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Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

DLN: 93491226009059 OMB No 1545-0052

2018

| ntern | al Revei | nue Service | | enter social security nui ww.irs.gov/Form990PF | | | | | | pen to Public Inspection |
|---------------------------------------|-------------------|-------------------------------------|---------------------------------------|---|-----------------------|--------------------------------------|-------|---------------------------------|---|--|
| or | caler | ndar year 20: | 18, or tax yea | r beginning 01-01-20 | 018 | , ar | nd ei | nding 12-31- | 2018 | |
| TC | | | CHARITABLE FOUND | AT | | | | A Employer Id 20-5104500 | entification numbe | er |
| | | street (or P O bo | x number if mail is r | | B Telephone nu | mber (see instruction | ns) | | | |
| | | | | | | | | (702) 834-7333 | 3 | |
| | | , state or province NV 89134 | , country, and ZIP o | r foreign postal code | | | | C If exemption | application is pendii | ng, check here |
| G Ch | eck al | l that apply | ☐ Initial return ☐ Final return | ☐ Initial return of a ☐ Amended return | | public charity | | 2 Foreign of | ganizations, check h ganizations meeting k here and attach co | the 85% □ |
| | | | Address char | nge Name change 501(c)(3) exempt private | <u> </u> | | | E If private for | undation status was | terminated |
| _ | • | pe of organizati 4947(a)(1) por | nexempt charitab | | | | | under sectio | n 507(b)(1)(A), che | ck here ► □ |
| Fai of | r mark year (f | xet value of all a rom Part II, col | ssets at end (c), | | ☑ Ca | sh 🗌 Accru | al | | ation is in a 60-moni n 507(b)(1)(B), che | |
| Pa | rt I | of amounts in co | | Expenses (The total (d) may not necessarily the instructions) | 1 | Revenue and expenses per books | (b) | Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | | gıfts, grants, etc | , received (attach | | | | | | (cash basis only) |
| | 2 | schedule) Check ▶ ☑ ıf | the foundation is | not required to attach | | | | | | |
| | | Sch B | | | | | | | | |
| | 3 | | - | ary cash investments | | 7 | | 7 | | |
| | 4 5a | Gross rents | ınterest from sec | urities | | 718,170 | | 718,170 | | |
| Revenue | b | Net rental inco | me or (loss) | | \vdash | | | | | |
| | 6a | | , , | ssets not on line 10 | _ | 765,840 | | | | |
| | ь | - ' | ce for all assets o | | | | | | | |
| eve | | · | | 12,121,952 | <u> </u> | | | | | |
| ~ | 7 | | t income (from P | • | | | | 765,840 | | |
| | 8 9 | Income modific | capital gain . | | | | | | | |
| | 10a | Gross sales les | s returns and allo | wances | | | | | | |
| | ь | Less Cost of g | | · · · | | | | | | |
| | С | Ÿ | (loss) (attach sch | nedule) | <u></u> | | | | | |
| | 11 | , | attach schedule) | | * | 6,427 | | 6,427 | | |
| | 12 | | | | | 1,490,444 | | 1,490,444 | | |
| | 13 | • | • | ors, trustees, etc | | 0 | | 0 | | 0 |
| | 14 15 | ' ' | e salaries and wa employee benefit | - | | | | | | |
| Se | 16a | · | • • | | 9 | 3,738 | | 0 | | 0 |
| <u>=</u> | ь | , | • | e) | 9 | 8,750 | | 0 | | 0 |
| Ä | c | _ | onal fees (attach : | | _ | <u> </u> | | | | |
| Operating and Administrative Expenses | 17 | · | | • | | 1,009 | | 1,009 | | 0 |
| La | 18 | Taxes (attach s | schedule) (see ins | structions) | <u>چي</u> | 102,825 | | 12,714 | | 0 |
| <u> </u> | 19 | • | attach schedule) a | • | | | | | | |
| | 20 | Occupancy . | | | | | | | | |
| Ā | 21 | Travel, confere | nces, and meetin | gs | | | | | | |
| ē | 22 | Printing and pu | iblications | | | | | | | |
| <u>5</u> | 23 | Other expense | s (attach schedul | e) | % J | 296,370 | | 296,370 | | 0 |
| ra <u>r</u> | 24 | - | _ | rative expenses. | | | | <u> </u> | | |
| <u>8</u> | | Add lines 13 th | _ | | | 412,692 | | 310,093 | | 0 |
| _ | 25 | | gıfts, grants paıd | | <u> </u> | 1,802,200 | | | | 1,802,200 |
| | 26 | Total expense 25 | es and disburse | ments. Add lines 24 and | | 2,214,892 | | 310,093 | | 1,802,200 |
| | 27 | Subtract line 2 | 6 from line 12 | | | , - ,, | | = -, | | ,,,,,,,,,, |
| | а | | enue over expe | nses and | | -724,448 | | | | |
| | ь | disbursement Net investme | | gative, enter -0-) | | -/24,448 | | 1,180,351 | | |
| | c | | • | ive, enter -0-) | | | | 1,100,001 | | |

Cat No 11289X

Form **990-PF** (2018)

16,300,929

9,949,519

4,752,310

32,632,987

32,632,987

32,632,987

32,632,987

16,707,649

9,288,365

3,923,498

31.908.539

31,908,539

31.908.539

31,908,539

32.632.987

31,908,539

31,908,539

Form 990-PF (2018)

-724,448

0

1

2

3

4

5

19,210,666

9,370,434

6,660,489

37,234,101

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

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

Mortgages and other notes payable (attach schedule).

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 Retained earnings, accumulated income, endowment, or other funds

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

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

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

Less allowance for doubtful accounts ▶ Inventories for sale or use

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule)

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Grants pavable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) > ____

Deferred revenue .

| | 4 |
|--------|-----|
| | 5 |
| | 6 |
| | 7 |
| 2 | 8 |
| Assets | 9 |
| As | 10a |

b

c

11

12

13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

| | e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs | MLC Co) P- | (b) w acquired –Purchase –Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|---|---|---|---|--|
| 1aSee Additional Data Table | e | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| | | | | | |
| - | (f) | (a) | | , | h) |
| (e) Gross sales price | Depreciation allowed (or allowable) | (g) Cost or other plus expense o | | Gain o | r (loss)) minus (g) |
| a See Additional Data Table | e | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation on 12/ | /31/69 | (| I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col over col(<u>j</u>), ii | ٠, | Gains (Col (col (k), but not | h) gain minus less than -0-) or om col (h)) |
| a See Additional Data Table | • • • | 3 (3), I | i uny | | |
| b | | | | | |
| C | | | | | |
| | | | | | |
| e | | | | | |
| · · · | or (net capital loss) gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | | | 3 | 765,840 |
| Part V Qualification L | Jnder Section 4940(e) for Re | educed Tax on Net Inve | estment In | come | |
| (For optional use by domestic p | rivate foundations subject to the sec | ction 4940(a) tax on net inve | stment incom | ne) | |
| If section 4940(d)(2) applies, le | | | - h nowod | | es 🗹 No |
| If "Yes," the foundation does no | e section 4942 tax on the distributal ot qualify under section 4940(e) Do nount in each column for each year, | not complete this part | · . | | |
| (a) | | | | (d) | |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use | | Distribution ration (col (b) divided by c | ol (c)) |
| 2017 | 1,752,798 | • | 01,255 | | 0 044713 |
| 2016 | 2,112,745 | | 90,225 | | 0 057427 |
| 2015 | 2,142,027 | · · · · · · · · · · · · · · · · · · · | 35,364 | | 0 056022 |
| 2014 | 1,681,723 | | 84,505 | | 0 042809 |
| 2013 | 1,699,175 | 36,2 | 89,241 | T | 0 046823 |
| 2 Total of line 1, column (d | , | | 2 | | 0 247794 |
| | for the 5-year base period—divide | | by the 3 | | 0 049559 |
| | idation has been in existence if less ncharitable-use assets for 2018 fron | | : : 4 | | 39,529,976 |
| | | · | 5 | | 1,959,066 |
| | | | 6 | - | _ |
| | ent income (1% of Part I, line 27b) | | · · · — | | 11,804 |
| | | | 7 | | 1,970,870 |
| | ons from Part XII, line 4 , | | | 10/1 : - | 1,802,200 |
| If line 8 is equal to or gre instructions | eater than line 7, check the box in Pa | art v1, line 1b, and complete | tnat part usin | | e the Part VI orm 990-PF (2018) |

Page **6**

| Fa | Statements Regard | iiiig | ACTIVITIES TOT WITHCH | Form 4720 May Be | Required | Continue | :u) | | | | |
|-------|--|---------|--|---|----------------|--|--------------|--|---------|--------------|--|
| 5a | During the year did the foundation p | oay o | r incur any amount to | | | | | | Yes | No | |
| | (1) Carry on propaganda, or otherw | vise a | ttempt to influence legisl | ation (section 4945(e))? | | ☐ Ves | ✓ N | | | | |
| | (2) Influence the outcome of any sp | pecific | c public election (see sect | tion 4955), or to carry | | | | " | | | |
| | on, directly or indirectly, any vo | ter re | egistration drive? | | | ☐ Yes | ✓ N | ٨ | | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | | | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described | | | | | | | | | | |
| | (5) Provide for any purpose other the | | | | | ☐ Yes | Y N | ° | | | |
| | educational purposes, or for the | prev | ention of cruelty to childr | en or animals? | | □ ,, | ✓ N | | | | |
| Ь | If any answer is "Yes" to $5a(1)-(5)$, | dıd a | ny of the transactions fa | il to qualify under the ex | ceptions des | ☐ Yes cribed in | Y N | ° | | | |
| | Regulations section 53 4945 or in a | | = | | | | | 5b | | | |
| | Organizations relying on a current n | | | | | ▶ | | | | | |
| c | If the answer is "Yes" to question 5a | | | | | | Ш | | | | |
| _ | tax because it maintained expenditu | | | • | | | | | | | |
| | If "Yes," attach the statement requi | red b | y Regulations section 53 | 4945-5(d) | | ∐ Yes | ∟ N | ° | | | |
| 6a | Did the foundation, during the year, | | | | ums on | | | | | | |
| _ | a personal benefit contract? | | | | | Yes | ✓ N | | | l <u>.</u> . | |
| Ь | Did the foundation, during the year, | pay | premiums, directly or ind | irectly, on a personal be | nefit contract | :2 | • | 6b | | No | |
| _ | If "Yes" to 6b, file Form 8870 | | | | | | | | | | |
| 7a | At any time during the tax year, wa | | | | | ☐ Yes | ✓ N | o | | | |
| | If yes, did the foundation receive ar | | • | | | | | 7b | | | |
| 8 | Is the foundation subject to the sect | | | | | tion or | | | | | |
| | excess parachute payment during th | ne ye | ar ⁹ | | | Yes | ✓ N | <u>。 </u> | | <u> </u> | |
| Pa | rt VIII Information About Contractors | Offic | ers, Directors, Trust | ees, Foundation Ma | nagers, H | ighly Pai | d Emp | oloyees | , | | |
| 1 | List all officers, directors, trustee | es, fo | oundation managers an | nd their compensation | . See instru | tions | | | | | |
| | (a) Name and address | (| b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | employee be | tributions t enefit plans compensati | and ' | (e) Expe | nse acc | | |
| See | Additional Data Table | | | - / | | | | | | | |
| | | 1 | | | | | | | | | |
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| | | 1 | | | | | | | | | |
| | Compensation of five highest-pa | id en | nplovees (other than th | nose included on line | L—see instri | uctions). I | If none | , enter ` | NONE | ." | |
| | | | | | | tributions t | | · | | | |
| (a) | Name and address of each employee | paid | (b) Title, and average hours per week | (c) Compensation | | ee benefit | | e) Exper | | | |
| | more than \$50,000 | | devoted to position | (0) | | nd deferred sensation | [‡] | other a | lowanc | es | |
| NON | | | | | Comp | ensacion . | | | | | |
| 11011 | - | | | | | | | | | | |
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| | | | | | | | | | | | |
| Tota | I number of other employees paid ov | er \$5 | 0,000 | | | <u>. ▶</u> | | | | 0 | |
| | | | | | | | | Form 99 | 0-PF | (2018) | |

| Form 990-PF (2018) | Page 7 |
|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued) | Paid Employees, |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter | er "NONE". |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • 0 |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the num organizations and other beneficiaries served, conferences convened, research papers produced, etc | ber of Expenses |
| 1 COLLEGE OF THE HOLY CROSS | 270,000 |
| 2 GOVERNOR DUMMER ACADEMY | 250,000 |
| 3 PARK CITY PERFORMING ARTS FOUNDATION | 160,000 |
| 4 UTAH SYMPHONY & OPERA | 150,000 |
| Part IX-B Summary of Program-Related Investments (see instructions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | |
| 2 | |
| | |
| All other program-related investments See instructions | |
| 3 | |
| Total. Add lines 1 through 3 | · • 0 |
| | Form 990-PF (2018) |

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2

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

3a 3h

4

5

1,802,200

1.802.200

Form 990-PF (2018)

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

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

256.070

1.696.822

Form **990-PF** (2018)

0

Page 9

| | | | • | |
|---|----|---|---|--|
| t | XΙ | 1 | | |

Par

| 0-PF | (2 | 01 | 8 |) | |
|----------|----|----|---|---|--|
| V | ı | | - | | |

b Total for prior years

a From 2013. **b** From 2014. c From 2015. . . d From 2016. e From 2017.

| 0-PF (20 | 018) | | | |
|----------|----------------------|------|---------------|---|
| XIII | 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. 4 Qualifying distributions for 2018 from Part XII, line 4 > \$ 1,802,200 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).

5 Excess distributions carryover applied to 2018

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

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

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.

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) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

1,546,130

1,546,130

1,952,892



| Enter gross amounts unless otherwise indicated | | Unrelated bu | ısıness ıncome | Excluded by section | (e) Related or exempt | |
|--|--|----------------------|----------------------|-----------------------|--------------------------|--|
| - | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| g Fees | and contracts from government agencies | | | | | |
| | ership dues and assessments | | | | | |
| 3 Interes investn | t on savings and temporary cash nents | | | 14 | 7 | |
| | nds and interest from securities | | | 14 | 718,170 | |
| | ntal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | 14 | C 427 | |
| | nvestment income | | | 14 | 6,427 | |
| invento | • • | | | 18 | 765,840 | |
| | ome or (loss) from special events | | | 10 | 703,040 | |
| | profit or (loss) from sales of inventory | | | | | |
| 1 Other | revenue a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e). | | 0 | | 1,490,444 | |
| | Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | | | 13 | 3 | 1,490,444 |
| Part XV | I-B Relationship of Activities to the | ne Accomplish | ment of Exem | pt Purposes | | |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's expression instructions (| | | | | |
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| 14 | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
| - | Exempt Organizations |

| Part | XVII | Exempt Organi | | ransters to a | and Fransactio | ons and i | Relatio | nsnips with Nonc | naritable | | |
|----------------|--------------|--|------------------|-------------------|-----------------------------|--------------|-------------|-----------------------------|--|---------------------|---------------|
| | | janization directly or in than section 501(c)(3) | directly enga | | | | | | 501 | Yes | No |
| a Tran | nsfers f | rom the reporting foun | dation to a n | oncharitable ex | empt organization | n of | | | | | |
| (1) | Cash. | | 1a(1) | | No | | | | | | |
| (2) | Other | | 1a(2) | | No | | | | | | |
| | | sactions | | | | | | | | | |
| | | of assets to a nonchar | • | - | | | | | . 1b(1) | | No |
| | | ases of assets from a r | | | | | | | . 1b(2) | | No |
| | | of facilities, equipmen | | | | | | | . 1b(3) | | No No |
| | | oursement arrangemen or loan guarantees. | | | | | | | 1b(4) 1b(5) | | No |
| | | mance of services or m | | | | | | | 1b(6) | | No |
| ٠, | | facilities, equipment, n | | _ | | | | | 1c | | No |
| | - | er to any of the above | - | • | | | | | rket value | | |
| | | ls, other assets, or ser | | | | | | | | | |
| ın a | ny tran | saction or sharing arra | ngement, sn | ow in column (c | a) the value of the | e gooas, ot | tner asse | ts, or services received | 1 | | |
| (a) Line | No | (b) Amount involved | (c) Name of | noncharitable exe | mpt organization | (d) Des | cription of | transfers, transactions, ar | nd sharing arra | ngemen | its |
| | | | | | | | | | | | |
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| | | dation directly or indire | • | , | • | | | _ | | | |
| | | n section 501(c) (othei | | n 501(c)(3)) or | ın section 527? . | | | ∐Yes | ✓ No | | |
| b If "\ | es," co | mplete the following so | | 1 | | | ı | | | | |
| | | (a) Name of organization | on | (1 | b) Type of organizat | ion | | (c) Description of | relationship | | |
| | | | | | | | | | | | |
| - | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | of m | er penalties of perjury, y knowledge and belief n preparer has any kno | , it is true, co | | | | | | | | |
| Sign Here | * | **** | | | 2019-08-09 | * | **** | | May the IRS di return | | |
| | ▶ − | Signature of officer or trustee | | Date | | —) ⊤ | wi | | with the prepa below (see instr)? | _ | |
| | | Print/Type preparer's | name | Preparer's Sigi | nature | Date | | PT | , , , | | .,, |
| | | , r,pe preparer s | ame | . reparer 3 Sign | | Date | | Check if self- | | 100 | |
| | | DOUGLAS WINTER | c | | | | | employed ▶ 🗌 | P00165 | 180 | |
| Paid | | DOUGLAS WINTER | J | | | | | | | | |
| Prep | | Firm's name ► RUB | INBROWN LL | <u>.</u> .Р | | 1 | | Fire | m's EIN ▶43 | -07653 | R16 |
| Use (| Only | F | TEL MI CHAST | ECTON SILVE | | | | | 3 LIN F 43 | | |
| | | Firm's address ► 58 | 551 W CHARL | ESTON BLVD | | | | | | ٠ ٥٦٥ ٠ | 0700 |
| | | LA | S VEGAS, N | V 89146 | | | | Ph | one no (702 |) ष/ष- ⁹ | 9/ 8 8 |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation US TRUST 2936 Р US TRUST 2936 Ρ US TRUST 2803 Р US TRUST 2803 Р US TRUST 2456 Ρ Ρ US TRUST 2456 US TRUST 2944 Ρ Р US TRUST 2944 US TRUST 2829 Ρ US TRUST 2829 Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 65,951 61,872 4,079 500,856 217,426 283,430 857,353 876,275 -18,922422,474 342,966 79,508 2,415,752 2,489,802 -74,050 3,673,318 3,352,393 320,925 35,167 31,616 3,551 129,329 89,785 39,544 274,603 274,745 -142 462,591 350,124 112,467 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 4,079 217,426 -18,92279,508 -74,050 320,925 3,551 39,544 -142 112,467

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation US TRUST 2811 Р US TRUST 2811 Ρ US TRUST 2894 Р US TRUST 2894 Р GS 544-6 Р Ρ GS 544-6 GS225-3 Р GS 225-3 Р GS 794-5 Ρ GS 793-7 Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 125,509 130,638 -5,129 58,904 168,181 109,277 84,864 76,289 8,575 244,702 189.921 54,781 10,383 -10,38315,575 -15,575 177,690 181,645 -3,955 271,987 227,188 44,799 561,221 869,723 -308,502 226,670 221,172 5,498 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -5,129 58,904 8,575 54,781 -10,383-15,575 -3,955 44,799 -308,502 5,498

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date sold Date acquired (mo, day, yr) (mo, day, yr) P-Purchase D-Donation GS 793-7 Ρ 1 GS 785-3 Ρ GS 785-3 Ρ WEST STREET CAPITAL PARTNERS Ρ Ρ WEST STREET CAPITAL PARTNERS Ρ CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 1,035,485 889,401 146,084 58,771 54,380 4,391 99,574 327,086 227,512 32 32 2,357 2,357 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 146,084 4,391 99.574 3 32 2,357

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 Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation ANTHONY MARLON PRESIDENT O 0 0 00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 RENEE MARLON VICE PRESIDENT n O 0 00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 ANTHONY MARLON SECRETARY/TREASURER n 0 00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 JEANNINE ANN ZELLER DIRECTOR 0 0 00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 ANTHONY MARLON DIRECTOR n 0.00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 SCOTT ZELLER DIRECTOR 0 0.00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 **BRADLEY RAITON** DIRECTOR 0 0 00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134 ROBERT MARLON DIRECTOR n 0 00 1645 VILLAGE CENTER CIRCLE LAS VEGAS, NV 89134

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 .

| · · | or substantial contributor | | | |
|--|----------------------------|----|------------------|--------|
| a Paid during the year | | | | |
| CHAMINADE DEVELOPMENT FUND 340 JACKSON AVE | | PC | DEVELOPMENT FUND | 50,000 |

recipient

| MINEOLA, NY 11501 | | | |
|--|----|--------------------------------|---------|
| COLLEGE OF THE HOLY CROSS 1 COLLEGE ST WORCESTER, MA 01610 | PC | PROVIDE EDUCATIONAL SUPPORT | 270,000 |

| 1 COLLEGE ST WORCESTER, MA 01610 | | SUPPORT | |
|-------------------------------------|----|-----------------------------|--------|
| CORNERSTONE SCHOOL 146 HIGH STREET | PC | PROVIDE EDUCATIONAL SUPPORT | 35,000 |

| WORCESTER, MA 01610 | | | |
|---|----|--------------------------------|-------|
| CORNERSTONE SCHOOL 146 HIGH STREET STRATHAM, NH 03885 | PC | PROVIDE EDUCATIONAL SUPPORT | 35,00 |

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

CROHNS & COLITIS FOUNDATION OF

| AMERICA 386 PARK AVENUE SOUTH NEW YORK, NY 10016 | | | COLITITS | |
|--|---|----|------------------------------|--------|
| CROSSROADS HOUSE INC 600 LAFAYETTE ROAD | _ | PC | PROVIDE SUPPORT FOR HOMELESS | 25,000 |

PC

SUPPORT FOR CROHN'S

1.000

PORTSMOUTH, NH 03801

| Total | | ▶ 3a | 1,802,200 |
|--|------|----------------------------|-----------|
| SEACOAST 100 CAMOUS DRIVE SUITE 12 PARK CITY, NH 03801 | | | |
| FAMILIES FIRST OF THE GREATER | PC | HEALTH AND FAMILY SERVICES | 25,000 |

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

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | |
|---|----|---|--------|
| FOUNDATION FOR AN INDEPENDENT TOMORROW 1931 STELLA LAKE DR LAS VEGAS, NV 89106 | PC | PROVIDE SUPPORT FOR EDUCATION, TRAINING, AND EMPLOYMENT PREPARATION | 40,000 |

| LAS VEGAS, NV 89106 | | | |
|---|----|---|--------|
| FREEDOM HOUSE SOBER LIVING INC 3852 PALOS VERDES ST LAS VEGAS, NV 89119 | PC | ASSIST INDIVIDUALS DEALING WITH ALCOHOLISM | 50,000 |

| 3852 PALOS VERDES ST LAS VEGAS, NV 89119 | | WITH ALCOHOLISM | |
|--|----|--|--------|
| FRIENDS OF ASAPROSARPO BOX 127 COHASSET, MA 02025 | PC | PROVIDE SUPPORT FOR DISADVANTAGED PEOPLE | 25,000 |

| FRIENDS OF ASAPROSARPO BOX 127 COHASSET, MA 02025 | PC | PROVIDE SUPPORT FOR DISADVANTAGED PEOPLE | 25,000 |
|--|----|---|--------|

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

or substantial contributor

Name and address (home or business)

| a Paid during the year | | | |
|---|----|-----------------------------|--------|
| GOULD ACADEMY39 CHURCH STREET BETHER, ME 04217 | PC | PROVIDE EDUCATIONAL SUPPORT | 60,000 |
| IMPROVING DIABETES & OBESITY OUTCOMES | PC | CHILDREN'S HEALTH PROGRAM | 6,700 |

recipient

| OUTCOMES 8213 POINT VIEW CT LAS VEGAS, NV 89128 | | CHILDREN'S HEALTH PROGRAM | 0,700 |
|---|----|---------------------------|--------|
| INTERNATIONAL HEALTH PARTNERS | PC | PROVIDE HEALTH SUPPORT | 10,000 |

| LAS VEGAS, NV 89128 | | | |
|---|----|------------------------|-------|
| INTERNATIONAL HEALTH PARTNERS 1811 S 39TH ST UNIT 36 MESA, AZ 85206 | PC | PROVIDE HEALTH SUPPORT | 10,00 |

| INTERNATIONAL HEALTH PARTNERS 1811 S 39TH ST UNIT 36 MESA, AZ 85206 | PC PC | PROVIDE HEALTH SUPPORT | 10,00 |
|---|-------|------------------------|-----------|
| Total | | ▶ 3a | 1,802,200 |

If recipient is an individual, Recipient 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 JOURNEY PARENT ORGANIZATION PC PROVIDE EDUCATIONAL 10,000 2710 SOUTH RAINBOW BLVD SUPPORT LAS VEGAS, NV 89146 JUVENILE DIABETES RESEARCH PC SUPPORT DIABETES RESEARCH 50,000

FOUNDATION INTL

Total .

| 5542 S FORT APACHE RD 120 LAS VEGAS, NV 89148 | | | |
|--|----|-----------------------------------|--------|
| MARTHA VINEYARD CEREBAL PALSY CAMP INC PO BOX 1357 VINEYARD HAVEN, MA 02568 | PC | SUPPORT CEREBAL PALSY RESEARCH | 10,000 |

3a

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)

| a Paid during the year | | | |
|--|----|--|--------|
| MARTHA VINEYARD STRIPED BASS PO BOX 2101 EDGARTOWN, MA 02539 | PC | PROVIDE EDUCATIONAL ASSISTANCE FOR AT RISK YOUTH | 10,000 |
| NEVADA POLICY RESEARCH INSTITUTE | PC | SEEK PRIVATE SOLUTIONS TO | 40,000 |

| 30 PLACID ST S VEGAS, NV 89119 | | PUBLIC CHALLENGES FACING NEVADA |
|-----------------------------------|----|--|
| PPORTUNITY VILLAGE FOUNDATION | PC | ASSISTS PERSONS WITH INTELLUCTUAL DISABILITIES |

or substantial contributor

| LAS VEGAS, NV 89119 | | NEVADA | |
|--|----|--|--------|
| OPPORTUNITY VILLAGE FOUNDATION 6300 W OAKEY BLVD LAS VEGAS, NV 89146 | PC | ASSISTS PERSONS WITH INTELLUCTUAL DISABILITIES | 50,000 |

| OPPORTUNITY VILLAGE FOUNDATION 6300 W OAKEY BLVD LAS VEGAS, NV 89146 | PC | ASSISTS PERSONS WITH INTELLUCTUAL DISABILITIES | 50,000 |
|--|------|--|-----------|
| Total | | ▶ 3a | 1,802,200 |

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

recipient

1,802,200

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | |
|---|----|---------------------------------------|---------|
| PARK CITY PERFORMING ARTS FOUNDATION 2053 SIDEWINDER DRIVE PARK CITY, UT 84060 | PC | PROVIDE SUPPORT TO PERFORMING ARTS | 160,000 |
| SPREAD THE WORD NEVADA | PC | PROMOTE LITERACY | 32,000 |

| 260 E DESERT ROSE HENDERSON, NV 89015 | PC | PROMOTE LITERACY | 32,01 |
|--|----|---------------------------|-------|
| THE SHADE TREE1 WEST OWENS AVE | PC | PROMOTE SELF RELIANCE FOR | 25,00 |

| HENDERSON, NV 69015 | | | |
|---|--|--|--------|
| THE SHADE TREE1 WEST OWENS AVE NORTH LAS VEGAS, NV 89030 | | PROMOTE SELF RELIANCE FOR WOMEN & CHILDREN | 25,000 |

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

recipient

1,802,200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | |
|--|----|-------------------------|---------|
| THE SMITH CENTER FOR THE PERFORMING ARTS 241 W CHARLESTON BLVD SUITE 111 | PC | SUPPORT PERFORMING ARTS | 100,000 |

| LAS VEGAS, NV 89102 | | | |
|--|----|-----------------------------------|--|
| THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 89115 | PC | SUPPORT HUNGER RELIEF PROGRAMS | |
| TORINO FOUNDATION | PC | SUPPORT FOR TERMINALLY ILL | |

| THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 89115 | | SUPPORT HUNGER RELIEF PROGRAMS | 20,000 |
|--|----|--|--------|
| TORINO FOUNDATION 4455 WAGON TRAIL AVE LAS VEGAS, NV 89118 | PC | SUPPORT FOR TERMINALLY ILL CHILDREN | 40,000 |

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)

| a Paid during the year | | | |
|---|----|-----------------------------|---------|
| UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION | PC | SUPPORT UNIVERSITY PROGRAMS | 140,500 |
| PO BOX 451006 | | | |

| AS VEGAS, NV 89154 | | |
|-----------------------|----|--------------------|
| JTAH SYMPHONY & OPERA | PC | PROVIDE SUPPORT TO |

or substantial contributor

Total .

| , | | | |
|--------------------------|----|--------------------|---------|
| UTAH SYMPHONY & OPERA | PC | PROVIDE SUPPORT TO | 150,000 |
| 123 WEST SOUTH TEMPLE | | PERFORMING ARTS | |
| SALT LAKE CITY, UT 84101 | | | |

| 123 WEST SOUTH TEMPLE SALT LAKE CITY, UT 84101 | | PERFORMING ARTS | |
|---|----|-----------------------------|--------|
| VMSN4770 HARRISON DRIVE STE 105 | PC | PROVIDE ASSISTANCE FOR FREE | 50,000 |

| SALT LAKE CITY, UT 84101 | | | |
|--|----|---|--------|
| VMSN4770 HARRISON DRIVE STE 105 LAS VEGAS, NV 89121 | PC | PROVIDE ASSISTANCE FOR FREE HEALTHCARE | 50,000 |

| VMSN4770 HARRISON DRIVE STE 105 | PC | PROVIDE ASSISTANCE FOR FREE | 50,00 |
|---------------------------------|----|-----------------------------|----------|
| LAS VEGAS, NV 89121 | | HEALTHCARE | <u> </u> |

| LAS VEGAS, NV 89121 | | HEALTHCARE | Ì |
|------------------------------------|--|------------------------------|------|
| VIISINT//O HARRISON DIGIVE STE 105 | | I NOVIDE ASSISTANCE FOR THEE | 50,0 |

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 YMCA OF SOUTHERN NEVADA PC PROVIDE SUPPORT FOR 25,000 4141 MEADOWS LANE CHILDRENS SUMMER CAMP

LAS VEGAS NV 89152

| L 10 120/10/111 03132 | | | |
|---|----|--|--------|
| ATI FOUNDATION790 REMINGTON BLVD BOLINGBROOK, IL 60440 | PC | GIVE HELP AND HOPE TO CHILDREN WITH PHYSICAL IMPAIRMENTS | 5,000 |
| DIGNITY HEALTH ST ROSE DOMINICAN HEALTH FOUNDATION | PC | IMPROVE COMMUNITY HEALTH AND WELLNESS | 10,000 |

| DIGNITY HEALTH ST ROSE DOMINICAN HEALTH FOUNDATION 3001 ST ROSE PARKWAY HENDERSON, NV 89052 | PC | IMPROVE COMMUNITY HEALTH AND WELLNESS | 10,000 |
|--|----|--|-----------|
| Total | | > 3a | 1 802 200 |

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

Total .

| a Paid during the year | | | |
|--|----|--|--------|
| EASTER SEALS NEVADA 7281 W CHARLESTON BLVD LAS VEGAS, NV 89117 | PC | SUPPORT PHYSICAL & OCCUPATIONAL THERAPY FOR CHILDREN | 10,000 |

| • | | | |
|-------------------------------------|----|---------------------|--|
| GOVERNOR DUMMER ACADEMY 1 ELM ST | PC | EDUCATIONAL SUPPORT | |
| BYFIELD, MA 01922 | | | |

| 1 ELM ST BYFIELD, MA 01922 | | | |
|---|----|---------------------------------------|--------|
| LAS VEGAS PHILHARMONIC 2451 S BUFFALO DR SUITE 142 | PC | PROVIDE SUPPORT TO PERFORMING ARTS | 10,000 |

250,000

| LAS VEGAS PHILHARMONIC 2451 S BUFFALO DR SUITE 142 LAS VEGAS, NV 89117 | PC | PROVIDE SUPPORT TO PERFORMING ARTS | 10,000 |
|--|----|------------------------------------|--------|
| | | | |

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

any foundation manager

Name and address (home or business)

OSCEOLA, MO 64776

Total.

| Nume and address (nome or business) | or substantial contributor | | | |
|--|----------------------------|----|------------------------------|-------|
| a Paid during the year | | | | |
| SOLOMON SCHECHTER DAY SCHOOL 10100 BANBURRY CROSS DR LAS VEGAS, NV 89144 | | PC | SUPPORT EDUCATIONAL PROGRAMS | 1,000 |
| WINGS REFUGE430 3RD ST | | PC | SUPPORT FOR VICTIMS OF | 6,000 |

recipient

DOMESTIC VIOLENCE

| efile GRAPHIC print - DO NOT PROCESS | As Filed D | ata - | | DI | N: 93491226009059 | | |
|--------------------------------------|------------|--------|----------------------|------------------------|---|--|--|
| TY 2018 Accounting Fees Schedule | | | | | | | |
| | | | | | | | |
| Name | : TONY AN | ID REN | EE MARLON | CHARITABLE FOUN | DAT | | |
| FOUNDATION | | | | | | | |
| EIN: 20-5104500 | | | | | | | |
| Category An | nount | | Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| ACCOUNTING | 8,750 | | 0 | | 0 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | LN: 93491226009059 | | | | |
|--|--------------------|---------------------|--------------------|--|--|--|--|
| TY 2018 Investments Corporate Bonds Schedule | | | | | | | |
| Name: | TONY AND RENEE MAR | LON CHARITABLE FOUN | DAT | | | | |
| | FOUNDATION | | | | | | |
| EIN: | 20-5104500 | | | | | | |
| vestments Corporate Bonds Schedule | | | | | | | |
| Name of Bond | | End of Year Book | End of Year Fair | | | | |

Value

9,288,365

DIN. 024042260000E0

Market Value

9,370,434

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491226009059 |
|--------------------------------------|--------------------------|---------------------|
| TY 2018 Investments Corpora | ate Stock Schedule | |
| | | |
| Name: | TONY AND RENEE MARLON CH | ARITABLE FOUNDAT |
| | FOUNDATION | |

16,707,649

19,210,666

EIN: 20-5104500

Investments Corporation Stock Schedule

Name of Stock

End of Year Book Value

Market Value

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | l: 93491226009059 |
|--------------------------------------|-----------------|------------|-----------------|-------------------|
| TY 2018 Investments - Other | Schedule | | | |
| Name: | TONY AND RENEE | MARLON CHA | ARITABLE FOUNDA | Т |
| | FOUNDATION | | | |
| EIN: | 20-5104500 | | | |
| nvestments Other Schedule 2 | | | | |
| | | | | |

| Investments Other Schedule 2 | | | | | |
|------------------------------|-----------------------|------------|----------------------------------|--|--|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | | |
| | AT COST | 3,923,498 | 6,660,489 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | | DLI | N: 93491226009059 | |
|--------------------------------------|------------------------|--------------------------|------------------------|---|--|
| TY 2018 Legal Fees Schedule | e | | | | |
| _ | | | | | |
| Name | : TONY AND F | RENEE MARLON CH | IARITABLE FOUND |) TAC | |
| FOUNDATION | | | | | |
| | FOUNDATIO | IN | | , , , , , , , , , , , , , , , , , , , | |
| EIN | EIN: 20-5104500 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| LEGAL | 3,738 | 0 | | 0 | |

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data - | | DLN | : 93491226009059 | | |
|-------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Nam | e: TONY AND REN | EE MARLON CHA | RITABLE FOUNDA | ΑT | | |
| | FOUNDATION | FOUNDATION | | | | |
| EI | EIN: 20-5104500 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| GS INVESTMENT FEES | 56,983 | 56,983 | | 0 | | |
| UST INVESTMENT FEES | 232,237 | 232,237 | | 0 | | |
| BROAD STREET REAL ESTATE CREDIT | 780 | 780 | | 0 | | |

5,488

728

154

5,488

728

154

0

INVESTMENT FEES

INVESTMENT FEES

B INVESTMENT FEES

WEST STREET CAPITAL PARTNERS VII

CHINA US INDUSTRIAL COOPERATION PARTNERSHIP INVESTMENT FEES

WEST STREET CAPITAL PARTNERS VII PARALLEL

Name: TONY AND RENEE MARLON CHARITABLE FOUNDAT

FOUNDATION

EIN: 20-5104500

| Other Income Schedule | | | | | | |
|---------------------------|-----------------------------------|--------------------------|---------------------|--|--|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | | | |
| OTHER INCOME | 3,683 | 3,683 | 3,683 | | | |
| NONDIVIDEND DISTRIBUTIONS | 2,514 | 2,514 | 2,514 | | | |
| OTHER RECEIPTS | 230 | 230 | 230 | | | |

| efile GRAPHIC print - DO NOT PROCESS | S As Filed Data | - | DLI | N: 93491226009059 | | |
|---|-----------------|--------|--------|----------------------------|--|--|
| TY 2018 Taxes Schedule | | | | | | |
| | | | | | | |
| Name: TONY AND RENEE MARLON CHARITABLE FOUNDAT | | | | | | |
| FOUNDATION | | | | | | |
| EIN: 20-5104500 | | | | | | |
| Category Amount Net Investment Adjusted Net Disbursements | | | | | | |
| | | Income | Income | for Charitable Purposes | | |
| FOREIGN TAXES PAID | 12,714 | 12,714 | | 0 | | |
| INVESTMENT TAXES | 90,111 | 0 | | 0 | | |