

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.

OMB No 1545-0052

Open to Public Inspection

Fo	r calen	dar year 2018 or tax year beginning			, and	ending			
Na	me of fou	indation				A Employer	identification number		_
<u>CC</u>	NNER	CHRISTIAN SCHOLARSHIP FD.							
Νu	mber and	street (or PO box number if mail is not delivered to street address)		Room	n/suite	1	20-1814123		
P.C	BOX	344				B Telephone	number (see instruction	ns)	_
City	y or town	, state or province, country, and ZIP or foreign postal code							
RC	SWEL	L NM	882	02			(575) 625-111	1	
Fo	eign cou	ntry name Foreign province/state/county	Fore	gn post	al code	C If exempt	on application is pendin	g, check here 🕨	Ī
								_	_
G	Check	all that apply: 🔲 Initial return 🔲 Initial return 🤄	of a former pu	ublic d	harity	D 1. Foreig	n organizations, check h	iere ▶ []
		☐ Final return ☐ Amended ret	urn		-	2. Foreig	n organizations meeting	the 85% test.	
	_	Address change Name chang	е			check	here and attach comput	ation ► [
Н	Check	type of organization: X Section 501(c)(3) exempt pri	vate foundati	on	$\overline{\Box}$		foundation status was te	rminated under	_
	Sectio	n 4947(a)(1) nonexempt charitable trust	able private fo	ounda	tion	section 50	07(b)(1)(A), check here	▶ ∟	L
1	Fair m	arket value of all assets at J Accounting method	X Cash		ccrual]			
	end of	year (from Part II, col. (c), Other (specify)	_	_			idation is in a 60-month tion 507(b)(1)(B), check		٦
		3,718,161 (Part I, column (d) must be	on cash basis	s)			(3)(1)(3), 3), 3), 3)		_
P	art I	Analysis of Revenue and Expenses (The total of						(d) Disbursements	-
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue expenses p			t investment	(c) Adjusted net	for charitable	
		equal the amounts in column (a) (see instructions))	books		"	ncome	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)							7
	2	Check ► if the foundation is not required to attach Sch B				,			i
	3	Interest on savings and temporary cash investments		86		86			i
	4	Dividends and interest from securities	118	8,156		118,156			i
	5a	Gross rents		3,256		13,256			i
	ь	Net rental income or (loss) 13,256							i
ē	6a	Net gain or (loss) from sale of assets not on line 10	14	4.809					Ì
Revenue	ь	Gross sales price for all assets on line 6a 418,083					**		i
	7	Capital gain net income (from Part IV, line 2)				14,809			7
ď	8	Net short-term capital gain				,			1
	9	Income modifications						• +	1
	10a	Gross sales less returns and allowances	-					,	Ī
	b	Less: Cost of goods sold					•		Ī
	С	Gross profit or (loss) (attach schedule)							1
	11	Other income (attach schedule)							_[
	12	Total. Add lines 1 through 11	140	6,307		146,307	0	<u>_</u>	1
S S	13	Compensation of officers, directors, traces etc. VED					_		_
enses	14	Other employee salaries and wages	280						
be	15	Pension plans, employee bene							_
Ĕ	16a	Legal fees (attach schedule)	RS.						_
e/	b	Accounting fees (attach schedule)	1	4,566		7,283		7,283	<u>}</u>
ij	C	Other professional fees (attach schedus DEN, U)							_
štr	17	Interest		4.050		0.470			_
niš	18	Taxes (attach schedule) (see instructions)		4,956	-	2,478		2,478	<u> </u>
Ē	19	Depreciation (attach schedule) and depletion							_!
Ad	20 21	Occupancy							_
ַם		Travel, conferences, and meetings							_
Operating and Administrative Exp	22 23	Printing and publications		6 506		10.005	-	40.004	-
gu	23 24	Other expenses (attach schedule)	2(6,586		13,295		13,291	_
atiı	24			6 100		22 056	^	22.056	,
eri	25			6,108 3,248	-	23,056	0	23,052	_
d	25 26	Total expenses and disbursements. Add lines 24 and 25				60.000		103,248	_
_			149	9,356		23,056	0	126,300) -
	27	Subtract line 26 from line 12:]	اميم	, ,		,	•	
	a	Excess of revenue over expenses and disbursements	<u>-</u> ;	3,049		, , , , , , , , , , , , , , , , , , ,	,4 F,		4
	b	Net investment income (if negative, enter -0-) .	<u>.</u>			123,251			
	C	Adjusted net income (if negative, enter -0-)	<u> </u>		L		0		ł

For Paperwork Reduction Act Notice, see instructions.

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DΣ	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
	all Cell	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
1~	2	Savings and temporary cash investments	251,721	64,560	
	3	Accounts receivable			
		Less: allowance for doubtful accounts			-
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	,		
,	7	Other notes and loans receivable (attach schedule)			- C
	ĺ	Less allowance for doubtful accounts			
\$	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	,		
Ą	10a	Investments—U S and state government obligations (attach schedule)		,	
	ь	Investments—corporate stock (attach schedule)	1,854,730	1,949,256	1,997,826
	ြင	Investments—corporate bonds (attach schedule)		, , , , , , , , , , , , , , , , , , , ,	,,.
	11	Investments—land, buildings, and equipment basis		\$ 45 34 35 36 38 38 38 38 38	
		Less accumulated depreciation (attach schedule)	- SELECTION OF THE SELE	S	I L. I. A. W. WANT LAW W. Samuel Law W. Samu
	12	Investments—mortgage loans	991,897	949,282	949,283
	13	Investments—other (attach schedule)	294,672	315,969	
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)		<u> </u>	<u> </u>
	15	Other assets (describe See Attached Statement)	422,532	390,523	390,523
	16	Total assets (to be completed by all filers—see the	1,3,0,0	000,020	000,020
	'	instructions. Also, see page 1, item I)	3,815,552	3,669,590	3,718,161
	17	Accounts payable and accrued expenses	5,5 15,552		
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20 Loans from officers, directors, trustees, and other disqualified persons				C. A. Adam 13
iab	21	Mortgages and other notes payable (attach schedule)			\$60. A34.38. W
	22	Other liabilities (describe DUE TO PT PRODUCTIONS)			
	23	Total liabilities (add lines 17 through 22)	0	0	14600000
		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26, and lines 30 and 31.			
n c	24	Unrestricted			
ala	25	Temporarily restricted			85 5 246 (44 6 5 8 4 8
8	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
6	27	Capital stock, trust principal, or current funds			
\$	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds	3,815,552	3 669 590	
As	30	Total net assets or fund balances (see instructions)	3,815,552		
et	31	Total liabilities and net assets/fund balances (see	0,010,002		
Z	• •	instructions)	3,815,552	3 669 590	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		0,000,000	120 v seniori, michieline concorne
		net assets or fund balances at beginning of year—Part II, column (a)		with T	<u>T</u>
•		of-year figure reported on prior year's return)			3,815,552
2		amount from Part I, line 27a			-3,049
					-3,049
		increases not included in line 2 (itemize)			3,812,503
5		eases not included in line 2 (itemize) See Attached Statement		5	3,812,503 142,913
		net assets or fund balances at end of year (line 4 minus line 5)—Par			3,669,590
	·Juli	tion decore of faile balances at one of year (line + fillings line 5)—i al	· ··, ocidini (o), inte o	<u> </u>	1 3,009,390

Part	V Capital Gains an	d Losses for Tax on Investr	nent Income	····				
	 a) List and describe the k 2-story brick wareho 	and(s) of property sold (for example, real est ouse, or common stock, 200 shs MLC Co)	tate,	(b) How acquired P—Purchase D—Donation		o , day, yr)	(d) Date sold (mo , day, yr)	
1a	WELLS FARGO ADVISO	R A/C - S/T COVERED		P		1/1/2018	12/31/2018	
b	WELLS FARGO ADVISO	R A/C - S/T NON COVERED		Р		1/1/2018	12/31/2018	
c	WELLS FARGO ADVISO	R A/C - L/T COVERED		P		1/1/2015	12/31/2018	
<u>d</u>	WELLS FAROG ADVISO	R A/C - L/T NON COVERED		Р		1/1/2015	12/31/2018	
<u> e </u>	Capital Gains Distribution	S						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	_	(h) Gain o ((e) plus (f) r		
<u>a</u>	132,376			134,388		_	-2,012	
<u> </u>	8,442			8,841			-399	
<u>C</u>	272,287			257,208			15,079	
<u>d</u>	3,174			2,837			337	
<u> e </u>			<u> </u>				1,804	
	(i) FM V as of 12/31/69	howing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	(k) Exces	n on 12/31/69 ss of col (i) (j), if any		(I) Gains (Col. (I col. (k), but not le Losses (fron	ss than -0-) or	
а							-2,012	
b	·						-399	
С							15,079	
<u>d</u>							337	
е							1,804	
2	Capital gain net income o	ringt canital ineel 1 -	also enter in Pai), enter -0- in Pai	>	2		14,809	
3		n or (loss) as defined in sections 1 , line 8, column (c). See instructio		er-0- in				
					3		-2,411	
Part	V Qualification Un	<u>der Section 4940(e) for Redi</u>	uced Tax on N	<u>let Investment</u>	Incor	me		
Was t		ve this part blank section 4942 tax on the distributal ualify under section 4940(e). Do n			e perio	d?	☐ Yes ☒ No	
1	Enter the appropriate amo	ount in each column for each year	: see the instruct	ions before makir	ng anv	entries.		
Cal	(a) Base period years endar year (or fax year beginning in	(b)		(c) of noncharitable-use as		(d) oution ratio ided by col (c))		
	2017	9	1,150	3,815	5,552		0.023889	
	2016		3,612		1,980		0.023491	
	2015	7:	5,026	4,006	3,406		0.018727	
	2014		0		0		0.000000	
	2013		0		0		0.000000	
2					[2	0.066107	
3	-	for the 5-year base period—divide oundation has been in existence if				3	0.022036	
4	Enter the net value of non	charitable-use assets for 2018 fro	om Part X, line 5		.	4	1,908,945	
5	Multiply line 4 by line 3 .				.	5	42,066	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			.	6	1,233	
7	Add lines 5 and 6				.	7 43,29		
8	Enter qualifying distribution		· · · · · · · · · · · · · · · · · · ·		[8	126,300	
	Part VI instructions.	ter than line 7, check the box in P	aπ vi, line 1b, ai	nu complete that p	oaπ us	a 1% tax ra	ate. See the	



Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
` b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		_1,2	233	
С	here ► X and enter 1% of Part I, line 27b				
	Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	İ		0	
3	Add lines 1 and 2		1,2	233	
4	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		1,2	233	
6	Credits/Payments:				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a	Es thans	X i		25
b	Exempt foreign organizations—tax withheld at source		ie m		
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld	<u>}`</u>		۔ امنگ	
7	Total credits and payments. Add lines 6a through 6d			이	
8	Enter any penalty for underpayment of estimated tax. Check here			44	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>	1,2	277	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			이	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ► Refunded ► 11	L		0	
	VII-A Statements Regarding Activities	<u> </u>	` 1v	/ T	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	_		'es	No
h	participate or intervene in any political campaign?	⊢	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		46		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	-	1b	ş¢ .	`3`.
	published or distributed by the foundation in connection with the activities.	i i	() () () () () () () () () ()		[
С	Did the foundation file Form 1120-POL for this year?	12	1c	<u>.</u>	A.W.
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ž		2 /	105.7
_	(1) On the foundation. > \$ (2) On foundation managers. > \$	\$4.	8.3		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	F		0.7	-3
_	on foundation managers. ▶\$			*	16.8
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	**	2		
	If "Yes," attach a detailed description of the activities.	Ī	M. 1 M	No. of Li	AND THE
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				1,7
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	[3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b N	I/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. [5		
	If "Yes," attach the statement required by General Instruction T	* X			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or	88			
	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?	L	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	NM				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		<u> </u>		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	8880/2V	-013an
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	·	200		
	or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If				
4.5	"Yes," complete Part XIV	·	9	-	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		Y

Pari	VII-A Statements Regarding Activities (continued)			-9-
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		
1 2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► PAUL H TAYLOR, III Telephone no. ► (575) 62	2-1490)	
	Located at ► 720 E COLLEGE ROSWELL NM ZIP+4 ► 88201			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		_	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the			
_	name of the foreign country	<u> </u>		
Part	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
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			Ì
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . LYes 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)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any 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	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			{
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ŀ	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
С	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	<u> </u>
C	► 20, 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 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			1
	foundation had excess business holdings in 2018.)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	. 47.1	
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 2018?	4b		×

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	∕lay Be Re	equire	d (con	tınue	d)			
5a		e year, did the foundation pay or incur an on propaganda, or otherwise attempt to i			section	4945(e))?			es X	No		Yes	No
:		nce the outcome of any specific public ele ly or indirectly, any voter registration drive						— □ Y €	es X	- No		17. 17.	• * \$
		de a grant to an individual for travel, study						Π̈́ν	=	=	\$5.50C c	,<	
	(4) Provid	de a grant to an organization other than a in 4945(d)(4)(A)? See instructions	charita	ble, etc., orga				_ □ v	es 🔀	- [] No	7	· · ·	``;;
	• •	de for any purpose other than religious, ch ses, or for the prevention of cruelty to chi			-	or education		□ Ye	es 🛚] No			
b	If any ans	swer is "Yes" to 5a(1)–(5), did any of the t	ransact	tions fail to qu	alify un	der the exc	eptions	descri	bed in	1		3 () 3 () 3 ()	7.2.7.
	Regulatio	ns section 53.4945 or in a current notice	regardı	ng disaster as	ssistand	ce? See ins	truction	s			5b	N/A	
С	because it maintained expenditure responsibility for the grant?										**	• i	
6a	If "Yes," attach the statement required by Regulations section 53.4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										; ; 	, , ,	
b	If "Yes" to 6b, file Form 8870										6b	85 - 87 (2) - 5	X
7a b									7b	N/A			
8	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?								3 (IN/A			
Part		nformation About Officers, Direct		`	undati	ion Manad	gers, l	<u> </u>				es.	
	a	and Contractors				<u> </u>							
1	List all of	fficers, directors, trustees, and foundat				_							
		(a) Name and address	(b) Title hou devot	e, and average irs per week ted to position	(c) Co (lf ı	ompensation mpensation not paid, nter -0-)	(d) empl	instru Contribu byee ben erred cor	ions to efit plar	าร	(e) Expe	ense acc allowan	
PAUL	H TAYLOF	(a) Name and address	(b) Title hou	e, and average irs per week ted to position IDENT	(c) Co (lf ı	mpensation not paid,	(d) empl	Contribu oyee ben	ions to efit plar	าร			
PAUL 720 E	H TAYLOF COLLEGE	(a) Name and address R, II E BLVD ROSWELL, NM 88201	(b) Title hou devot PRES	e, and average irs per week ted to position IDENT 1.00	(c) Co (lf ı	mpensation not paid,	(d) empl	Contribu oyee ben	ions to efit plar	าร			
PAUL 720 E MARV	H TAYLOF COLLEGE IN GRIFFI	(a) Name and address R, II E BLVD ROSWELL, NM 88201	(b) Title hou devot	e, and average irs per week ted to position IDENT 1.00	(c) Co (lf ı	mpensation not paid,	(d) empl	Contribu oyee ben	ions to efit plar	าร			
PAUL 720 E MARV 509 VI	H TAYLOF COLLEGE IN GRIFFI	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201	(b) Tith hou devot PRES	e, and average irs per week led to position IDENT 1.00 PRES	(c) Co (lf ı	mpensation not paid,	(d) empl	Contribu oyee ben	ions to efit plar	าร			
PAUL 720 E MARV 509 VI ALEX	H TAYLOF COLLEGE IN GRIFFI ALE BON ANDRA P RRA BLAN	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201	(b) Tith hou devot PRES	e, and average urs per week led to position IDENT 1.00 PRES50 ETARY50	(c) Co (lf ı	mpensation not paid,	(d) empl	Contribu oyee ben	ions to efit plar	าร			
PAUL 720 E MARV 509 VI ALEX 2 SIEF BRAN	H TAYLOF COLLEGE IN GRIFFI ALE BON ANDRA P RRA BLAN DON K CO	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER	(b) Tith hou devot PRES	e, and average urs per week ted to position IDENT 1.00 PRES .50 ETARY .50 SURER	(c) Co (lf ı	mpensation not paid, nter -0-) 0	(d) empl	Contribu oyee ben	ions to efit plar	าร			
PAUL 720 E MARV 509 VI ALEX 2 SIEF BRAN	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201	(b) Tittle hou devot PRES	e, and average urs per week ted to position IDENT 1.00 PRES 50 ETARY 50 SURER 50	(c) Co (lf i er	mpensation not paid, nter -0-) 0 0	(d) empl and de	Contribu byee ben erred coi	cions to efit plar npensa	ns ition	other	allowan	
PAUL 720 E MARV 509 VI ALEX 2 SIEF BRAN 717 SI	H TAYLOF COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201	(b) Tittle hou devot PRES	e, and average urs per week ted to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those ince	(c) Co (lf i er	mpensation not paid, nter -0-) 0 0	(d) empl and de	Contribu	cions to efit plan npensa	ns ition	other	allowan	
PAUL 720 E MARV 509 VI ALEX 2 SIEF BRAN 717 SI	H TAYLOF COLLEGE IN GRIFFI ALE BON ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201	(b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average urs per week ted to position IDENT 1.00 PRES 50 ETARY 50 SURER 50	(c) Co (If i er	mpensation not paid, nter -0-) 0 0	(d) empl and del	contribution of the contri	ions to efit plar npensa	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEX/ 2 SIEF 3RAN 717 SI 2	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week led to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEX/ 2 SIEF 3RAN 717 SI 2	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week led to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEX/ 2 SIEF 3RAN 717 SI 2	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week led to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEX/ 2 SIEF 3RAN 717 SI 2	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week led to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEX/ 2 SIEF 3RAN 717 SI 2	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week led to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEX 2 SIEF BRAN 717 SI	H TAYLOR COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO UNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week led to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,
PAUL 720 E MARV 509 VI ALEXA 2 SIEF BRAN 717 SI 2	H TAYLOF COLLEGE IN GRIFFI ALE BONI ANDRA P RRA BLAN DON K CO JNRISE R Compens "NONE."	(a) Name and address R, II E BLVD ROSWELL, NM 88201 IN D ROSWELL, NM 88201 TAYLOR CA CIRCLE ROSWELL, NM 88201 DOPER OSWELL, NM 88201 sation of five highest-paid employees ((b) Tittle hou devot PRESI VICE-I SECR TREAS	e, and average ris per week ted to position IDENT 1.00 PRES .50 ETARY .50 SURER .50 han those indicate the control of the cont	(c) Co (If i er	on line 1	(d) empl and del	contribution of the contri	cions to efit plan npensa ons). I	If no	ne, ent	er	count,

Ŗа	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
•	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI	E	
Tota	number of others receiving over \$50,000 for professional services	>
	t IX-A Summary of Direct Charitable Activities	
	Summary of Direct Chartable Activities	
	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	DISTRIBUTING SCHOLARSHIPS TO FORTEEN (14) DIFFERENT CHRISTIAN SCHOOLS IN NEW MEXICO.	
	THESE SCHOLARSHIPS WERE RECEIVED BY ONE HUNDRED - EIGHT (108) STUDENTS WITHIN	
	THESE SCHOOLS.	103,248
2		
3		
		
4		
Ps	t IX-B Summary of Program-Related Investments (see instructions)	
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
		·
Al	other program-related investments. See instructions	
3		
-		
Tota	Add lines 1 through 3	0

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	n founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	1,017,726
b	Average of monthly cash balances	1b	79,070
С	Fair market value of all other assets (see instructions)	1c	841,219
d	Total (add lines 1a, b, and c)	1d	1,938,015
е	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation)	JI	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,938,015
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see		
	ınstructions)	4	29,070
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,908,945
6	Minimum investment return. Enter 5% of line 5	6	95,447
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation and certain foreign organizations, check here ■ □ and do not complete this part.)	ns	
1	Minimum investment return from Part X, line 6	1	95,447
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI) 2b	1	
c	Add lines 2a and 2b	2c	1,233
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	94,214
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	94,214
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	94,214
Part	XII Qualifying Distributions (see instructions)	•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	126,300
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	126,300
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	1,233
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	125,067
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the fo	undation
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII Undistributed Income (se	ee instructions	s)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Pa	art XI,	Corpus	Years prior to 2017	2017	2018
•	line 7			······································		94,214
2	Undistributed income, if any, as of the end	d of 2018				
а	Enter amount for 2017 only				0	
b	Total for prior years: 20, 20					
3	Excess distributions carryover, if any,					
а	From 2013					
b	From 2014	-				
С	From 2014	6,681				
d	From 2016	31,379				
е	From 2017	23,339				
f	Total of lines 3a through e		61,399			
4	Qualifying distributions for 2018 from	Part XII,				
	line 4: ▶ \$ 126,300					
а	Applied to 2017, but not more than lin	e 2a				
b	Applied to undistributed income of price	or years				
	(Election required—see instructions)					
С	Treated as distributions out of corpus	(Election				
	required—see instructions)					
d	Applied to 2018 distributable amount					94,214
е	Remaining amount distributed out of d	corpus	32,086			****
5	Excess distributions carryover applied	to 2018 .				
	(If an amount appears in column (d), t	the same				
	amount must be shown in column (a).	.)				
6	Enter the net total of each column a	as				
	indicated below:		,			
а	Corpus. Add lines 3f, 4c, and 4e. Sub		93,485			
b	Prior years' undistributed income. Sub					
	line 4b from line 2b			0		
С	Enter the amount of prior years' undis					1
	income for which a notice of deficienc	•				
	been issued, or on which the section					
	tax has been previously assessed .					
d	Subtract line 6c from line 6b. Taxable					,
	amount—see instructions					
е	Undistributed income for 2017. Subtra	,				!
	4a from line 2a. Taxable amount—see					1
	instructions				0	
f	Undistributed income for 2018 Subtra					
	4d and 5 from line 1. This amount mu					
_	distributed in 2019					0
7	Amounts treated as distributions out of	•				
	to satisfy requirements imposed by se					
	170(b)(1)(F) or 4942(g)(3) (Election m	-				
_	required—see instructions)					
8	Excess distributions carryover from 20					
_	applied on line 5 or line 7 (see instruc					
9	Excess distributions carryover to 2 Subtract lines 7 and 8 from line 6a .		00.455			
10			93,485			
10	Analysis of line 9					
_	Excess from 2014	6.001				
b	Excess from 2014	6,681				
C	Excess from 2016	31,379				
d	Excess from 2017	23,339				
е	Excess from 2018	32,086				

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		ed for Ful	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
BOSQUE FARMS CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	3,050
275 NORTH BOSQUE LOOP				
BOSQUE FARMS, NM 87068				
CALVARY CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	7,100
12820 INDIAN SCHOOL RD, NE				
ALBUQUERQUE, NM 87106 CORNERSTONE CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	F 200
5301 CORTEZ DRIVE			SCHOLANSHIPS	5,200
LAS CRUCES, NM 88012				
CANNON CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	2,600
19381 N HWY 314		'Ŭ	SOFICEARISHIP'S	2,000
BELEN, NM 87002				
CHRIST LUTHERAN SCHOOL		PC	SCHOLARSHIPS	6,900
7701 CANDELARIA RD NE				,,,,,,
ALBUQUERQUE, NM 87110				
EASTERN HILLS CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	1,500
3100 MORRIS ST NE				,
ALBUQUERQUE, NM 87111	,			
EVANGEL CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	15,833
4501 MONTGOMERY BLVD NE				
ALBUQUERQUE, NM 87109				
GATEWAY CHRISTIAN SCHOOL		PC	SCHOLARSHIPS	5,800
1900 N SYCAMORE				
ROSWELL, NM 88201				
HOPE CHRISTIAN SCHOOL		PC	SCHOLARSHIPS	14,515
8005 LOUISIANA BLVD NE				
ALBUQUERQUE, NM 87109			COLIOLA POLUPO	1
IMMANUEL LUTHERAN SCHOOL 300 GOLD AVE SE		PC	SCHOLARSHIPS	1,300
ALBUQUERQUE, NM 87102				
LEGACY CHRISTIAN ACADEMY		PC	SCHOLARSHIPS	3,300
7201 CENTRAL AVE NW		'	SCHOLANSHIP 3	3,300
ALBUQUERQUE, NM 87105				
Total See Attached Statement			▶ 3a	103,248
b Approved for future payment				100,210
				1
				1
				İ
				1
]			
Total			> 3h	1 0

Pa	rt XVI-/	A Analysis of Income-Producing Ac	ctivities				
Ente	er gross	amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by sect	ion 512, 513, or 514	(e)
	Progra	ım service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	-	BLIC SUPPORT					
	_						
	f					=	
		es and contracts from government agencies					
2		ership dues and assessments			<u> </u>		
3		t on savings and temporary cash investments .			14	86	
4		nds and interest from securities			14	118,156	
5		ntal income or (loss) from real estate:			<u></u>		
		bt-financed property	-		10		
_		t debt-financed property			16	13,256	
6		ntal income or (loss) from personal property				-	
7		nvestment income (loss) from sales of assets other than inventory			14	14 000	
8 9		come or (loss) from special events			14	14,809	
10		profit or (loss) from sales of inventory	-				
11		revenue: a	ļ -		-		
• • •	b						
	d —						
	- —						
12		al. Add columns (b), (d), and (e)		0	1	146,307	(
13		Add line 12, columns (b), (d), and (e)			<u> </u>	13	146,30
		neet in line 13 instructions to verify calculations					•
Pa	rt XVI-E	Relationship of Activities to the A	Accomplishm	ent of Exemp	t Purposes		
	e No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purpose.	ne is reported in c poses (other than	olumn (e) of Part in by providing fund	XVI-A contributed s for such purpos	importantly to the	,
1	N/A N	IONE					
							
							
				·		10	
		·					
	+						
	+						
	+			_		_	
	+						
	+						
	-+						
						.	
	+	 					

Part	XVII	Information Exempt Org		sfers to and Transa	ctions and R	elationship	s With Nonchari	table		-
1	Did t			ngage in any of the follo	owing with any o	ther organiza	tion described	1	Yes	No
•		-		r)(3) organizations) or in		_		1	103	110
		nizations?		(b) organizationo, or in		amy to point	ou.	1		
а	_		norting foundation to	a noncharitable exemp	t organization of			1		
u								1a(1)		
									1	X
ь		er transactions:						1a(2)		 ^-
U			a nanaharitahla aya	mot organization				15/1		-
				mpt organization .				1b(1)		X
				ble exempt organization				1b(2)	-	X
				assets				1b(3)		<u>X</u>
								1b(4)		X
								1b(5)		X
				p or fundraising solicita				1b(6)		Х
С				ts, other assets, or paid				1c		X
d				nplete the following sched						
				given by the reporting fou ent, show in column (d) th						
(a) Line	no	(b) Amount involved	(c) Name of none	charitable exempt organization	(d) De	scription of transf	ers, transactions, and sha	aring arrai	ngemen	its
		=								
		_								
		•					_	•••		
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2a				ted with, or related to, option 501(c)(3)) or in sec				Yes	X N	o
<u> </u>	If "Ye	es," complete the	following schedule							
		(a) Name of organ	ization	(b) Type of orga	nization		(c) Description of relation	nship		
		$\overline{}$								
										-
	Under	r penalties of perlyry, I dec	lare that I have examined this or	eturn, including accompanying sched	fules and statements, and	to the best of my ki	nowledge and belief, it is true,			
Sign Here		Miles	1/1/4		PRESIDENT	-		RS discuss eparer sho		<u>w?</u>
	Sigi	nature of officer or trus		(Date)	Title	T .			ا'- است	
Paid		Print/Type preparer's	_	Preparer's signature	0	Date	Check if	PTIN		
Prepa	ror	Martin B Coopei		Marte B log	on CPA	10/29/20		P0124	5405	
		Firm's name ▶	Cooper & Amador, (CPA, PC			Firm's EIN ▶ 80-09	49074		
-USE U	USE UNIV					625-11	11			

Continuation of Part XV, Lir		Gran	ts and Con	tributions Paid	
Recipient(s) paid during the year					
Name					
MANZANO CHRISTIAN SCHOOL					
Street 1300 S BROADWAY					
City		State	Zip Code	Foreign Count	trv
TORC		NM	87901		
Relationship	Foundation Status				
Purpose of grant/contribution	PC				Amount
SCHOLARSHIPS					3,900
Name		_		'''	
MESILLA VALLEY CHRISTIAN SCHOO	ı				
Street					 <u> </u>
3850 STERN DRIVE			1		
City LAS CRUCES			Zip Code	Foreign Count	try
Relationship	Foundation Status	NM	88001		-
	PC				
Purpose of grant/contribution				<u> </u>	Amount
SCHOLARSHIPS					14,850
Name					
REHOBOTH CHRISTIAN SCHOOL					
Street 7 TSE YAANIICHI LN					
City		State	Zip Code	Foreign Count	rv
REHOBOTH		NM	87322	, oreign count	y
Relationship	Foundation Status				
Down and of man Alexandric which	PC				1.
Purpose of grant/contribution SCHOLARSHIPS					Amount 17,400
					17,400
Name					
Street					
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status				
Tienationiship	Todingation Status				
Purpose of grant/contribution					Amount
				<u> </u>	
Name					
Street					
City		State	Zip Code	Foreign Count	Try .
,			2.p 000 c	l oreign count	· y
Relationship	Foundation Status		<u> </u>		•
=					
Purpose of grant/contribution					Amount
	-			<u> </u>	
Name					
Street					
City		State	Zip Code	Foreign Count	ry
B	<u></u>		L		,
Relationship	Foundation Status				
Purpose of grant/contribution	<u> </u>				Amount
Paga at 3. mile aguit in mile (i.					/ ····································

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

		_	-						_	_		_		_
Sain	SSO	14,809	0			Net Gain	or Loss	-2,012	-399	15,079	337	0	0	0
Net Gain	or Loss						Adjustments							
sis, Expenses,	1 Adjustments	403,274	0			-	Depreciation							
Cost or Other Basis, Expenses,	Depreciation and Adjustments				Expense of Sale	and Cost of	Improvements							
22	Si	418,083	0			Valuation	Method							
Gross	Sales					Cost or	Other Basis	134,388	8,841	257,208	2,837			
Totals:		Capital Gains/Losses	Other sales			Gross Sales	Price	132,376	8,442	272,287	3,174			
		ප				Date	Sold	12/31/2018	12/31/2018	12/31/2018	12/31/2018			
			į			Date	Acquired	1/1/2018	1/1/2018	1/1/2015	1/1/2015			
						Acquisition	Method	Ь	Q.	ď	۵			
				Check "X" if	Purchaser	is a	Business							
							Purchaser							
					Check "X"	to include	in Part IV	×	×	×	×			
	Amount	1,804	0				CUSIP#							
	•	Long Term CG Distributions	Short Term CG Distributions				Description	WELLS FARGO ADVISOR A/C	WELLS FARGO ADVISOR A/C	WELLS FARGO ADVISOR A/C	WELLS FAROG ADVISOR A/C			
				l				-	7	3	4	2	9	

Part I, Line 11 (990-PF) - Other Income

		0	0	(
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	PUBLIC TRADED K-1 INCOME AND ALL OTHER INCOME		0	
2	RETURNED SCHOLARSHIPS		0	

Part I, Line 16a (990-PF) - Legal Fees

 	0		0	0	0
	-			· ··	Disbursements
	Revenue and				for Charitable
	Expenses per	Net Investmen	nt	Adjusted Net	Purposes
Description	Books	Income		Income	(Cash Basis Only)
1 LEGAL FEES	0				0

Part I, Line 16c (990-PF) - Other Professional Fees

		0	0	0	0
		Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
	Description	Books	Income	Income	(Cash Basis Only)
1	LEGAL	0			0

Part I, Line 18 (990-PF) - Taxes

		4,956	2,478		0 2,478
	· · · ·	Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income •	Net Income	Purposes
1	PROPERTY TAXES	4,040	2,020		2,020
2	FOREIGN TAXES	916	458		458

Part I, Line 23 (990-PF) - Other Expenses

		26,586	13,295	0	13,291
İ		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	INSURANCE EXPENSE	869	435		434
2	ADVISORY FEES - WELLS FARGO ADVISORS	23,931	11,966		11,965
3	BANK CHARGES & OTHER FEES	1,671	836		835
4	MISCELLANEOUS	115	58		57

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		1,854,730	1,949,256	2,108,839	1,997,826
	Num. Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
EDWARD JONES A/C#539-20580		0	51,383	0	46,945
WELLS FARGO ADVISORS A/C#4494-3731		1,854,730	1,897,873	2,108,839	1,950,881

Part II, Line 13 (990-PF) - Investments - Other

Asset Description Valuation Beg. of Year End of Year 1 LAND - BEAVER COUNTY, UTAH AT COST 5,000 5,000 2 SILVER COINS & JEWELRY AT COST 19,396 19,396 3 HOUSEHOLD GOODS, ETC AT COST 20,000 20,000 4 10214 THERRESA, ALBQ, NIM AT COST 250,276 271,573 5 5 271,573 271,573				294,672	315,969	
Valuation Beg. of Year End of Sear AT COST 5,000 AT COST 19,396 AT COST 20,000 AT COST 250,276			Basis of	Book Value	Book Value	FMV
AT COST 5,000 AT COST 19,396 AT COST 20,000 AT COST 250,276		Asset Description	Valuation	Beg. of Year	End of Year	End of Year
AT COST 19,396 AT COST 20,000 AT COST 250,276	-	LAND - BEAVER COUNTY, UTAH	AT COST	2,000	2,000	
AT COST 20,000 AT COST 250,276	~	SILVER COINS & JEWELRY	AT COST	19,396	19,396	\ \$
AT COST 250,276	က	HOUSEHOLD GOODS, ETC	AT COST	20,000	20,000	20,000
2	4	10214 THERRESA, ALBQ, NM	AT COST	250,276	271,573	271
	2					

Part II, Line 15 (990-PF) - Other Assets

		422,332	390,523	390,523
		Book Value	Book Value	FMV End
	Asset Description	Beg of Year	End of Year	of Year
-	DUE FROM VIVIAN CHAVES	13,257	0	0
2	DUE FROM TAYLOR INVESTMENTS	3,574	3,574	3,574
၉	DUE FROM CPT OPERATING	109,642	0	0
4	DUE FROM F CONNER	20,110	0	0
2	DUE FROM PT PRODUCTIONS	275,949	386,949	386,949

Part II, Line 22 (990-PF) - Other Liabilities

	0	0
	Beginning	Ending
Description	Balance	Balance
1 DUE TO PT PRODUCTIONS	0	

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 5 - Decreases not included in Part III, Line 2

1	W/O OF DUE FROM VIVIAN CHAVEZ	1	13,257
2	W/O OF DUE FROM FRANCIS CONNER ,	2	20,014
3	PRIOR PERIOD ADJUSTMENT	3	109,642
4	Total	4	142,913

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		2	_			ন	ெ	io	_
		13,005	Gains Minus	Excess FMV Over	Adj Basis or Losses	-2,012	666-	15,079	337
		0	Excess of FMV	Over	Adjusted Basis	0	0	0	0
		0	Adjusted Basis	as of	12/31/69	0	0	0	0
		0	FMV	as of	12/31/69	0	0	0	0
		13,005			Gain or Loss	-2,012	-399	15,079	337
		403,274	Cost or Other	Basis Plus	Expense of Sale	134,388	8,841	257,208	2,837
		0			Adjustments				
		0		Depreciation	Allowed				
		416,279		Gross	Sales Price	132,376	8,442	272,287	3,174
				Date	Sold	12/31/2018	12/31/2018	12/31/2018	12/31/2018
				Date	Acquired	1/1/2018	1/1/2018	1/1/2015	1/1/2015
				Acquisition	Method	Ь	Ь	Ь	а.
AIIIOUIII	1,804	0		_	CUSIP#				
	Long Term CG Distributions	Short Term CG Distributions			Description of Property Sold	1 WELLS FARGO ADVISOR A/C	2 WELLS FARGO ADVISOR A/C	3 WELLS FARGO ADVISOR A/C	4 WELLS FAROG ADVISOR A/C
						لــــا		Ĺ	Ľ

Form **4720**

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No 1545-0052

2018

Department of the Treasury Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

► Go to www.irs.gov/Form4720 for instructions and the latest information.

For ca	lendar year 2018 or other tax year beginning	, , 2	2018, and ending		, 20		
Name o	f organization or entity			Emp	oloyer identification	number	
CONN	NER CHRISTIAN SCHOLARSHIP F	D			20-18141	23	
Number	r, street, and room or suite no (or PO box if m	nail is not delivered to street address)		Ch	eck box for type of a	innual ret	urn
	3OX 344				Form 990 `	Form 9	90-EZ
City or t	own, state or province, country, and ZIP or for	eign postal code			Form 990-PF	Other	
ROSV	VELL, NM 88202	ı			Form 5227		
						Yes,	No
Α	Is the organization a foreign private	foundation within the meaning o	of section 4948(b)?				X
В	Has corrective action been taken o	n any taxable event that resulted	in Chapter 42 taxes being repo	rted c	on this		
	form? (Enter "N/A" if not applicable				N/A		
	If "Yes," attach a detailed description						
	market value of any property recov			I1	f "No," (that is, a	ny	
	uncorrected acts or transactions), a	attach an explanation (see instruc	ctions).				
Part	Taxes on Organization (S	Sections 170(f)(10), 664(c)(2)	, 4911(a), 4912(a), 4942(a),	4943	3(a), 4944(a)(1),	
	4945(a)(1), 4955(a)(1), 495	59, 4960(a), 4965(a)(1), 4966	6(a)(1), and 4968(a))				
1	Tax on undistributed income—Sche	edule B, line 4		1			
2	Tax on excess business holdings-	-Schedule C, line 7		2			
3 .	Tax on investments that jeopardize	charitable purpose—Schedule D), Part I, column (e)	3			
4	Tax on taxable expenditures—Sche	edule E, Part I, column (g)		4			••
5	Tax on political expenditures—Sche	edule F, Part I, column (e)		5			
6	Tax on excess lobbying expenditure	es—Schedule G, line 4 .		6			
7	Tax on disqualifying lobbying exper	nditures—Schedule H, Part I, coli	umn (e)	7		•	
8	Tax on premiums paid on personal			8			
9	Tax on being a party to prohibited to	ax shelter transactions—Schedul	le J, Part I, column (h)	9			
10	Tax on taxable distributions—Schei	dule K, Part I, column (f) .		10			
11	Tax on a charitable remainder trust	's unrelated business taxable inc	ome. Attach statement .	11			
12	Tax on failure to meet the requirem	ents of section 501(r)(3)-Schedu	le M, Part II, line 2	12			 ,
13	Tax on excess executive compensa			13			
14	Tax on net investment income of pr			14			
15	Total (add lines 1-14)	-		15			0
	II-A Taxes on Managers, Se			isors	s and Relate	d Pers	ons
		(a), 4944(a)(2), 4945(a)(2), 4					
		to tax City or town, state or province, cour			(b) Taxpayer identific		
3					(-,,		
<u> </u>							
<u></u>							
	4.7	(d) Tax on investments that jeopardize					
	(c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)	charitable purpose—Schedule D,	(e) Tax on taxable expenditures— Schedule E, Part II, col (d)		(f) Tax on political ex Schedule F, Part	kpendituri II col (d	es— 1
	37	Part II, col (d)	, , , , , , , , , , , , , , , , , , , ,			., (0	<u>, </u>
1				+			
				-	_		
				+			
Total	0	···		0			0
	(g) Tax on disqualifying lobbying	(h) Tax on excess benefit transactions—Schedule I, Part II, col	 (i) Tax on being a party to prohibited tax shelter transactions—Schedule J. 		(j) Tax on taxable di		
	expenditures—Schedule H, Part II, col (d)	(d), and Part III, col (d)	Part II, col (d)		Schedule K, Parl	t II, col (c	1)
3							
)							,
				\neg			
Γotal	0	0		0	-		0
	(k) Tax on prohibited benefits—Sch L,	- Marie Land Contraction of the contraction	A STATE OF THE STA	*	(I) Takal Add	/=\ 4L ·-	
	Part II, col (d), and Part III, col (d)	The state of the s	The state of the s	ĸšL'	(I) Total—Add cols	(c) throug	n (K)
a			Control of the contro				0
.				3.34			0
27				. [0
Γotal	0	· · · · · · · · · · · · · · · · · · ·		***			0

under section 4942 (add lines 1 and 2)

Tax-Enter 30% of line 3 here and on Part I, line 1

0

0

rom 4720 (20		EDULE C—Initial Tax or		ese Rus	inese Holding	s (Section 4943)	20-1614123 Page 3
Business		emputation of Tax	LAC	ess Dus	mess notaling	1 3 (Oecilon +340)	
_		ngs in more than one busine	ss ent	erprise, at	tach a separate s	schedule for each e	nterprise. Refer to the
		fore making any entries.		,			-
	ddress of business ente						
						_	
Employer ic	lentification number					. •	
Form of ont	ornrigo (cornoration	northorobin truct joint vontu	.ro co	la propriet	orchin oto)	_	
romi oi em	erprise (corporation,	partnership, trust, joint ventu	116, 50	le brobner			(a)
				Voti	(a) ng stock	(b) Value	(c) Nonvoting stock
					interest or		(capital interest)
				Denetic	cial interest)		/
4 Faura	dation baldinas in hi		1		%	0/	i
1 Foun	dation noidings in bu	siness enterprise	- '-	-	76	%	
2 Perm	utted holdings in bus	ness enterprise	2		%	%	l
	into a riolani go ili bao	meso emerphoe	<u> </u>		73	70	
3 Value	of excess holdings	in business enterprise	3				
	=	disposed of within 90					
	, or, other value of ex	•					
subje	ect to section 4943 ta	x (attach statement)	4				
5 Taxal	ble excess holdings i	n business enterprise-				•	
line 3	minus line 4		5		0	0	0
6 Tax-	- Enter 10% of line 5		6	ļ	0	. 0	0
		on line 6, columns (a),	_				
(b), a		re and on Part I, line 2	7	<u> </u>	0		2
Dawki		nitial Taxes on Investme	ents	i nat Jeo	pardize Chari	table Purpose (section 4944)
Part I	Investments and	d Tax Computation			·		
(a) Investment	(b) Date of	(a) Description of inves	tmant		(d) Amount of	(e) Initial tax on foundation (10%	(f) Initial tax on foundation managers (if applicable)—
number	investment	(c) Description of inves	Mineril		investment	of col (d))	(lesser of \$10,000 or 10% of col. (d))
1						0	0.00. (0),
2		***************************************	· 			·	
3						0	
4						0	0
5						0	0
Total— Col	umn (e) Enter here	and on Part I, line 3				0	
Total— Col	umn (f). Enter total (d	or prorated amount) here and	ın Pa	rt II, colun	nn (c), below		0
Part II	Summary of Tax	Liability of Foundation	<u>Man</u>	agers a	nd Proration o	f Payments	
	(a) Names of foundation m	nanagers liable for tax		nvestment rom Part I,		I, col (f), or prorated	(d) Manager's total tax liability
				col (a)	an	iount	(add amounts in col. (c)) (see instructions)
			L				
			ļ				C
			ļ				ı
							ı
			 	 -			1

b*/		SCHEDULE E-		<u>es on Taxable</u>	Expe	<u>enditures</u>	s (Section 4945)	
Part I	Expenditure	s and Computat	ion of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d)	Name and address of	recipien	t		of expenditure and purposes or which made
11								
2								
3								
4								
5								
	stion number from Form 9 5227, Part VI-B, applicable		(g) Ir	nitial tax imposed on fo (20% of col. (b))	oundatio	on	managers (x imposed on foundation if applicable)—(lesser of 00 or 5% of col. (b))
						0		(
						0		(
						0		(
						0		(
						0		(
	Column (g) Enter he e 4					0		
		tal (or prorated amo	•	d in Part II, colun	nn (c), 			
Part II	Summary of	Tax Liability of i	Foundation 	n Managers an	d Pro	oration o	f Payments	
	(a) Names of foundat	ion managers liable for ta	x	(b) Item no from Part I, col (a)			Part I, col (h), or ed amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
	 							
								(
	 	<u>. </u>						(
				_				(
		SCHEDULE F-		<u>es on Political</u>	Expe	<u>enditure</u>	(Section 4955)	
Part I	Expenditure:	s and Computat	on of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Descripti	ion of political expendi	ture	organiz	ial tax imposed on ation or foundation 0% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col (b))
1							0	(
2							0	(
3							0	(
4							0	(
5							0	(
Total— C	Column (e). Enter he	ere and on Part I, lir	ne 5				0	
		al (or prorated amo						
Part II	Summary of	Tax Liability of (Organizatio	on Managers o	r Fo	undation	Managers and	Proration of Payments
		anization managers or nagers liable for tax		(b) Item no from Part I, col (a)			Part I, col (f), or ed amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
		<u> </u>						
								۱ ،

Part I

(a) Item

number

1

2

5

	SCHEDOLL I—IIIIIII TAXES ON EXCESS BEHEIII Transactions (Section 4936)								
Part I	Excess Benefit	Transactions a	and Tax Computation						
(a) Transaction number	(b) Date of transaction		(c) Description of trans	saction					
1				· · · · · · · · · · · · · · · · · · ·					
2									
3									
4									
5									
				(f) Tay on organization managers					

(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(if applicable) (lesser of \$20,000 or 10% of col. (d))			
	0	0			
	0	0			
	0	0			
	0	0			
	0	0			

Form 4720 (2	2018) CONNER CHR	RISTIAN SCHOLARSHIP I	<u>F</u> D.		20-1814123 Page
- u			_	it Transactions (Section 495	
Part II	Summary of Tax	Liability of Disqualit	ied Persons	and Proration of Payments	
•	(a) Names of disqualified per	rsons liable for tax	(b) Trans no from Part I, col (a)	n (c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
				<mark>-</mark>	
 					
	<u> </u>				
Part III	Summary of Tax	Liability of 501(c)(3)	, (c)(4) & (c)(29) Organization Managers	and Proration of Payments
(a) Names o	of 501(c)(3), (c)(4) & (c)(29) orga	anızatıon managers liable for tax	(b) Trans no from Part I, col (a)	n (c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
		·			
				ited Tax Shelter Transaction	
Part I	Prohibited Tax She (see instructions)	elter Transactions (PT	ST) and Tax	Imposed on the Tax-Exemp	et Entity
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of transa	action
1					
2					
3	·				
4					
5					
have reas was a PTS	e tax-exempt entity know or on to know this transaction T when it became a party to action? Answer Yes or No	(f) Net income attributa the PTST	able to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
	-				
					(
Total— Co	olumn (h). Enter here an	nd on Part I, line 9		 	1

Part II	Tax Impo	sed on Entity Managers (Sec	<u>tion 4965) <i>Ca</i></u>	ntinued		
	(a) Nan	ne of entity manager	(b) Transaction number from Part I, col (a)	(c) Tax—enter \$20,000 for ea transaction listed in col. (b) for manager in col. (a)	and (a) ivia	nager's total tax liability
						0
•						
	<u> </u>					0
						0
						0
· · · · · · · · · · · · · · · · · ·					-	0
			<u> </u>			0
	SCHEDUL	K—Taxes on Taxable Distri		oonsoring Organizatio). See the instructions.	ns Maintainin	g Donor
Part I	Taxable [Distributions and Tax Comput		j. See the instructions.		
(a)		(b) Name of sponsoring organization as		(c) [Description of distribut	····
Item number	-	donor advised fund		(6)		
1						
2	2					
3						
4						
	1					
(d) Date of	distribution	(e) Amount of distribution	on	(f) Tax imposed on organization (20% of col (e))		on fund managers of 5% of col. (e) or \$10,000)
				· · · · · · · · · · · · · · · · · · ·	D .	0
					0	0
))	0
Total— Colu	ımn (f). Enter	here and on Part I, line 10				
		r total (or prorated amount) here an				0
Part II	Summary	of Tax Liability of Fund Man	agers and Pi	roration of Payments		
	(a) Name of fu	ind managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (g) or pro amount	(add	nager's total tax liability d amounts in col. (c)) (see instructions)
						0
		·				0
						0
						0
		·				
			<u></u>			0
						Form 4720 (2018)

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

					_
Part I	Prohibited Benefits	and Tax Computation	on	<u>.</u>	_
(a) Item number	(b) Date of prohibited benefit		(c) Descrip	tion of benefit	
1					
2					
3					
4					
5					
(d)	Amount of prohibited benefit		or advisors, or related persons (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)	
			0		0
			0		0
			0		0
			0		0
Part II	Cummons of Toy Liel	ility of Donors, Do	0		0
Part II	Summary of Tax Liai	Dility of Donors, Do	nor Advisors, Related	Persons, and Proration of Payments	
	nes of donors, donor advisors, or lated persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)	
					0
	•				0
					0
					_
Part III	Summany of Tay Lial	aility of Fund Mana	gers and Proration of F		0
i ait iii	Summary of Tax Elai				_
(a) Name	es of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)	
					_
					0
					0
					0
					^
	<u> </u>	L			0

Form 4720 (2018) CONNER CHRISTIAN SCHOLARSHIP FD. 20-1814123 Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs

•	A:	ssessment Re	quirements (Sect	ions 4959 and 50	01(r)(3)). (S	ee instructio	ns.)	
Part I	Failures to	Meet Section 5	501(r)(3)					- -
(a) Item number	(b) Name of ho	ospital facility	(c) Des	cription of the failure		(d) Tax year ho facility last condi CHNA		(e) Tax year hospital facility last adopted an implementation strategy
1								
2								
3								
4								
5						, ,		
Part II	Computatio	n of Tax						
1 No	umber of hospital f	acilities operated	by the hospital orga	nization that failed t	to meet the (Community		
He	ealth Needs Asses	sment requireme	nts of section 501(r)((3)			1	
2 Ta	x-Enter \$50,000 n	nultiplied by line 1	here and on Part I,	line 12			2	0
			Excess Executive				nstruction	ons.)
(a) Item number	1 ''	(b) Name of covered employee (c) Excess remuneration (d) Excess parachute payment			(e) Total Add column (c) and (d)			
1								
2		1	_					<u></u>
3								
4								
5			···································					······································
6	Attachment, if ne	ecessary. See ins	tructions					
							<u> </u>	0
			nd on Part I, line 13					0
runi Ein			ax on Net Invest					
				ection 4968)				
			1	(c) Gross	(d) Capita	al (e) Adm	ninistrative	(0.11.4
		(a) Name	(b) EIN	investment	gain	1 '	s allocable	I income (See
				income (See instructions)	net income	1	ne included (c) and (d)	instructions)
1	Filing			mondonorio j	moonie	5013	(0)	
-	Organization			1				
2	Related							
_	Organization			-				
3	Related			-				
-	Organization							

Related Organization 5 Total from attachment, if necessary 6 7 Excise Tax on Net Investment Income. Enter 1 4% of the amount in 6(f) here and on Part I, line 14. . . . 0

Form 4720 (2018)

Form 4720 (2018	CONNER CHRISTIAN SCHOLARSHIP FD.	20-	1814123	Page 10
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all in any knowledge. Signature of officer-or-trustèe.			ope-
Sign	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, do advisor, or related person	inor	Date	;
Here	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, do advisor, or related person	inor	Date	· · · · · ·
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, do advisor, or related person	inor	Date	;
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, do advisor, or related person	nor	Date	,
	May the IRS discuss this return with the preparer shown below? (see instructions)	[X Yes	No
Paid Preparer	Print/Type preparer's name Preparer's signature Martin B Cooper CPA Preparer's signature Martin B Cooper CPA Firm's name Cooper & Amador, CPA, PC	Check self-employed	of PTIN P01245 ▶ 80-09490	
Use Only	Firm's address ▶ PO Box 2148, Roswell, NM 88202	_	(575) 625-11	
			•	720 (2018)