column (d	•		2		0 245163
	for the 5-year base period—divide to dation has been in existence if less				0 049033
	ncharitable-use assets for 2018 from		: : : : <u>3</u>		11,300,657
		•	5		554,105
	ent income (1% of Part I, line 27b)		6		<del></del>
	, , , , ,				8,317
			7		562,422
	ons from Part XII, line 4 ,			10/ :	482,451
If line 8 is equal to or gre instructions	ater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usin	g a 1% tax rate Se	e the Part VI
IIISU UCUOIIS				Fo	orm <b>990-PF</b> (2018)

Page **6** 

Pai	t VII-B	Statements Regard	ing	<b>Activities for Which</b>	Form 4720 May Be	Required (continued)			
5a	During the	year did the foundation p	ау с	r incur any amount to				Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 🗸	No.		
	(2) Influe	nce the outcome of any sp	ecıfı	c public election (see sect	tion 4955), or to carry	L les L	10		
	on, dı	rectly or indirectly, any vol	ter r	egistration drive?		· · 🗌 Yes 🗸	No		
	(3) Provid	le a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	☐ Yes ☑	No		
	(4) Provid	le a grant to an organization	on of	her than a charitable, etc	, organization described				
	ın sec	tion 4945(d)(4)(A)? See in	stru	ctions		· · 🔲 Yes 🗸	No		
	(5) Provid	le for any purpose other th	nan r	eligious, charitable, scien	tıfıc, lıterary, or				
		tional purposes, or for the		•		∟ Yes 🖭 I	No		
b		wer is "Yes" to 5a(1)–(5),		•		•			
	•	ns section 53 4945 or in a				uctions	5b		
	-	ons relying on a current n				· · · · · • 🗖			
С		wer is "Yes" to question 5a			•				
		se it maintained expenditu				· ·	No		
	If "Yes," a	ttach the statement requir	ed b	y Regulations section 53	4945-5(d)				
<b>6</b> a	Did the fo	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premit	ıms on			
		l benefit contract?				· Yes 🗸	No		
b		undation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	6b		No
	If "Yes" to	6b, file Form 8870							
7a	At any tim	e during the tax year, was	s the	foundation a party to a p	prohibited tax shelter trai	nsaction? Yes	No		
b		the foundation receive an		•			7b		
8	Is the four	ndation subject to the sect	ion 4	1960 tax on payment(s) o	of more than \$1,000,000	in remuneration or			
	excess pa	rachute payment during th	e ye	ar <sup>?</sup>		· · □ Yes 🗸	No L		
Par	t VIII		offic	ers, Directors, Trust	tees, Foundation Ma	nagers, Highly Paid Em	ployees	,	
		and Contractors							
_1_	List all of	ficers, directors, trustee							
	(a) Na	ime and address	(	<b>b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Exper		
	(4) 110	inic and address		devoted to position	-0-)	deferred compensation	other a	llowand	:es
See A	Additional D	ata Table							
2	Compens	ation of five highest-pai	d er	nployees (other than tl	hose included on line 1	—see instructions). If non	e, enter "	NONE.	"
				(b) Title, and average		(d) Contributions to			
(a) l	Name and a	address of each employee	paid	hours per week	(c) Compensation		(e) Expen other al		
	me	ore than \$50,000		devoted to position		plans and deferred compensation	other ai	iowance	25
TRAC	Y L ROYST	NC		ADMINISTRATOR	75,43				0
		N CREEK ROAD		20 00	, , , ,	-,			•
	TON, MD 2								
				1					
-									
				1					
				1					
						+			
Tota	I number of	f other employees paid ove	er \$5	0,000					
		, / F	7 -	· · · · · · · · · · · · · · · · · · ·		·	Form <b>99</b>	0-PF (	
								\	/

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, True and Contractors (continued)	stees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professiona	Il 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
UBS FINANCIAL SERVICES	INVESTMENT MANAGEMENT	96,242
100 OVERLOOK CENTER STE 100 PRINCETON, NJ 085405270		
Total number of others receiving over \$50,000 for professional service	es	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pap		Expenses
2		
3		
4		
Part IX-B Summary of Program-Related Investments	s (see instructions)	
Describe the two largest program-related investments made by the foundation	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		• 0
		Form <b>990-PF</b> (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

1a

1b

2

3a 3h

4

5

482,451

482.451

482.451

Form 990-PF (2018)

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

548,398

482,451

22,655

43,292

Form **990-PF** (2018)

Page 9

Form	990-PF	(20	
Pa	rt XII	1	

0-PF	(	20	1	8.	)	
VIII	ī			_		

**b** Total for prior years

a From 2013. . . . .

e From 2017. . . . .

**b** From 2014. . . . c From 2015. . . d From 2016. . . . .

)-PF (20	018)		
(III)	Undistributed Income	(see	instructions)

1 Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

same amount must be shown in column (a) )

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount 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 . . . . . .

6 Enter the net total of each column as

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) . . . . . . . . . 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9 a Excess from 2014. . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. .

applied on line 5 or line 7 (see instructions) . . .

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

1,932

20,723

(a)

Corpus

22,655

22,655

0

(b)

Years prior to 2017

(c)

2017



Enter gros	s amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	m service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е						
_	and contracts from government agencies					
	ership dues and assessments					
	st on savings and temporary cash ments			14	88	
	nds and interest from securities			14	223,592	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property investment income.	-		15	90	
	r (loss) from sales of assets other than			15	90	
ınvent	• •			18	752,161	
9 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
е	tal Add columns (b), (d), and (e).		0		975,931	(
e 12 Subto 13 Total.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				975,931	
e 12 Subto L3 Total. (See w	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	ılatıons )		13		
e 12 Subto L3 Total. (See w	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  T-B Relationship of Activities to the Explain below how each activity for which	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	
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e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculated and the second activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the second below the second bel	ilations ) ne Accomplish income is report	nment of Exem	pt Purposes  f Part XVI-A contribu	ted importantly to	

	/
/TT	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
/II	Exempt Organizations

Part	XVII	Exempt Organi	zations					•				
<ol> <li>Did</li> </ol>	the org	anization directly or in han section 501(c)(3)	directly enga						on 501		Yes	No
<b>a</b> Tran	sfers f	rom the reporting foun	dation to a r	oncharitable ex	empt organization	n of						
(1) Cash										1)		No
(2) Other assets										(2)		No
			A-1-1	£								
<ul><li>(1) Sales of assets to a noncharitable exempt organization.</li><li>(2) Purchases of assets from a noncharitable exempt organization.</li></ul>										1)		No No
		l of facilities, equipmen							1b	_		No
` '		oursement arrangemen	•						. 1b			No
		or loan guarantees.							. 1b			No
		mance of services or m										No
<b>c</b> Sha	rıng of	facilities, equipment, n	nailing lists,	other assets, or	paid employees.				. 1	С		No
of th	ne good	er to any of the above ls, other assets, or ser saction or sharing arra	vices given b	y the reporting	foundation If the	foundati	on receive	d less than fair mar	ket value	•		
(=) line	Na I	(h) Amount involved	. (a) Nama af	i nanahawtahla aya		(d) D	scountion of	transfore transactions	and sharing			.+-
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	( <b>a</b> ) De	escription of	transfers, transactions,	, and snaring	arran	igemen	ts
-	-											
2a Is th	ne foun	dation directly or indire	ectly affiliate	d with, or relate	d to, one or more	tax-exe	mpt organı	zations				
desc	ribed ii	n section 501(c) (other	than section	n 501(c)(3)) or ı	ın section 527? .			🗆 Y	es 🔽 No	•		
b If "Y	'es," co	mplete the following so		1								
		(a) Name of organization	n	(1	<b>b)</b> Type of organizat	ion		(c) Description	of relationshi	p		
-												
	of my	r penalties of perjury, / knowledge and belief n preparer has any kno	, it is true, c									
Sign Here		****			2019-10-02	<b>.</b>	*****		May the IR return with the pr			
	S	ignature of officer or t	rustee		Date	— <b>y</b>	Title		below (see instr	_	_	
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check if self-	PTIN P00	115	973	
Paid	246~	COREY N DUNCAN						employed ▶ ☐				
Preparent		Firm's name ► TGM		ET BLDC A					Fırm's EIN ▶	26-	47775	527
		Firm's address ► 11	4 BAY STREI	ET BLDG A					Dhone no /	1101	ຊາວ.	4000
		EA	STON, MD	21601					Phone no (	+±U)	022-2	+000

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter (e) other allowances Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation TRACY L ROYSTON **ADMINISTRATOR** 75,433 0 2,456 20 00 21447 SKELETON CREEK ROAD PRESTON, MD 21655 DAVID M RANDELL JR 0 0 **TREASURER** 0 00 5 LAFAYETTE DRIVE PORT CHESTER, NY 10573 MARCIA B LOUGHRAN 0 **PRESIDENT** 0 0 00 21-68 19TH STREET ASTORIA, NY 11105 BARBARA B RANDELL VICE PRESIDENT 0 0 0 0 00 314 WASHINGTON STREET DENVER, CO 80203 CAM SANDERS 0 0 DIRECTOR 0 0 00 1325 ANGELUS AVENUE LOS ANGELES, CA 90026 0 TOINETTE TUCKER DIRECTOR 0 0 00 137 EAST 66TH STREET NEW YORK, NY 10065 OLIVIA TUCKER 0 0 SECRETARY 0 00 178 N 11TH ST 4C BROOKLYN, NY 11211 NICK SANDERS 0 0 0 DIRECTOR 0.00 7420 SHAUN CT SEBASTOPOL, CA 95472 THOMAS BOOGAARD 0 0 DIRECTOR 0 00 1980 LAZY Z ROAD NEDERLAND, CO 80466 ANNE COYLE DIRECTOR 0 0 0 0 00 101 SIMONTON WAY ST SIMONS ISLAND, GA 31522 NIK LESCH DIRECTOR 0 0 O 0 00 1135 35TH STREET APT 2 BOULDER, CO 80303 LUTHER TUCKER DIRECTOR 0 0 0 00 7700 BLOOMFIELD ROAD EASTON, MD 21601 NICK TUCKER DIRECTOR 0 0 0 00 5120 EARL DRIVE LACANADA, CA 91011 NOAH TUCKER DIRECTOR 0 0 0 0 00 5120 EARL DRIVE LACANADA, CA 91011

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year				
COLORADO JUDICIAL INSTITUTE PO BOX 118 BROOMFIELD CO. 80038	NONE	N/A	EDUCATION	10,000

BROOMFIELD, CO 80038				
BIG GREEN 1637 PEARL STREET STE 201 BOULDER, CO 80302	NONE	N/A	CONSERVATION	20,000

BIG GREEN 1637 PEARL STREET STE 201 BOULDER, CO 80302	NONE	N/A	CONSERVATION	20,000
FOOTHILL CREATIVE ARTS GROUP 108 N BALDWIN AVENUE SIERRA MADRE, CA 91024	NONE	N/A	ARTS	20,000

BOULDER, CO 80302				
FOOTHILL CREATIVE ARTS GROUP 108 N BALDWIN AVENUE SIERRA MADRE, CA 91024	NONE	N/A	ARTS	20,000
Total			▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

GREENWOOD80 ACADEMY STREET SOUTH BERWICK, ME 03908	NONE	N/A	HUMANITARIAN	20,000
HOUSE OF HOPE REFUGE OF LOVE INC 1716 ELLIS STREET BRUNSWICK GA 31520	NONE	N/A	HUMANITARIAN	20,000

1716 ELLIS STREET BRUNSWICK, GA 31520				
NY PRESBYTERIAN 850 THIRD AVE 12TH FL	NONE	N/A	RELIGION	18,874

5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0				
NY PRESBYTERIAN 850 THIRD AVE 12TH FL NEW YORK, NY 10022	NONE	N/A	RELIGION	18,874

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POETS HOUSE10 RIVER TERRACE NONE N/A ARTS 20,000 NEW YORK, NY 10282

SEBASTOPOL INDEPENDENT SCHOOL PO BOX 1260 SEBASTOPOL, CA 95473	NONE	N/A	EDUCATION	20,000
THE COUNTRY SCHOOL 716 GOLDSBOROUGH STREET EASTON, MD 21601	NONE	N/A	EDUCATION	20,000

337,444

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

PO BOX 1768 PORTLAND, ME 04104	NONE	N/A	HUMANITARIAN	20,000
MEHER FUND INC420 DALRYMPLE ROAD	NONE	N/A	EDUCATION	8,000

FORTLAND, ME 04104				
MEHER FUND INC420 DALRYMPLE ROAD ATLANTA, GA 30329	NONE	N/A	EDUCATION	8,000
ACLU FOUNDATION OF AZ	NONE	N/A	EDUCATION	1,600

ATLANTA, GA 30329				
ACLU FOUNDATION OF AZ 3801 MT VERNON AVE ALEXANDRIA, VA 22305	NONE	N/A	EDUCATION	1,600

337,444

ACLU FOUNDATION OF AZ	NONE	N/A	EDUCATION	1,
3801 MT VERNON AVE				·
ALEXANDRIA, VA 22305				

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

- /				
AGLET THEATRE COMPANYBOX 2 TACONIC, CT 06079	NONE	N/A	ARTS	200
AL OTRO LADO 511 E SAN YSIDRO BLVD 333	NONE	N/A	ARTS	2,000

11 E SAN YSIDRO BLVD 333 SAN YSIDRO, CA 92173	NONE	N/A	ARTS	
LL HALLOWS GUILD 1101 WISCONSIN AVE NW	NONE	N/A	ARTS	

SAN YSIDRO, CA 92173				
ALL HALLOWS GUILD 3101 WISCONSIN AVE NW WASHINGTON, DC 20016	NONE	N/A	ARTS	1,000
Total			▶ 3a	337,444

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
AMERICAN FOREIGN SERVICE ASSN PO BOX 98026 WASHINGTON, DC 20077	NONE	N/A	HUMANITARIAN	250

WASHINGTON, DC 20077				
ALZHEIMERS ASSN644 LIN STREET CINCINNATI, OH 45203	NONE	N/A	MEDICAL	1,000

ALZHEIMERS ASSN644 LIN STREET CINCINNATI, OH 45203	NONE	N/A	MEDICAL	1,000
AMERICAN RED CROSSPO BOX 37839	NONE	N/A	HUMANITARIAN	1,000

CINCINNATI, OH 45203				
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037	NONE	N/A	HUMANITARIAN	1,000

AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037	NONE	N/A	HUMANITARIAN	1,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICANS FOR THE ARTS 1000 VERMONT AVE NW WASHINGTON, DC 20005	NONE	N/A	ARTS	2,400
AURICLE COMMUNICATIONS	NONE	N/A	ARTS	800

URICLE COMMUNICATIONS O BOX 2011	NONE	N/A	ARTS
RSEY CITY, NJ 07303			

Total .

PO BOX 2011 JERSEY CITY, NJ 07303				
BARNARD COLLEGE3009 BROADWAY	NONE	N/A	EDUCATION	

PO BOX 2011 JERSEY CITY, NJ 07303				
BARNARD COLLEGE3009 BROADWAY	NONE	N/A	EDUCATION	2,000

ERSEY CITY, NJ 07303				
ARNARD COLLEGE3009 BROADWAY	NONE	N/A	EDUCATION	2,000

ARNARD COLLEGE3009 BROADWAY EW YORK, NY 10027	NONE	N/A	EDUCATION	2,000

		1,	 
NEW YORK, NY 10027			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
BARRINGTON STAGE CO 122 NORTH STREET PITTSFIELD, MA 01201	NONE	N/A	ARTS	300

PITTSFIELD, MA 01201				
BENNINGTON COLLEGE WRITING SEMINARS 1 COLLEGE DRIVE BENNINGTON VT 05201	NONE	N/A	ARTS	2,000

SEMINARS 1 COLLEGE DRIVE BENNINGTON, VT 05201	NONE	N/A	VIVIO	2,000
BERKSHIRE BOTANICAL GARDEN	NONE	N/A	ARTS	3,100

1 COLLEGE DRIVE BENNINGTON, VT 05201				
BERKSHIRE BOTANICAL GARDEN PO BOX 826 STOCKBRIDGE, MA 01262	NONE	N/A	ARTS	3,100

BENNINGTON, VI 03201				
BERKSHIRE BOTANICAL GARDEN PO BOX 826 STOCKBRIDGE, MA 01262	NONE	N/A	ARTS	3,100
Total			▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

BEYOND NUCLEAR INC 6930 CARROLL AVE 400 TAKOMA PARK, MD 20912	NONE	N/A	HUMANITARIAN 	800
BISHOP JOHN T WALKER SCHOOL FOR	NONE	N/A	EDUCATION	750

TAKOMA FAKK, MD 20312				
BISHOP JOHN T WALKER SCHOOL FOR BOYS 1801 MISSISSIPPI AVE SE WASHINGTON, DC 20020	NONE	N/A	EDUCATION	750

1801 MISSISSIPPI AVE SE WASHINGTON, DC 20020				
BROWN ANNUAL FUNDPO BOX 1877	NONE	N/A	EDUCATION	1,000

WASHINGTON, DC 20020				
BROWN ANNUAL FUNDPO BOX 1877 PROVIDENCE, RI 02912	NONE	N/A	EDUCATION	1,000

PROVIDENCE, RI 02912	NONE	N/A	EDUCATION	1,00
Total			▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAF AMERICA225 REINEKERS LANE NONE N/A **FDUCATION** 400 ALEXANDRIA, VA 22314

CAMERON AND HAYDEN LORD FOUNDATION 110 RIVERSIDE DRIVE 12C NEW YORK, NY 10024	NONE	N/A	EDUCATION	250

NEW YORK, NY 10024				
CHARTER FOUNDATIONPO BOX 1260 SEBASTOPOL, CA 95473	NONE	N/A	EDUCATION	9,000

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			1
a Paid during the year				
CHAUTAUQUA FOUNDATION	NONE	N/A	ARTS	250

BOX 28 1 AMES AVE CHAUTAUQUA, NY 14722				
CHILDRENS INN AT NIH7 WEST DRIVE BETHESDA, MD 20814	NONE	N/A	MEDICAL	250

CHILDRENS INN AT NIH7 WEST DRIVE BETHESDA, MD 20814	NONE	N/A	MEDICAL	250
CHRIST TRINITY CHURCHPO BOX 127	NONE	N/A	RELIGION	4,500

BETHESDA, MD 20814				
CHRIST TRINITY CHURCHPO BOX 127 SHEFFIELD, MA 01257	NONE	N/A	RELIGION	4,500

BETHESDA, MD 20814				
CHRIST TRINITY CHURCHPO BOX 127 SHEFFIELD, MA 01257	NONE	N/A	RELIGION	4,500

SHEFFIELD, MA 01257	4,500

CHINEST THERETT CHORCEM & BOX 127	110112	1 1/ / 1	I TELLOTO I	, –
SHEFFIELD, MA 01257				

Recipient If recipient is an individual, show any relationship to Status of Status of

recipient

337,444

any foundation manager

Name and address (home or business)

Total .

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
CHURCH OF ST LUKE IN THE FIELDS 487 HUDSON STREET NEW YORK, NY 10014	NONE	N/A	RELIGION	2,000
CINCINNATI ART MUSEUM 953 EDEN PARK DRIVE CINCINNATI, OH 45202	NONE	N/A	ARTS	2,000
CINCINNATI NATURE CENTER 4949 TEALTOWN ROAD MILFORD, OH 41450	NONE	N/A	ARTS	200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CINCINNATI OBSERVATORY CENTER 3489 OBSERVATORY PLACE CINCINNATI, OH 45208	NONE	N/A	ARTS	1,000
CINCINNATI PUBLIC RADIO	NONE	N/A	ARTS	800

CINCINNATI PUBLIC RADIO 1301 WESTERN AVE CINCINNATI, OH 45203	NONE	N/A	ARTS	80
CITY GATE3920 ALTON PLACE NW	NONE	N/A	ARTS	80

CINCINNATI, OH 45203				
CITY GATE3920 ALTON PLACE NW WASHINGTON. DC 20016	NONE	N/A	ARTS	800

Total .

337,444

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)	or substantial contributor	, , , , , , , , , , , , , , , , , , , ,		
a Paid during the year				
CLASSICAL KUSC 1149 SOUTH HILL STREET	NONE	N/A	ARTS	800

LOS ANGELES, CA 90015				
COLORADO PUBLIC RADIO 7409 S ALTON COURT CENTENNIAL, CO 80112	NONE	N/A	ARTS	300

COLORADO PUBLIC RADIO 7409 S ALTON COURT CENTENNIAL, CO 80112	NONE	N/A	ARTS	300
CONTEMPORARY DANCE THEATRE 1805 LARCH AVENUE CINCINNATI, OH 45224	NONE	N/A	ARTS	1,200

Total			▶ 3a	337,444
CONTEMPORARY DANCE THEATRE 1805 LARCH AVENUE CINCINNATI, OH 45224	NONE	N/A	ARTS	1,200
7409 S ALTON COURT CENTENNIAL, CO 80112	NONE	N/A	ARTS	300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NONE

DOCTORS WITHOUT BORDERS

Total .

PO BOX 5030 HAGERSTOWN, MD 21741	NONE	IN/A	MEDICAL	2,500
DOWNTOWN DOG RESCUE PO BOX 90035	NONE	N/A	HUMANITARIAN	2,000

NI/A

MEDICAL

▶ 3a

2 500

DOWNTOWN DOG RESCUE PO BOX 90035 PASADENA, CA 91109	NONE	N/A	HUMANITARIAN	2,00
EAGLEBROOK SCHOOLPO BOX 7	NONE	N/A	EDUCATION	40

PASADENA, CA 91109				
EAGLEBROOK SCHOOLPO BOX 7	NONE	N/A	EDUCATION	400

•				
EAGLEBROOK SCHOOLPO BOX 7 DEERFIELD, MA 01342	NONE	N/A	EDUCATION	400
DEERFIELD, MA 01342				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

877 SOUTH STREET STE 4E PITTSFIELD, MA 01201				
ELDER SERVICES OF BERKSHIRE COUNTY	NONE	N/A	HUNANITARIAN	100
,				

1111011225,1111 01201				
ENVIRONMENTAL DEFENSE FUND PO BOX 98051 WASHINGTON, DC 20077	NONE	N/A	CONSERVATION	400
EPISCOPAL RELIEF & DEVELOPMENT	NONE	N/A	HUMANITARIAN	1,000

WASHINGTON, DC 20077				
EPISCOPAL RELIEF & DEVELOPMENT 815 SECOND AVE NEW YORK, NY 10017	NONE	N/A	HUMANITARIAN	1,000

337,444

Total .

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the year

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

FALMOUTH CORNER PRESCHOOL 190 MIDDLE ROAD MFALMOUTH, ME 04105	NONE	N/A	EDUCATION	500
FOCI1045 OLD ACADEMY ROAD	NONE	N/A	EDUCATION	750

FOCI1045 OLD ACADEMY ROAD FAIRFIELD, CT 06824	NONE	N/A	EDUCATION	750
TOOTHILL CREATIVE ARTS GROUP 108 N BALDWIN AVENUE SIERRA MADRE, CA 91024	NONE	N/A	ARTS	800

Total .

337,444

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1141 CENTRAL PARKWAY CINTI, OH 45202				2,000
GREAT PARKS FOREVER 10245 WINTON ROAD	NONE	N/A	CONSERVATION	1,250

NI/A

HUMANITARIAN

1 000

337,444

1	GREENWOODSO ACADEMY STREET	NONE	N/Δ	ARTS	
	GREAT PARKS FOREVER 10245 WINTON ROAD CINCINNATI, OH 45231	NONE	N/A	CONSERVATION	

NONE

FREESTORE FOODBANK

Total . .

10245 WINTON ROAD CINCINNATI, OH 45231				
GREENWOOD80 ACADEMY STREET	NONE	N/A	ARTS	3,800

CINCINNATI, OH 45231				
GREENWOOD80 ACADEMY STREET	NONE	N/A	ARTS	3,800
SOUTH BERWICK, ME 03908				

GREENWOOD80 ACADEMY STREET	NONE	N/A	ARTS	3,8
SOUTH BERWICK, ME 03908				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE N/A **EDUCATION** 400 GROTON SCHOOL 282 FARMERS ROW

GROTON, MA 01450				
HAVERFORD COLLEGE 370 LANCASTER AVE HAVERFORD, PA 19041	NONE	N/A	EDUCATION	750
HEIFER INTERNTIONAL FOUNDATION PO BOX 737	NONE	N/A	SCIENCE	400

337,444

▶ 3a

LITTLE ROCK, AR 72203

Total . . . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HILLSIDE TRUST 710 TUSCULUM AVENUE CINCINNATI. OH 45226	NONE	N/A	EDUCATION	250

710 TUSCULUM AVENUE CINCINNATI, OH 45226				
HOUSATONIC VALLEY ASSNPO BOX 251 SOUTH LEE, MA 01260	NONE	N/A	CONSERVATION	750

HOUSATONIC VALLEY ASSNPO BOX 251 SOUTH LEE, MA 01260	NONE	N/A	CONSERVATION	750
HUMANITY NOW2009 MONTROSE LANE	NONE	N/A	HUMANITARIAN	1,000

300TH LEE, MA 01200				
HUMANITY NOW2009 MONTROSE LANE WILIMINGTON, NC 28405	NONE	N/A	HUMANITARIAN	1,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or husiness)

Hame and address (nome or business)	or substantial contributor			
a Paid during the year				
INTERFAITH WORKS 114 W MONTGOMERY AVE ROCKVILLE, MD 20850	NONE	N/A	RELIGION	1,500

recipient

ROCKVIELE, IND 20030				
INTERNATIONAL INST FOR HUMANE ED PO BOX 260 SURRY, ME 04684	NONE	N/A	EDUCATION	800
INTERNATIONAL RESCUE COMMITTEE	NONE	N/A	HUMANITARIAN	2,000

Total			▶ 3a	337,444
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEE, MN 56007	NONE	N/A	HUMANITARIAN	2,000
PO BOX 260 SURRY, ME 04684	NONE	N/A	EDUCATION	800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a Faid duffing the year				
JOY OUTDOOR EDUCATION CENTER PO BOX 417 CLARKSVILLE, OH 45113	NONE	N/A	EDUCATION	1,000
KUNC1901 56TH AVE STE 200	NONE	N/A	ARTS	300

	1			
KUNC1901 56TH AVE STE 200 GREELY, CO 80643	NONE	N/A	ARTS	300
LA REGIONAL FOOD BANK 1734 EAST 41ST ST	NONE	N/A	HUMANITARIAN	1,000

GREELY, CO 80643	NONE	N/A	ARIS	301
LA REGIONAL FOOD BANK 1734 EAST 41ST ST LOS ANGELES, CA 90058	NONE	N/A	HUMANITARIAN	1,00
Total			▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LITTLE GUILD OF ST FRANCIS NONE N/A 800 RELIGION 285 SHARON GOSHEN TURNPIKE WEST CORNWALL, CT 06796

LITTLE MIAMI INC6040 PRICE ROAD MILFORD, OH 45150	NONE	N/A	HUMANITARIAN	250
LUPUS RESEARCH ALLIANCE 275 MADISON AVE 10TH FL NEW YORK. NY 10016	NONE	N/A	MEDICAL	1,000

Total . .

337,444

▶ 3a

If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MADEIRA SCHOOL NONE N/A EDUCATION 1,000

8328 GEORGETOWN PIKE MCLEAN, VA 22102				
MEDICINS SANS FRONTIERES PO BOX 5023	NONE	N/A	MEDICAL	400

PO BOX 5023 HAGERSTOWN, MD 21741				
MEHER FUND INC420 DALRYMPLE ROAD ATLANTA, GA 30329	NONE	N/A	EDUCATION	8,000

Total .

337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

NATIONAL CATHEDRAL SCHOOL	NONE	N/A	EDUCATION	1 000
a Paid during the year				
Name and address (home or business)	or substantial contributor	recipient		

NATIONAL CATHEDRAL SCHOOL 3612 WOODLEY ROAD NW WASHINGTON, DC 20016	NONE	N/A	EDUCATION	1,000

NATIONAL SAWDUST 80 NORTH 6TH STREET BROOKLYN, NY 11249	NONE	N/A	EDUCATION	800
WASHINGTON, DC 20016				

NATIONAL SAWDUST 80 NORTH 6TH STREET BROOKLYN, NY 11249	NONE	N/A	EDUCATION	800
NATURE CONSERVANCY OHIO CHAPTER 6375 RIVERSIDE DRIVE STE 100 DUBLIN, OH 43017	NONE	N/A	EDUCATION	1,100

80 NORTH 6TH STREET BROOKLYN, NY 11249				
NATURE CONSERVANCY OHIO CHAPTER 6375 RIVERSIDE DRIVE STE 100 DUBLIN, OH 43017	NONE	N/A	EDUCATION	1,100
Total			<b>&gt;</b> 3a	337,444

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NEW YORK PUBLIC RADIOPO BOX 1550 NEW YORK, NY 10116	NONE	N/A	ARTS	720

NEW YORK, NY 10116				
NO WESTCHESTER HOSPITAL CENTER 400 EAST MAIN STREET MT KISCO NY 10549	NONE	N/A	MEDICAL	1,

T					
	400 EAST MAIN STREET MT KISCO, NY 10549				_,
ı	NO WESTCHESTER HOSPITAL CENTER	NONE	l N/A	MEDICAL	1,000

MT KISCO, NY 10549				
NRDC40 WEST 20TH STREET	NONE	N/A	MEDICAL	400

MT KISCO, NY 10549				
NRDC40 WEST 20TH STREET NEW YORK, NY 10011	NONE	N/A	MEDICAL	400

337,444

NRDC40 WEST 20TH STREET	NONE	N/A	MEDICAL	
NEW YORK, NY 10011				

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
OUTER CAPE HEALTH SERVICES INC 3130 RT 6 WELLFLEET, MA 02667	NONE	N/A	MEDICAL	500
PLANNED PARENTHOOD	NONE	N/A	MEDICAL	400

WELLFLEET, MA 02667				
PLANNED PARENTHOOD 123 WILLIAM STREET 10TH FL NEW YORK, NY 10038	NONE	N/A	MEDICAL	400
PLANNED PARENTHOOD SW OHIO	NONE	N/A	MEDICAL	2,000

PLANNED PARENTHOOD 123 WILLIAM STREET 10TH FL NEW YORK, NY 10038	NONE	N/A	MEDICAL	400
PLANNED PARENTHOOD SW OHIO 2314 AUBURN AVENUE CINCINNATI, OH 45219	NONE	N/A	MEDICAL	2,000

Total			▶ 3a	337,444
PLANNED PARENTHOOD SW OHIO 2314 AUBURN AVENUE CINCINNATI, OH 45219	NONE	N/A	MEDICAL	2,000
NEW YORK, NY 10038				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
PROSPECT HOUSEPO BOX 5117 CINCINNATI, OH 45205	NONE	N/A	HUMANITARIAN	1,000
PROTESTANT EPISCOPAL CATHERDRAL	NONE	N/A	RELIGION	1,000

recipient

DDIEC BELLIND BADC	NONE	N/A	HIIMANITADIAN	40
OTESTANT EPISCOPAL CATHERDRAL D PUNT ST AUBIN SHINGTON, DC 20016	NONE	N/A	RELIGION	1,000
OTECTANT EDICCODAL CATHEDDDAL	NONE	N1/A	DELICION .	

FND MOUNT ST AUBIN WASHINGTON, DC 20016				
PUPPIES BEHIND BARS 263 W 38TH STREET	NONE	N/A	HUMANITARIAN	4

MOUNT ST AUBIN WASHINGTON, DC 20016				
PUPPIES BEHIND BARS 263 W 38TH STREET NEW YORK, NY 10018	NONE	N/A	HUMANITARIAN	400

PUPPIES BEHIND BARS	NONE	N/A	HUMANITARIAN	400
263 W 38TH STREET				
NEW YORK, NY 10018				

NEW YORK, NY 10018		
Total	 ▶ 3a	337,444

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OUEER ART176 GRAND STREET STE 601 | NONE I N/Δ ARTS 2 000

NEW YORK, NY 10013	HONE	1477	ANTO	2,000
SHEFFIELD HISTORICAL SOCIETY PO BOX 747 SHEFFIELD, MA 01257	NONE	N/A	EDUCATION	300

SHEFFIELD HISTORICAL SOCIETY PO BOX 747 SHEFFIELD, MA 01257	NONE	N/A	EDUCATION	300
SMALL PAWS RESUE INC 3316 S 72NDW AVENUE	NONE	N/A	HUMANE	400

SHEFFIELD, MA 01257				
SMALL PAWS RESUE INC 3316 S 72NDW AVENUE TULSA OK 74107	NONE	N/A	HUMANE	400

SHEFFIELD, MA 01257				
SMALL PAWS RESUE INC 3316 S 72NDW AVENUE TULSA, OK 74107	NONE	N/A	HUMANE	400

3316 S 72NDW AVENUE TULSA, OK 74107		

TULSA, OK 74107		
Total	 ▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
ST ALBANS CHURCH 3001 WISCONSIN AVENUE NW WASHINGTON, DC 20016	NONE	N/A	RELIGION	4,500

recipient

337,444

WASHINGTON, DC 20016				
ST ANDREWS EPISCOPAL SCHOOL 8804 POSTOAK ROAD POTOMAC, MD 20854	NONE	N/A	EDUCATION	250
ST BALLIS SCHOOL	NONE	NI/A	EDUCATION	F00

ST ANDREWS EPISCOPAL SCHOOL 8804 POSTOAK ROAD POTOMAC, MD 20854	NONE	N/A	EDUCATION	250
ST PAULS SCHOOL 325 PLEASANT STREET CONCORD, NH 03301	NONE	N/A	EDUCATION	500

ST PAULS SCHOOL 325 PLEASANT STREET CONCORD, NH 03301  NONE N/A EDUCATION EDUCATION	500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				

a Paid during the year				
TECTONIC THEATRE PROJECT 529 8TH AVENUE	NONE	N/A	EDUCATION	400

NEW YORK, NY 10018				
TENANTS & WORKERS UNITED 3801 MT VERNON AVE	NONE	N/A	HUMANITARIAN	800

	1		1	
TENANTS & WORKERS UNITED 3801 MT VERNON AVE ALEXANDRIA, VA 22305	NONE	N/A	HUMANITARIAN	800
THE BARKER FOUNDATION	NONE	N/A	EDUCATION	250

ALEXANDRIA, VA 22305				
THE BARKER FOUNDATION 7979 OLD GEORGETOWN ROAD BETHESDA, MD 20814	NONE	N/A	EDUCATION	250

, ,, , , , , , , , , , , , , , , , ,				
THE BARKER FOUNDATION 7979 OLD GEORGETOWN ROAD BETHESDA, MD 20814	NONE	N/A	EDUCATION	250

Total .

337,444

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE COUNTRY SCHOOL 716 GOLDSBOROUGH STREET EASTON, MD 21601	NONE	N/A	EDUCATION	18,000
THE MOUNTPO BOX 974	NONE	N/A	EDUCATION	2,500

EASTON, MD 21601				
THE MOUNTPO BOX 974 LENOX, MA 01240	NONE	N/A	EDUCATION	2,500
THE SYLVIA CENTER 304 HUDSON STREET NEW YORK, NY, 10013	NONE	N/A	EDUCATION	400

LENOX, MA 01240				
THE SYLVIA CENTER 304 HUDSON STREET NEW YORK, NY 10013	NONE	N/A	EDUCATION	400
Total			▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
TREGARON CONSERVANCY PO BOX 11351	NONE	N/A	EDUCATION	250

WASHINGTON, DC 20008				
TRUSTEES OF UNIV OF PENNSYLVANIA 2929 WALNUT STREET STE 200 PHILADELPHIA, PA 19104	NONE	N/A	EDUCATION	2,000

TRUSTEES OF UNIV OF PENNSYLVANIA 2929 WALNUT STREET STE 200 PHILADELPHIA, PA 19104	NONE	N/A	EDUCATION	2,000
ULTIMATE PEACE INC 78 CRITTENDEN HILL ROAD SHELBURNE FALLS, MA 01370	NONE	N/A	HUMANITARIAN	1,000

Total			▶ 3a	337,444
ULTIMATE PEACE INC 78 CRITTENDEN HILL ROAD SHELBURNE FALLS, MA 01370	NONE	N/A	HUMANITARIAN	1,000
2929 WALNUT STREET STE 200 PHILADELPHIA, PA 19104				

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
VASSAR COLLEGE124 RAYMOND AVE POUGHKEEPSIE, NY 12604	NONE	N/A	EDUCATION	1,250

POUGHKEEPSIE, NY 12604				
WAMC318 CENTRAL AVENUE ALBANY, NY 12206	NONE	N/A	PUBLIC RADIO	500
WAMU 885 FM	NONE	N/A	PUBLIC RADIO	250

ALBANY, NY 12206	NONE	IV/A	TOBLIC KADIO	300
WAMU 885 FM 4400 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20016	NONE	N/A	PUBLIC RADIO	250

ALBANT, ITT 12200				
WAMU 885 FM 4400 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20016	NONE	N/A	PUBLIC RADIO	250
Total	337,444			

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

WCET1223 CENTRAL PARKWAY CINCINNATI, OH 45214	NONE	N/A	PUBLIC RADIO	1,000
a Paid during the year				

WETA3939 CAMPBELL AVENUE ARLINGTON, VA 22206	NONE	N/A	PUBLIC RADIO	750
WGUCPO BOX 932903	NONE	N/A	PUBLIC RADIO	500

ARLINGTON, VA 22206				
WGUCPO BOX 932903	NONE	N/A	PUBLIC RADIO	500
CINCINNATI, OH 44193				

337,444

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
WOMEN FOOD & AG NETWORK PO BOX 611 AMES, IA 50011	NONE	N/A	HUMANITARIAN	1,400

recipient

AMES, IA 50011				
WOODFORD FAMILY SERVICES PO BOX 1768 PORTLAND, MD 04104	NONE	N/A	HUMANITARIAN	8,500

PO BOX 1768 PORTLAND, MD 04104	NONE	N/A	HUMANITARIAN	8,50
WORLD WILDLIFE FUND 1250 24TH STREET NW	NONE	N/A	CONSERVATION	40

PO BOX 1768 PORTLAND, MD 04104	NONE	N/A	HOPANITANIAN	0,300
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON DC 20037	NONE	N/A	CONSERVATION	400

PORTLAND, MD 04104				
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037	NONE	N/A	CONSERVATION	400
Total			▶ 3a	337,444

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Total.

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
WICKHAM WORKS INC 3 FORESTER AVENUE UNIT 8 WARWICK, NY 10990	NONE	N/A	EDUCATION	400

recipient

337,444

WARWICK, NY 10990				
YALE UNIVERSITY ALUMNI FUND PO BOX 803 NEW HAVEN, CT 06503	NONE	N/A	EDUCATION	500
YWCA OF CINCINNATI	NONE	N/A	HUMANITARIAN	1,200

YWCA OF CINCINNATI NONE N/A HUMANITARIAN 898 WALNUT STREET	500
CINCINNATI, OH 45273	1,200

PO BOX 803 NEW HAVEN, CT 06503				
YWCA OF CINCINNATI 898 WALNUT STREET CINCINNATI, OH 45273	NONE	N/A	HUMANITARIAN	1,2

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 9349131000905								
TY 2018 Accounting Fees Schedule								
	Name: MARCIA EIN: 13-6161	BRADY TUCKER FO	UNDATION INC					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
ACCOUNTING	12,000	9,600		2,400				

Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.						
TY 2018 Depreciation Schedule						
Name: MARCIA BRADY TUCKER FOUNDATION INC						

DLN: 93491310009059

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

2015-03-11

COMPUTER

ETN: 12 6161561

1,864

1,057 SL

		ETIA: 1	12-0101201						
Depreciation Schedule									
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE EQUIPMENT	2004-01-01	5,413	5,413	SL	5 00000000000	0	0		

5 000000000000

373

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TY 2018 Investments Corpora	te Ronds Sche	dulo	
11 2010 investments corpora	ite bolids Sche	duic	
Name:	MARCIA BRADY T	UCKER FOUNDATION INC	
EIN:	13-6161561		

Investments Corporate Bonds Schedule	
Name of Bond	End of Year Book
CORPORATE BONDS	2,172,875 2,116,292

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491310009059
TY 2018 Investments Corporat	e Stock Sche	dule
Name: 1	MARCIA BRADY T	UCKER FOUNDATION INC

Investments Corporation Stock Schedule						
Name of Stock	End of Year Book Value	End of Year Fair Market Value				
CORPORATE EQUITIES AND MUTUAL FUNDS	6,197,210	6,747,857				

**EIN:** 13-6161561

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491310009059						
<b>TY 2018 Investments Governr</b>	TY 2018 Investments Government Obligations Schedule								
Name:	MARCIA BRAD	Y TUCKER FOUNDATION INC							
EIN:	13-6161561								
US Government Securities - End of Year Book Value:		1,186,662							
US Government Securities - End of Year Fair Market Value:		1,188,454							
State & Local Government Securities - End of Year Book Value:		0							
State & Local Government Securities - End of Year Fair Market Value:		0							

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TY 2018 Investments - Other	Schodulo		
11 2016 liivestilielits - Other	Scriedule		
Name:	MARCIA BRADY T	UCKER FOUNDATION INC	:
	13-6161561		

<b>22.0</b> 13 010	,1501		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
LIMITED PARTNERSHIPS	AT COST	19,376	8,913

**EIN:** 13-6161561

COMPUTER

Name: MARCIA BRADY TUCKER FOUNDATION INC

DLN: 93491310009059

434

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE EQUIPMENT	5,413	5,413	0	

1,864

1,430

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DLN: 93491310009059

Name: MARCIA BRADY TUCKER FOUNDATION INC

EIN:	13-6161561	

## Other Assets Schedule Description Beginning of Year - Book Value End of Year - Book Value End of Year - Fair Market Value ACCRUED INTEREST - RECEIVABLE 13,767 21,009 21,009 SECURITY DEPOSIT 0 5,279 5,279

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491310009059
TY 2018 Other Decreases Scho	edule		
Name:	MARCIA BRAD	Y TUCKER FOUNDATION INC	
EIN:	13-6161561		
De	escription		Amount
ACCRUED INTEREST 2017	escription		Amount 13,767

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491310009059
TY 2018 Other Expenses Sche	dule			
Name:	MARCIA BRADY	TUCKER FOUND	ATION INC	
EIN:	13-6161561			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES	3,450	0		3,450

2,856

2,735

1,140

704

322

600

375

95

1,439

0

0

0

0

0

0

0

95

0

2,856

2,735

1,140

704

322

600

375

1,439

**INSURANCE** 

OFFICE

**POSTAGE** 

**SUPPLIES** 

TELEPHONE

UTILITIES

OTHER TAX

BANK FEES

WEBSITE

Description Net Investment **Adjusted Net** Disbursements for Revenue and Charitable Evnences ner Income Income

775

	Books	Tilcome	Theome	Purposes
MAINTENANCE	500	0		500

775

Other Expenses Schedule

NYS TAX

DLN: 93491310009059

90

90

Name: MARCIA BRADY TUCKER FOUNDATION INC

90

**----** 40 646456

**EIN:** 13-6161561

ROYALTIES

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Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491310009059
TY 2018 Other Increases Sche	dule		
Name:	MARCIA BRAD	Y TUCKER FOUNDATION INC	
EIN:	13-6161561		
De	escription		Amount
		· · · · · · · · · · · · · · · · · · ·	
ACCRUED INTEREST 2018		Ì	21,009

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TY 2018 Other Liabilities Sche	dule			<u> </u>
Namou	MADCIA BDAF	V THCKED EC	DUNDATION INC	
Hailie.	MAKCIA DKAD	A LOCKER I	JUNDATION INC	
	40 6464564			
EIN:	13-6161561			
Description			Beginning of Year - Book Value	End of Year - Book Value
Description			- Book Value	Book Value
<b>_</b>				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	·]	DLI	N: 93491310009059
TY 2018 Other Professional F	ees Schedul	e		
	: MARCIA BRAI I: 13-6161561	DY TUCKER FOUN	IDATION INC	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

96,242

96,242

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491310009059
TY 2018 Substantial Contribut	ors		
Schedule			
Name:	MARCIA BRADY	TUCKER FOUNDATION INC	
	12 (1(15(1		
EIN:	13-6161561		
Name	13-0101501	Add	dress

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491310009059				
TY 2018 Taxes Schedule								
Name: MARCIA BRADY TUCKER FOUNDATION INC								
<b>EIN:</b> 13-6161561								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
OTHER TAXES FOREIGN ON INCOME	6,870	6,870		0				

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491310009059
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	1		Form 990, 990-EZ, or 990 <u>v/Form990</u> for the latest i			2018
Name of the organizat MARCIA BRADY TUCKER					Employer id	entification number
					13-6161561	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) oı	ganization			
	☐ 4947(a)(´	s a private founda	tion			
	☐ 527 politi	cal organization				
Form 990-PF	90-PF 501(c)(3) exempt private foundation					
	4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3)	taxable private fou	ındatıon			
			F that received, during to properly and II S			
Special Rules						
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vı), that chec urıng the year, tota	Form 990 or 990-EZ th cked Schedule A (Form I contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year.	total contributions of	more than \$1,000	or (10) filing Form 990 o exclusively for religious animals Complete Part	, charitable, scient		
during the year If this box is che purpose Don't	contributions exclus ecked, enter here the complete any of the p	ovely for religious, of total contributions parts unless the <b>Ge</b>	or (10) filing Form 990 o charitable, etc., purposes that were received during neral Rule applies to the or more during the year	s, but no such con ng the year for an ons ns organization be	tributions tota e <i>xclusively</i> rel cause it recei	led more than \$1,000 igious, charitable, etc, ved nonexclusively
990-EZ, or 990-PF), bu	t it <b>must</b> answer "No	on Part IV, line 2,	e and/or the Special Ru of its Form 990, or chec it doesn't meet the filing	ck the box on line I	H of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization MARCIA BRADY TUCKER FOUNDATION INC		Employer identification 13-6161561	Employer identification number 13-6161561			
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	litional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	GAY TUCKER		Person 🗸			
1	PO BOX 696		Payroll			
	CHEFFIELD, MA 042F7	\$ 55,614	Noncash			
	SHEFFIELD, MA 01257		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
-			Payroll			
		\$	Noncash			
			(Complete Part II for noncash contributions)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person			
_			Payroll			
		\$	<u> </u>			
			Noncash			
			(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	, a.a, a		Person			
-			Payroll			
		\$	Noncash			
			□			
			(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person			
-			Payroll			
		\$	Noncash			
			(Complete Part II for noncash contributions )			
(a)	(b)	(c) Total contributions	(d) Type of contribution			
No.	Name, address, and ZIP + 4	Total contributions	Person			
_			Payroll			
		\$	Noncash			
			Noncasii			
			(Complete Part II for noncash contributions )			
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)			

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