Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

F	or calen	dar year 2018 or tax year beginning		B, and ending	<u> </u>	, 20
_	me of fou		· L		r identification number	
1	Coha	LM Cornick Memorial Tr	uit	20-1	6285678	
1	mber and	street (or P O box number if mail is not delivered to street address)	Room		ne number (see instruct	ons)
	an	2-34 Aue. S.		, ,	371-6010	•
66	by or town	state or province, country, and ZIP or foreign postal code	<u> </u>	- (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	tion application is pend	
		2540 N. D. 58103		C if exemp	tion application is pend	ing, check here
I.J			of a former public	charity B 4 5		
	_Cneck	tall that apply: ☐ Initial return ☐ Initial return ☐ Amended r		LITALITY D_1. Foreig	n organizations, check	nere
₽.		☐ Address change ☐ Name char			n organizations meeting	
₩	Charl	type of organization:			here and attach computed foundation status was	
POSTIMARK (PA)				/ section 5	07(b)(1)(A), check here	
只幸		on 4947(a)(1) nonexempt charitable trust Other tax				
⋛⋛		narket value of all assets at J Accounting method	. L Casii L A	1 11 11 11 10 10 10	ndation is in a 60-mont ction 507(b)(1)(B), checi	
ш _S		f year (from Part II, col. (c), Other (specify)			Ction 307 (b)(1)(b), Chec	Chere P
		(Part I, column (d) must be	on cash basis.)	I		(d) Disbursements
	Part I		(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	`for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	books	income	income	purposes (cash basis only)
_						
	1	Contributions, gifts, grants, etc., received (attach schedule)				
1	2	Check ► ☐ if the foundation is not required to attach Sch. B	910	019	910	
X	3	Interest on savings and temporary cash investments	767	868	868	
റ്	4	Dividends and interest from securities	41401	71,401	 41,401	
V	5a	Gross rents	, u u a a		1 1 1	1
	b	Net rentăl income or (loss)	- 400 0-00		· · · · · · · · · · · · · · · · · · ·	
o coxo	6a	Net gain or (loss) from sale of assets not on line 10	-114,870			
5	5 b	Gross sales price for all assets on line 6a				
Š	7	Capital gain net income (from Part IV, line 2)				
a	- 0	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)	0.6.4.44	2	2011/11	
	11	Other income (attach schedule) Cap. Going Dist	35,444	35 449	35 744	
_	12	Total. Add lines 1 through 11	736,151	83,713	83,713	
9	13	Compensation of officers, directors, trustees, etc.	,	· · · · · · · · · · · · · · · · · · ·		
9000	14	Other employee salaries and wages				
Š	15	Pension plans, employee benefits				
Š	16a	Legal fees (attach schedule)				
9	, b	Accounting fees (attach schedule)				
•	_ c	Other professional fees (attach schedule)				
•	9 17	Interest	1 00 000	1	100	1 500001
	18	Taxes (attach schedule) (see instructions) Excise	1551	1551	15.51	1551
ï	19	Depreciation (after Someonles and depletion				
7	20	eccupancy		1		
3	$\frac{2}{2}$	Printing and publications			-	
č	6 22 ≤					
2	23	Other expenses (attach schedule) Total operating and administrative expenses.			1	<u> </u>
Oscaring Administrative Ever	24		10-1	اسرس ۱	1551	15-1
Š	2	Add lines 13 through 23	1551	1551	1551	27/800
ć	3 25	Contributions, gifts, grants paid	276,000	ا سدس، ه	1001	2 16 000
_	26	Total expenses and disbursements. Add lines 24 and 25	277,551	1551	1551	271,551
	27	Subtract line 26 from line 12:	(212700)			
	а	Excess of revenue over expenses and disbursements	(3/3,70%)	92 1/2		F
	þ	Net investment income (if negative, enter -0-)		82,162	7 1 1 0	
_	С	Adjusted net income (if negative, enter -0-)	<u> </u>	L	1 X 2 . 16 L	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
1 0		should be for end-of-year amounts only. (See instructions)		(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	2		
	2	Savings and temporary cash investments		720 009	110000
	3		2 5 4 Au 5 5 2 4 - 0	2. (20)(85) a 50 976.2	220 082 Tenangan
	٠	Accounts receivable ► Less: allowance for doubtful accounts ►			
			PARENTEE NOOMS, ASSESSED	ALCO MOTERING AND	Editor in the
	4	Pledges receivable ► Less: allowance for doubtful accounts ►	n to the the the the	pre-se-rente a vos tra	HATTHE ROLL IN
	_	***************************************			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	* NO. 5 * 10. 200 400 F G		To the second of
	7	Other notes and loans receivable (attach schedule)	Militari included all lines.	Carlo Mar Arthur Maria	
/ 0		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use	·		<u> </u>
SS	9	Prepaid expenses and deferred charges	<u> </u>		
⋖	10a	Investments—U.S. and state government obligations (attach schedule)	<u> </u>		· ·
	Ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)	STATE OF THE STATE	THE 278-1279 PROPERTY IN	SC TYPE GATEROET PROBLEMS AT EXTRACT TO
	11	Investments—land, buildings, and equipment: basis ▶	HAT POPULATION		4.844.94.95.57890
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans	0 11 60 1125	0 100 600	1 7/1/20
	13	Investments—other (attach schedule)	151 HC 1877 17 1877	2,172,037	3 161 62X
	14	Land, buildings, and equipment: basis	** *** *** *** ***********************	Section 1	7 Th 12 Th 1
	١	Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers—see the	1 700000	2 262 110	2 991 71A
	4-	instructions. Also, see page 1, item l)	2,705,827	392,119	2,981,710
	17	Accounts payable and accrued expenses			Tem fabric 18 AN
es	18	Grants payable			R. L. C. L.
Ě	19	Loans from officers, directors, trustees, and other disqualified persons			15 100 P 61-101
Liabilities	20 21	Mortgages and other notes payable (attach schedule)			
Ë	22				And The Park
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)			DAGE SERVE
	25	Foundations that follow SFAS 117, check here ▶ □			27 463 6 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
S		and complete lines 24 through 26, and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			Carrier Market
ñ	26	Permanently restricted			
힏	20	Foundations that do not follow SFAS 117, check here ▶			ATTENDED TO STATE OF THE PARTY
Ţ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	2,705827	2 399 119	
Net Assets or Fund Bal	28	Paid-in or capital surplus, or land, bldg., and equipment fund	410.70	81/210 100 1 1 1 1	A MARCHANIA
Še	29	Retained earnings, accumulated income, endowment, or other funds			10 10 ac 10
As	30	Total net assets or fund balances (see instructions)	2 705 827	2 392 119	W. Th. W. D. W. C. S.
<u>e</u>	31	Total liabilities and net assets/fund balances (see	(A) 10-1 - 1	*/************************************	ET SET A TONING
Z		instructions)	2,705,827	2 392 119	THE STATE OF THE S
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		-771	
1		Il net assets or fund balances at beginning of year-Part II, colu			
		-of-year figure reported on prior year's return)			1,705,827
2		er amount from Part I, line 27a			-313,708
3		er increases not included in line 2 (itemize)		3_	
4		lines 1, 2, and 3		4	
5	Dec	reases not included in line 2 (itemize) ▶	5	5	1 2 2 2 3 1/4
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30 6	1 d 3 4 d 1 1 1
					Form 990-PF (2018)

		kınd(s) of property sold (for example, real ouse; or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr.)
<u>1a</u>						
b						
C				 		
<u>d</u>						
<u>e</u>		40 Decreation allowed	(a) Cost o	r ethor hasis	(h) Go	n or (loss)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		(f) minus (g))
а						
<u>b</u>						
С						
d						
е			l		· ··· · · · ·	-
	Complete only for assets sh	nowing gain in column (h) and owned	by the foundation	on 12/31/69.		l. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any		t less than -0-) or rom col. (h))
a_						
<u>b</u>			+			
c di			 			
<u>u</u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	•	, , , , , (If gain	, also enter in Pa	rt I. line 7		· • • · · · · · · · · · · · · · · · · ·
2	Capital gain net income		s), enter -0- in Pa		2	
3	If gain, also enter in Par	ain or (loss) as defined in section rt I, line 8, column (c). See instr	uctions. If (loss)), enter -0- ın }	3	
Dart	V Qualification Un	der Section 4940(e) for Red	uced Tax on N	let Investment	Income	
	ptional use by domestic p	private foundations subject to the				
(For o If sect Was ti	ion 4940(d)(2) applies, lea	orivate foundations subject to the ove this part blank. e section 4942 tax on the distrib	e section 4940(a) utable amount o	tax on net invest	ment income.)	☐ Yes ☐ No
If sect	ion 4940(d)(2) applies, lea he foundation liable for th s," the foundation doesn't	orivate foundations subject to the ove this part blank.	e section 4940(a) utable amount o to not complete t	tax on net invest f any year in the l his part.	ment income.) base period?	☐ Yes ☐ No
(For o	ion 4940(d)(2) applies, lea he foundation liable for th s," the foundation doesn't	orivate foundations subject to the ave this part blank. e section 4942 tax on the distribe qualify under section 4940(e). Denount in each column for each years and the section 4940(e).	utable amount o to not complete tear; see the instr	tax on net invest f any year in the l his part.	ment income.) base period? aking any entries.	(d) tribution ratio divided by col (c))
(For o	ion 4940(d)(2) applies, lea he foundation liable for th s," the foundation doesn't Enter the appropriate an (a) Base penod years	orivate foundations subject to the ave this part blank. e section 4942 tax on the distribe qualify under section 4940(e). Denount in each column for each years and the section 4940(e).	utable amount o to not complete tear; see the instr	f any year in the links part. (c)	ment income.) base period? aking any entries.	(d) tribution ratio
(For o	ion 4940(d)(2) applies, lead the foundation liable for the s," the foundation doesn't Enter the appropriate an (a) Base period years and year (or tax year beginning 2017	orivate foundations subject to the ave this part blank. e section 4942 tax on the distribe qualify under section 4940(e). Denount in each column for each years and the section 4940(e).	utable amount o to not complete tear; see the instr	f any year in the links part. (c)	ment income.) base period? aking any entries.	(d) tribution ratio
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(For o	ion 4940(d)(2) applies, lead the foundation liable for the s," the foundation doesn't Enter the appropriate an (a) Base period years andar year (or tax year beginning 2017 2016 2015 2014 2013	orivate foundations subject to the every this part blank. e section 4942 tax on the distribed qualify under section 4940(e). Department in each column for each years) Adjusted qualifying distribution	utable amount on to not complete the instr	tax on net invest f any year in the l his part. uctions before m (c) if nonchantable-use a	ment income.) pase period? aking any entries. ssets (col. (b)	(d) tribution ratio
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(For o	ion 4940(d)(2) applies, lead the foundation liable for the s," the foundation doesn't Enter the appropriate an (a) Base period years indar year (or tax year beginning 2017 2016 2015 2014 2013 Total of line 1, column (c) Average distribution rations in the foundation of the foundat	orivate foundations subject to the every this part blank. e section 4942 tax on the distribed qualify under section 4940(e). Department in each column for each years) Adjusted qualifying distribution	utable amount on to not complete the instructions. Net value of the instructions are the instructions.	f any year in the lihis part. uctions before m (c) if nonchantable-use a	chant income.) Dase period? aking any entries. (col. (b)	(d) tribution ratio
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(For o	ion 4940(d)(2) applies, lead the foundation liable for the s," the foundation doesn't Enter the appropriate an (a) Base penod years indar year (or tax year beginning 2017 2016 2015 2014 2013 Total of line 1, column (of Average distribution ration the number of years the Enter the net value of not Multiply line 4 by line 3	orivate foundations subject to the lave this part blank. e section 4942 tax on the distribit qualify under section 4940(e). Department in each column for each years and provided in the section 4940(e) and the section 4940(e). Department in each column for each years and distribution and foundation has been in existence on the section of the section	utable amount or onot complete the ear; see the instructions. Net value or ivide the total or e if less than 5 years. b)	f any year in the lithis part. uctions before m (c) If nonchantable-use a	continuome.) co	(d) tribution ratio

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	Se		
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		1	.V.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	64	3	
	here ▶ □ and enter 1% of Part I, line 27b	18.4	+ 4 4	V. 1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	# AF		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3		64	3	
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	64	3	
6	Credits/Payments:	10	ابتدون	31
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a		7.	225
b .	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)		1	S.
ď	Backup withholding erroneously withheld	-73.	761	1
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	110	_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	64	ځ_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			
11 Post	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1.9	Yes	No
1a	participate or intervene in any political campaign?	1a		<i>\\\\\\\</i>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	 		
b	instructions for the definition $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$	1b	1.007	V
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c	2022	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	N. J.	7	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	7		
	on foundation managers. ▶ \$	- Tar	4	<u> 1947</u>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	1000年	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		V
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		ν
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u></u>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	200	8	3 2
	By language in the governing instrument, or		3,3	13
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	- Three		
_	conflict with the state law remain in the governing instrument?	6	7	
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	*****	UMBORNÁ
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► \(\sum_{\chi} \ighta_{\chi} \chi_{\chi} \)		野	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	2	Y.	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			处据
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			1/5
	complete Part XIV	9		<u>~</u> V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	,,		1/
	names and addresses	10		ν

Part	VII-A Statements Regarding Activities (continued)			
		ede à	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	. 11		V
12.	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqua person had advisory privileges? If "Yes," attach statement. See instructions	. 12		V
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	tion? 13		
	Website address ▶			
14	The books are in care of \blacktriangleright Maurice M Cormick Telephone no. \blacktriangleright 70 Located at \blacktriangleright 902-34 Aue, S., Fargo, NB ZIP+4 \blacktriangleright	<u> </u>	601	0
	Located at \triangleright 903-39 Ave. S., $\frac{7a/g0}{0}$, ND ZIP+4 \triangleright	58/03		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here.			▶_ ∐
	and enter the amount of tax-exempt interest received or accrued during the year		V	Ma
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authover a bank, securities, or other financial account in a foreign country?		Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the nan the foreign country ▶	ne of	17.3	
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.	in rate	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage III and date of exercising of the best of the party of the	ZNo	34.0	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	7/.		
		Z No		6
	(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)	U No	13 b	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		F	
		No No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		3.00	7
	foundation agreed to make a grant to or to employ the official for a period after			
		<u>ائين</u> No	. 6	*
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions describe		4	
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	t - n	10 THE REAL PROPERTY.
_		► □ beautiful that		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2018?	· 1c	المُنْ المُن	<i>V</i> .
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a properating foundation defined in section 4942(j)(3) or 4942(j)(5)):	ivate	1	*
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and		12	
	6e, Part XIII) for tax year(s) beginning before 2018?	Z No		-
	If "Yes," list the years ▶ 20, 20, 20, 20		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942	(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer "No" and attach statement—see instructions.)	(2) (0 2b		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		X 2.2	Bert W
C	► 20 , 20 , 20 , 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	
	at any time during the year?	7/No	200	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation	on or	, P.	23
_	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved b	y the		2
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lap	se of	(C) A	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine i			
	foundation had excess business holdings in 2018.)	3b	<u> </u>	-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpo Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	ses? 4a ze its		ENTE
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		35.54	2

	Statements Regarding Activities	2 101 4	rincii Foriii	TILU	may be i	cquire	· u (00//til	<i>aca</i>			
5a	During the year, did the foundation pay or incur	•								Yes	No
	(1) Carry on propaganda, or otherwise attempt t(2) Influence the outcome of any specific public		•	•	•		☐ Yes	⊠No	' F 🕟		
	directly or indirectly, any voter registration di		-			-	Yes	[Z] No	, ,		
	(3) Provide a grant to an individual for travel, stu		other similar	purpose	es?		Yes	No	1 -		4
	(4) Provide a grant to an organization other than	n a cha	ritable, etc.,	organiz	ation desc	ribed in	1		.		
	section 4945(d)(4)(A)? See instructions						☐ Yes	☑No	1		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to				ary, or edu				* ~ *	<i>→</i> * #	د د د د د د د د د د د د د د د د د د د
ь	If any answer is "Yes" to 5a(1)–(5), did any of the							No Scribed			, ,
	in Regulations section 53.4945 or in a current no								5b		
	Organizations relying on a current notice regardi	-									. 1
С	If the answer is "Yes" to question 5a(4), does to						_		}	j j	, "
	because it maintained expenditure responsibility		_			• •	∐ Yes	☐ No	. *		
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any					emiums]
	and the second of the second o						☐ Yes	Z 110	,	y,	
Ь	Did the foundation, during the year, pay premiur	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	? .	6b		V
_	If "Yes" to 6b, file Form 8870.								-	٠.	
7a b	At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed						_	ZINo √2	7b		لــــــــــــــــــــــــــــــــــــــ
8	Is the foundation subject to the section 4960 ta		•					1: .	10		ا د
	remuneration or excess parachute payment(s) de	uring th	e year?				☐ Yes	No		,	
Pari	VIII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
1	and Contractors List all officers, directors, trustees, and found	lation r	nanagers ar	d their	compans	ation S	Saa inetri	ections			
•	Elst dir ciliocis, directors, trasteces, dire roune		nanagoro ar		oopoo				<u> </u>		
			e, and average		mpensation		Contribution		(e) Expe	nse aco	count.
	(a) Name and address	hou	e, and average rs per week ed to position	i (If n	mpensation ot paid, ter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expe	nse acc allowan	
	Steve McColnick	devot	rs per week ed to position	i (If n	ot paid, ter -0-)	emplo	yee benefit	plans			
		hou devot	rs per week ed to position Letee 038	i (If n	ot paid,	emplo	yee benefit	plans			
	Steve McColmick Bismarck, NS Tom McColmick	hou devot	rs per week ed to position	i (If n	ot paid, ter -0-)	emplo	yee benefit	plans			
	Steve McColnick	Tru:	rs per week ed to position Letee 038	i (If n	ter -0-)	emplo	yee benefit	plans			
	Steve McColmick Bismarck, NS Tom McColmick Fargo ND	Tru:	rs per week ed to position Lete 038 stee	i (If n	ter -0-)	emplo	yee benefit	plans			
	Steve McColmick Bismarck, NS Tom McColmick Fargo NB Maurice McColmick	Tru:	rs per week ed to position Lete 038 stee	i (If n	ter -0-)	emplo	yee benefit	plans			
2	Steve McColmick Bismarck, NS Tom McColmick Fargo NB Maurice McColmick	Trus	rs per week ed to position Litee 038 stee	(If n	O O	emple and defe	yee benefit erred compe	plans insation	other :	allowan	6 0
2	Steve McColmick Bismarck, NS Tom McColmick Fargo NB Maurice MColmick Fargo ND	Trus	rs per week ed to position Litee 038 stee	(If n	O O	emple and defe	yee benefit erred compe	plans insation	other :	allowan	6 0
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than thos	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation	other s	one, (enter
2	Steve M Colmick Bismarck, NS Tom M Colmick Fargo NB Maurice M Colmick Fargo NB Compensation of five highest-paid employee	Tru:	rs per week ed to position Lee 038 stee stee H er than those	se inclu	O O	emplo and def	yee benefit erred compe	plans insation C uctions thous to benefit deferred	other s	one, (ces Count,
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (ces Count,
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (ces Count,
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (ces Count,
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (ces Count,
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (ces Count,
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (enter
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (enter
2	Steve McColmick Bismarck, NB Tom McColmick Fargo NB Mauricle MColmick Fargo NB Compensation of five highest-paid employee "NONE."	Tru:	er than those hours per week	se inclu	ot paid, ter -0-)	emplo and def	see instr	plans insation C uctions thous to benefit deferred	other s	one, (enter

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "No	ONE "
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	1
	
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······································	
otal number of others receiving over \$50,000 for professional services	>
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 number	of
organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	
2 // //	
<u></u>	
3	
<u> </u>	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
▼	
	·
otal. Add lines 1 through 3	····

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreise see instructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	Γ	
•	purposes:		
а	Average monthly fair market value of securities	1a	2.609.750
b	Average of monthly cash balances	1b	200 000
C	Fair market value of all other assets (see instructions)	1c	2.00
d	Total (add lines 1a, b, and c)	1d	2,809,750
e	Reduction claimed for blockage or other factors reported on lines 1a and	£ 4	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets ,	2	
3	Subtract line 2 from line 1d	3	2.809 750
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		110111
	instructions)	4	42146
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,767,604
6	Minimum investment return. Enter 5% of line 5	6	<u>'138'380</u>
Part		ounda	ations '
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 2250	138,380
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.)		1//15
C	Add lines 2a and 2b	2c	1673
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	136,737
4	Recoveries of amounts treated as qualifying distributions		<u> </u>
5	Add lines 3 and 4	5	
6 7	Deduction from distributable amount (see instructions)	6	
•	line 1	7	136,737
Part	XII Qualifying Distributions (see instructions)		136,131
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-1	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	177561
b	Program-related investments—total from Part IX-B	1b	- A 1 11 - 12 - 1
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:	, 1	
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	277.551
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	277,551
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

Form **990-PF** (2018)

⊃art	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years pnor to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				136 737
2	Undistributed income, if any, as of the end of 2018:				
а	Enter amount for 2017 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2018:	g an a	u .,		
а	From 2013	. !	Ì		•
þ	From 2014	s	- 1 4.		ا جم ما ما
C	I rom 2015			,	
d	From 2016	. ,		ه و پ	0
e f	From 2017	210,143	* " y " g 1	9 9 7	9 9 7 7 7 11
4	Qualifying distributions for 2018 from Part XII,	210/13		,	
4	line 4: ► \$ 277.45/	<u> </u>			
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election		ν .) 1 μ		. 0 4
_	required—see instructions)	73.406	A house reserve to a	, <u> </u>	, a , 4 10 , 10
đ	Applied to 2018 distributable amount	/	-		
е	Remaining amount distributed out of corpus	277,551	n n	- 4	3 n - 5 - 1 - 1
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	,		•	
6	Enter the not total of each column as indicated below:	250 4661	a bear y a gar		د د د د د د د د د د د د د د د د د د د
a	Corpus. Add lines 31, 4c, and 4e. Subtract linc 5	350,957	9 0 1 1 1, 1,	M ₂	25
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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—see instructions				
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	9	,) IA .	136737
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)		مراجع المراجع ا	A STATE OF THE STA	
8	Excess distributions carryover from 2013 not applied on line 5 or line / (sec instructions).		μ ⁰ , 13 α, 1		15 d
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line Ga	350,957	a a	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9 % (A
10	Analysis of line 9:	3			
а	Excess from 2014	1	•		1
b	Excess from 2015	• • • • •	*	,, u	ه ب د
С	Excess from 2016				
d	Excess from 2017	, ,	٠.		!
•	FYCORE TROM VILLA 1 "7"/97 E K /	I .		. '	i l

Page	1	0
rage		v

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the fold		operating founda		ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	····
	each year listed					·
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
.	section 4942(j)(3)(B)(j)					
D	of minimum investment return shown in					
_	Part X, line 6 for each year listed					· · · · · · · · · · · · · · · · · · ·
С	1 - 1					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
Part	(4) Gross investment income XV Supplementary Information	on (Complete th	is part only if	the foundation h	ad \$5,000 or me	ore in assets at
rait	any time during the year-			die ioundation n	2α φο,ουο οι πι	ore in assets at
1	Information Regarding Foundation		,			· · ·
	List any managers of the foundation	who have contribu				by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more t	han \$5,000). (See s	ection 507(d)(2).)	
			None			
b	List any managers of the foundation					rge portion of the
	ownership of a partnership or other e	nuty) of which the	// -	10% or greater into	erest.	
2	Information Regarding Contribution	n Grant Gift Los	VOR C	ete Programs:		
2	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the f					
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone no					ldressed:
	Maurice M Cormic The form in which applications should	L 902-3	JA 1100 5	70000	1A 69102	701-371-6010
b	The form in which applications should	d he submitted and	d information and	materials they sho	uld include:	<u> </u>
U	The form in which applications should		Her	Thatonalo they one	ara morago.	
C	Any submission deadlines:	1/	107			
	1:	///	ME goographical	arona obceitable fi	alda kında af isa	htutions or other
d	Any restrictions or limitations on av	wards, such as b	y geograpnical a	areas, charitable tie	eias, kinas ot ins	inutions, or other
	iaciuis.	\mathcal{N}_{α}	11 B			

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager Purpose of grant or status of **Amount** contribution Name and address (home or business) recipient or substantial contributor a Paid during the year Tax Exempt Charitable | Elucational St. Paul's Newman Ct. 250,000 Friends of Chimbote 20,000 5,000 1,000 Biking for Babies St. John's Prep 3a 276,000 Approved for future payment **Total**

Lillei	gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
	_	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue:	,				,
	a b					
	A					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			74	868	
4	Dividends and interest from securities			14	47,401	
5	Net rental income or (loss) from real estate:	林中心 生物型	· CREEKENE	PART PL	を見るる	A. A. A. A. A. A.
	a Debt-financed property					
_	b Not debt-financed property				·	
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
				18	25 11/11	
•	Other revenue: a Cyp Gains Dist			1.8	35,444	
	c					
	d					
	e					
_	Subtotal. Add columns (b), (d), and (e)	34, A45, A (2001), 36 /		MIL AVECT	12 712	
12	Subtotal Add Coldillis (b), (d), and (e)	The Action		The state of the s	እኅ/ተጋ	
				·	83,713 13 83	713
13			• • • • •	·		713
1 3 See	Total. Add line 12, columns (b), (d), and (e)	 ns.)				,713
i3 ee Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e e ili	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e Ii	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e II	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e Ii	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e e ili	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e e ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
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3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	, , , , , , , , , , , , , , , , , , , ,
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
e e ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar ine	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
3 ee ar	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to the A	ns.) Nccomplishm	ent of Exemp	t Purposes	13 83	/

Part	XVII	Informatio	n Rega	rding Tra	ansfers	to and T	ransac	tions an	d Re	lationshi	ps W	ith N	oncha	ritable	e Exe	mpt	
		Organizati	ons														
1	Did tl	ne organization o	directly o	or indirect	y engage	e in any of	the follo	owing with	any	other orga	nizatio	on des	scribed		Yes	No	
		ection 501(c) (a															
	orgar	nizations?												1		i 1	
а	Trans	sfers from the rep	porting f	oundation	to a non	charitable	exemp	t organizat	tion o	of:							
	(1) C	ash												1a(1)			
	(2) O	ther assets .												1a(2)			
b		r transactions:													a 1	- 1	
	(1) S	ales of assets to	a nonch	xempt or	rganization	١							1b(1)				
						-								1b(2)			
	(2) Purchases of assets from a noncharitable exempt organization											1b(3)					
	(4) Reimbursement arrangements										1b(4)						
	(5) Loans or loan guarantees										•	1b(5)					
		erformance of se									• •		• •	1b(6)			
		ng of facilities, e			•	_					• •		• •	1c			
		answer to any										· ·	 we ebo		four m	arkat	
		of the goods, o															
		in any transaction															
(a) Line		b) Amount involved				exempt organ				tion of transfe							
(a) Line	no. (b) Amount involved	(0)	Name of hor	- ICHAI IIADIE	exempt organ	iization	(u) L	escrip		:15, u an	Sacuon		aring arr	angeme	ints	
									-								
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			1														
					-												
2a	Is the	foundation dire	ectly or	indirectly	affiliated	l with, or i	related	to, one o	r mo	re tax-exe	mpt c	rganiz	zations				
		ribed in section 5												□ Ye	s 🗆	No	
		s," complete the													_	,	
		(a) Name of organ				(b) Type of organization					(c) Des	cnption	of relation	onship			
		(-,			 	(e) The or ergenment					•••••••••••						
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	Unda	r nenalties of nenuer 1	daden the	at I have even	ned the ret	um including	accompan	vina schodulo	and ·	tatemente enc	to the	heet of a	ny knowlo	doe and i	nelief #	is true	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.															$\overline{}$	
_						Irula to t				May the IF with the pr							
Here	Signature of officer or trustee				4	13-11-19 V			٤١٤	See instru					_Yes[
	Sign				15	Date	_	Title		6-4		L	-	DTV			
Paid	,	Rnnt/Type preparer	's name(Prepa	rer's signatur	e			Date		Check		PTIN			
Prepa	rer											self-en	nployed				
Use C		Firm's name ▶									Firm's	EIN ►					
	<u>J</u>	Firm's address ▶									Phone	no.					
													F	om 99	0-PF	(2018)	