SCANNED JUN 0 3 2019

Form **990-PF** 

Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

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

Open to Public Inspection

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public ► Go to www.irs gov/Form990PFfor instructions and the latest information.

_		foundation				, 2018,	and endin		Employer identific	ation number
		- ···· · · ·	יד∩או							3442734
_		PICKERING FAMILY FOUNDAT		et ad	idressi		Room/suite	╌	ZU - C	
140	minei	and street (or i O box humber it mains not delive	60 10 3110		idie33/		nooni) suite		Telephone namou	(SOO MISH GOLIONS)
	D O	. BOX 803878								
_		own, state or province, country, and ZIP or foreign p	ostal cod	le				+		
		, , , , , , , , , , , , , , , , , , , ,						0	If exemption application	on is
•	СНТ	CAGO, IL 60680							pending, check here.	
		ck all that apply:   Initial return		T	Initial return	of a former p	ublic charit	7		an abank bara
Ī	00	Final return			Amended ret	•		<u> </u>	1 Foreign organizatio 2 Foreign organizatio	
		Address chang	е		Name change	8			85% test, check he computation	re and attach
Н	Che	ck type of organization. X Section 5		) ex	<u> </u>		٨.	Π.	·	
Γ		ection 4947(a)(1) nonexempt charitable trus		_	ther taxable pri		ion ()L	<b> </b>	If private foundation s under section 507(b)(	<b>.</b>
ī					method X Ca			٦,		a 60-month termination
	end	of year (from Part II, col. (c), line	Other	(sp	ecify)			_ `		1)(B), check here . ►
_	16)	► \$ 1,659,787. (Par	t I, colu	mn (	d) must be on ca	sh basis )				
F	art	Analysis of Revenue and Expenses (		(a) F	Revenue and	(h) Not inic		(-)	Advisted not	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d may not necessarily equal the amounts in	'	ex	penses per books	(b) Net inve		(C)	Adjusted net income	purposes
_		column (a) (see instructions) )								(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule			10,580.					
	2	Check If the foundation is not required attach Sch B								
	3	Interest on savings and temporary cash investmen	ts.		15.055		5 055			OFFICE 1
	4	Dividends and interest from securities	··├─		47,957.	4	<u>7,957.</u>			STMT 1
	5a	Gross rents	⋯							<u> </u>
		Net rental income or (loss)		-	22 202		<u>_</u>			
ä	6a   b	Net gain or (loss) from sale of assets not on line 1 Gross sales price for all			32,282.					
Revenue		assets on line 6a				2	2,282.			<u> </u>
æ	7	Capital gain net income (from Part IV, line 2					2,202.			<u>-</u>
	9	Net short-term capital gain								<u> </u>
	10a	Gross sales less returns	· ·							<u></u>
	ь	Less Cost of Goods Said VED						-		
	c	Gross profit or (loss) (attach sched (0s)								1
	11	O Brincom A Vatuach sonadae)			-1,594.					STMT 2
_	12	Total Add lines 1 through 11			89,225.	8	0,239.			]
	13	Compensation of officers, directors, trustees, etc								
enses	14	Other employee attanesiand wages	· ·				NONE		NONE	
ē	15	Pension plans, employee benefits					NONE		NONE	
×	16a	Legal fees (attach schedule) STMT			266.		NONE		NONE	266
ė	Ь	Accounting fees (attach schedule) STMT			2,500.		1,250.		NONE	1,250
₹	C	Other professional fees (attach schading.	$\cdot \vdash$		9,207.	· · · · · · · · · · · · · · · · · · ·	9,207.			
stre	16a b c 17 18 19 20 21	Interest	; ·		16,054.		1,944.			
Ë	18	Taxes (attach schedule) (see instructions).			10,034.		<del>1,311.</del>		<del></del>	·····
투	19	Depreciation (attach schedule) and depletion								
Ă	21	Occupancy					NONE		NONE	
ă	22	Printing and publications		-			NONE		NONE	
5	23	Other expenses (attach schedule) STMT.			1,018.		.,,,,,			1,018
ij	23 24 25	Total operating and administrative expens							†	
era	- '	Add lines 13 through 23			29,045.	1	2,401.		NONE	2,534
9	25	Contributions, gifts, grants paid			93,549.					93,549
_	26	Total expenses and disbursements Add lines 24 and			122,594.	1	2,401.		NONE	96,083
	27	Subtract line 26 from line 12								į
	a	Excess of revenue over expenses and disburseme	nts		-33,369.					
	b	Net investment income (if negative, enter-	0-)			6	7,838.			
	C	Adjusted net income (if negative, enter -0-)								

JSA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2018)

_	art II	Attached schedules and amounts in the description column should be for end-of-year  Attached schedules and amounts in the description column should be for end-of-year  (a) Book Volumn (b) Book Volumn (c)		of year	
Li	art II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			<del></del>
	2	Savings and temporary cash investments	69,125.	218,063	. 218,063.
		Accounts receivable			
		Less allowance for doubtful accounts -			ļ
- 1		Pledges receivable			
1		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			<del></del>
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶ NONE			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments - U S and state government obligations (attach schedule)			
i	b	Investments - corporate stock (attach schedule) . STMT .8	1,747,401.	1,454,353	1,241,158.
	C	Investments - corporate bonds (attach schedule). シルロム・ソロート	272,789.	160,352	. 154,842.
	11	Investments - land, buildings, and equipment basis			,
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans	44,802.	50,786	. 45,724.
		Land, buildings, and equipment basis			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		equipment basis Less accumulated depreciation [attach schedule]			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	2,134,117.	1,883,554	<u>1,659,787</u> .
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19 20 21 22	Deferred revenue			
Ιŧ	20	Loans from officers, directors, trustees, and other disqualified persons			1
abi	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)		NON:	<u> </u>
		Foundations that follow SFAS 117, check here ▶			
alances		and complete lines 24 through 26, and lines 30 and 31.			
anc	24	Unrestricted			
ale	25	Temporarily restricted			1
d B		Permanently restricted			1
Ľ		Foundations that do not follow SFAS 117, check here $\blacktriangleright X$	·		
Ŧ		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds	2,134,117.	1,883,554	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
155	29	Retained earnings, accumulated income, endowment, or other funds			
it A	30	Total net assets or fund balances (see instructions)	2,134,117.	1,883,554	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	2,134,117.	1,883,554	
	art III				
1	Tota	I net assets or fund balances at beginning of year - Part	II, column.(a), line 30 (	must agree with .	
		of-year figure reported on prior year's return)			2,134,117.
2		r amount from Part I, line 27a			-33,369.
		lines 1, 2, and 3			2,100,748.
		reases not included in line 2 (itemize) > TAX COST ADJUSTME		5	217,194.
_6	Tota	I net assets or fund balances at end of year (line 4 minus I	ine 5) - Part II, column (t	o), line 30 6	1,883,554.

Comital Cair	and Lassas for Toy on Inve	estment Income			rage 3
	s and Losses for Tax on Inve		(b) How	T	<del></del>
	scribe the kind(s) of property sold (for e prick warehouse, or common stock, 200		acquired P · Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
		SIIS WILC CO /	D - Donation	( / 22/// /	
1 a PUBLICLY TRADED	SECURITIES				
<u>b</u>					
d		· · · · · · · · · · · · · · · · · · ·			
e				l	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a 785,995.		753,713.			32,282.
<b>b</b>					
C					
d	·				
е					
	howing gain in column (h) and owned b	by the foundation on 12/31/69	//\	Gains (Col (h) ga	ain minus
	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	
(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
		, , , , , , , , , , , , , , , , , , , ,			32,282.
<u>a</u>		-	L		26,606.
<u>b</u>				<del></del>	· · · · · · · · · · · · · · · · · · ·
<del>c</del>					
e	<u></u>		. 1		
2 Capital gain net income		ain, also enter in Part I, line 7			20 000
	( II (II	oss), enter -0- in Part I, line 7	2		32,282.
	gain or (loss) as defined in sections				
•	Part I, line 8, column (c). See ins				
			3		
Part V Qualification	Under Section 4940(e) for Red	uced Tax on Net Investment In	ncome		
(For optional use by domestic	c private foundations subject to the	section 4940(a) tax on net investn	nent inco	me.)	
If section 4940(d)(2) applies	, leave this part blank.				
	·				
Was the foundation liable for	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
If "Yes," the foundation does	n't qualify under section 4940(e) D	o not complete this part			
		ar; see the instructions before making	ng any en	tries.	
(a)	(b)	(c)	<u> </u>	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2017	89,192.	2,115,468.		100. 107 011.000 07	0.042162
		1,782,518.	-		0.042102
2016	92,454.				0.009617
2015	17,524.	1,822,227.	ļ		
2014	161,842.				0.087206
2013	88,158.	1,832,196.	ļ	<del></del>	0.048116
2 Total of line 1, column	(d)		2		0.238968
	tio for the 5-year base period - divid				
the number of years the	e foundation has been in existence	if less than 5 years	3		0.047794
		,			
4 Enter the net value of r	noncharitableuse assets for 2019 f	rom Part X, line 5	4	1	,855,105.
4 Litter the net value of t	ionenantable-use assets for 2010 in	10111 att 7, 111c 3			7
م د د د د ایکاریها س			5		88,663.
5 Multiply line 4 by line 3	3		<del>                                     </del>		00,000.
					(70
6 Enter 1% of net investr	nent income (1% of Part I, line 27b)		6		678.
7 Add lines 5 and 6			7		89,341.
8 Enter qualifying distribu	utions from Part XII, line 4		8		96,083.
If line 8 is equal to or	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate. See the
Part VI instructions		·			

E	990-PF (2018) 20-8442734		D-	ge
Part		instru		
	Exempt operating foundations described in section 4940(d)(2), check here			
	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		61	<u> 78</u>
	here 🕨 🗓 and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)	············		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		NC	
3	Add lines 1 and 2		61	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		NO	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		6	<u> 78</u>
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 5,279.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		5,2	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			-
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4,59	<del>)</del> (
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ► 4,596. Refunded ► 11			_
	VII-A Statements Regarding Activities		, T	_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	N
	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	1ь		
	instructions for the definition	10	-	_
	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	1c	-	_
	Did the foundation file Form 1120-POL for this year?	"		_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers. > \$	2	<del>  </del> -	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>		_
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3	-	
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a	<del>                                     </del>	_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b	<del>                                     </del>	_
	If "Yes," has it filed a tax return on Form 990-T for this year?	5		_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<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			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	• By state legislation that enectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	_
	connect with the prate law length in the Anaethina inprometry	<u> </u>	<del></del>	

а	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	5,279.					1
b	Exempt foreign organizations - tax withheld at source	6b	NONE					
C	Tax paid with application for extension of time to file (Form 8868)	6c	NONE					
d	Backup withholding erroneously withheld	6d						]
7	Total credits and payments Add lines 6a through 6d			7			5,2	<u> 279.</u>
8	Enter any penalty for underpayment of estimated tax. Check here			8				<u>5.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .			9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount		_	10			4,5	<u> 96.</u>
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶	4	,596. Refunded ▶	11				
Par	VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any nat	onal, st	ate, or local legislation	n or	dıd ıt		Yes	No
	participate or intervene in any political campaign?					1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or i							
	instructions for the definition					1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the							
	published or distributed by the foundation in connection with the activities							
С	Did the foundation file Form 1120-POL for this year?					1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during th	ne year					
	(1) On the foundation ▶ \$ (2) On foundation manage							
е	Enter the reimbursement (if any) paid by the foundation during the year			ımpo	sed			
	on foundation managers. > \$							
2	Has the foundation engaged in any activities that have not previously been repor	ted to the	IRS?			2		X
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the	IRS, ın	its governing instrun	nent, a	rticles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confor-					3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more dur					4a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?					4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction durin					5		X
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	5) satisfi	ed either					
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrume	nt so ti	nat no mandatory di	ections	that			
	conflict with the state law remain in the governing instrument?					6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	X	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered. See TX	e instruc	tions ►	. =.				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy	of Form	n 990-PF to the Atto	rney G	eneral			
-	(or designate) of each state as required by General Instruction G? If "No," attach e	xplanatio	n			8b	Х	
9	Is the foundation claiming status as a private operating foundation with	hin the	meaning of section	1942(j)	(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018?		_					
	complete Part XIV					9		X
10	Did any persons become substantial contributors during the tax year?							
	names and addresses		•	•		10		Х
						rm <b>9</b> 9	0-PF	(2018)
					70	53	<b>J</b> -1 1	(2010)

Par	VII-A Statements Regarding Activities (continued)			
		7.3	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			-
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	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		X
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 ▶ NORTHERN TRUST COMPANY Telephone no ▶ (312) 630	-600	0	
	Located at ▶ PO BOX 803878, CHICAGO, IL ZIP+4 ▶ 60680			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	$\square$
	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 ▶			
Par	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		4	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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		2.50	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	distribution on	4200000000
	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 20187	1c	amedbelet	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		4	
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? Yes X No			
	If "Yes," list the years	1.50		
Ь	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)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b	de su	TOP AND THE
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	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			4 1
•	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		42	
	the _10, _15-, or _20-year first _phase, holding , period? (Use Schedule C, Form _4720, to _determine _if _the _			
_	foundation had excess business holdings in 2018)	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1457-176	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	AL	4200	v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	O DE	(2010)

Part	VII-B Statements Regarding Activities	<u>for Which Form 4</u>	720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any an	nount to	<del>-</del>			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (sectio	n 4945(e))?	. Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,						J
	directly or indirectly, any voter registration drive?			. Yes X No			]
	(3) Provide a grant to an individual for travel, study, or	other similar purposes	?	. Yes X No			ļ
	(4) Provide a grant to an organization other than	a charitable, etc., org	anization described i	n			- 1
	section 4945(d)(4)(A)? See instructions	· · · · · · · · · · · · ·		Yes X No			
	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre	n or animals?		. Yes X No			- [
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in							
Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions							
	Organizations relying on a current notice regarding dis	aster assistance, check	here	▶			
c	If the answer is "Yes" to question 5a(4), does the	e foundation claim e	xemption from the t	ax			
	because it maintained expenditure responsibility for the	e grant <sup>7</sup>		. Yes No			]
	If "Yes," attach the statement required by Regulations	section 53 4945-5(d)					1
6a	Did the foundation, during the year, receive any f	unds, directly or indir	ectly, to pay premiui	ms			
	on a personal benefit contract?			1 1 11			
b	Did the foundation, during the year, pay premiums, dire				6b		<u>X</u>
	If "Yes" to 6b, file Form 8870						1
7a	At any time during the tax year, was the foundation a p	party to a prohibited tax	shelter transaction?.	. Yes X No		<u></u>	النب
b	If "Yes," did the foundation receive any proceeds or have	ve any net income attrib	outable to the transact	ion <sup>7</sup>	7b		
8	Is the foundation subject to the section 4960 tax on pa	yment(s) of more than	\$1,000,000 in				
	remuneration or excess parachute payment(s) during to						
Par	Information About Officers, Direct and Contractors	ors, Trustees, Fou	ındation Manageı	rs, Highly Paid Emp	oloyees,		
1	List all officers, directors, trustees, and foundati	on managers and the	neir compensation.	See instructions.		-	
•		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e accou	int,
•	(a) Name and address		(c) Compensation (If not paid, enter -0-)		(e) Expens other all	e accou	int, s
DON P	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other all	e accou owance	int, s
DON P	(a) Name and address	(b) Title, and average hours per week devoted to position  PRESIDENT  0	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other all	e accou owance	-0-
DON P	(a) Name and address	(b) Title, and average hours per week devoted to position  PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0-
DON P PO BO JAY P	(a) Name and address *ICKERING X 287, LUBBOCK, TX 79408-0287	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0-
DON P PO BO JAY P PO BO	(a) Name and address ICKERING IX 287, LUBBOCK, TX 79408-0287 ICKERING	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - () -	(e) Expens other all	e accou	-0-
DON P PO BO JAY P PO BO DAVID	(a) Name and address CICKERING UX 287, LUBBOCK, TX 79408-0287 CICKERING UX 287, LUBBOCK, TX 79408-0287	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou owance	-0- -0-
DON P PO BO JAY P PO BO DAVID	(a) Name and address PICKERING IX 287, LUBBOCK, TX 79408-0287 PICKERING IX 287, LUBBOCK, TX 79408-0287 PICKERING	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - () -	(e) Expens other all	e accou	-0- -0-
DON PPO BO JAY PPO BO DAVID	(a) Name and address PICKERING IX 287, LUBBOCK, TX 79408-0287 PICKERING IX 287, LUBBOCK, TX 79408-0287 PICKERING IX 287, LUBBOCK, TX 79408-0287	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0	(c) Compensation (if not paid, enter -0-)  - 0-	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  - 0 -	other all	owance	-0- -0-
DON PPO BO JAY PPO BO DAVID	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0	(c) Compensation (if not paid, enter -0-)  - 0-	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  - 0 -	other all	owance	-0- -0-
DON PPO BO JAY PPO BO DAVID	(a) Name and address PICKERING IX 287, LUBBOCK, TX 79408-0287 PICKERING IX 287, LUBBOCK, TX 79408-0287 PICKERING IX 287, LUBBOCK, TX 79408-0287	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than those	(c) Compensation (if not paid, enter -0-)  - 0-	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation	other all	one, (	-0- -0- -0-
DON PPO BODAVID	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (if not paid, enter -0-)  - 0-	(d) Contributions to employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred	other all	one, (	-0- -0- -0-
DON PPO BODAVID	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  -0-	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  1 - see instructio  (d) Contributions to employee benefit	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  -0-	(d) Contributions to employee benefit plans and deferred compensation  -()-  -()-  -()-  (d) Contributions to employee benefit plans and deferred	other all	one, (	-0- -0- -0-
DON PPO BODAVID	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - () () () - () - () - () - ()	other all	one, (	-0- -0- -0-
DON PPO BO JAY PPO BO DAVID PO BO  (a)	(a) Name and address  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  PICKERING  IX 287, LUBBOCK, TX 79408-0287  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRESIDENT  0  SECRETARY/TREAS  0  VICE PRESIDENT  0  (other than thos  (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)  -0-  -0-  (c) Compensation  (c) Compensation  NONE	(d) Contributions to employee benefit plans and deferred compensation  -0-  -0-  (d) Contributions to employee benefit plans and deferred compensation  NONE	ons). If no (e) Expens other all	one, (	-0- -0- -0-

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Part '	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Emplo	yees,
3	ive highest-paid independent contractors for professional services. See in	nstructions. If none, enter "NONI	."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		_	
NONE			NONE
		_	
		_	
		_	
	<del></del>		
		_	
Total .	umber of others receiving ever \$50,000 for professional convices		NONE
Part	umber of others receiving over \$50,000 for professional services X-A Summary of Direct Charitable Activities		NONE
	ne foundation's four largest direct charitable activities during the tax year. Include relevant statis	etical information such as the number of	
	re roundation's four largest direct charitable activities during the tax year include relevant statis izations and other beneficiaries served, conferences convened, research papers produced, etc	stical information such as the number of	Expenses
1NO	JE.		
. <u></u>			
2			
3			
4			
_			
Part			Amount
	ibe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 <u>NO</u>	VE		
_			
2			
-			
_			
All o	her program-related investments. See instructions		
3NO	NE		
Total.	Add lines 1 through 3		

Pai	tΧ	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foun	dations,
1		ir market value of assets not used (or held for use) directly in carrying out charitable, etc., rposes:		
	•	erage monthly fair market value of securities	1a	1,883,355.
a b		erage of monthly cash balances	1b	NONE
C		ir market value of all other assets (see instructions).	1c	NONE
d		tal (add lines 1a, b, and c)	1d	1,883,355.
u e		duction claimed for blockage or other factors reported on lines 1a and		
-		(attach detailed explanation)		
2		quisition indebtedness applicable to line 1 assets	2	NONE
3		btract line 2 from line 1d	3	1,883,355.
4		sh deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
4		structions)	4	28,250.
_		t value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,855,105.
5 6		nimum investment return. Enter 5% of line 5	6	92,755.
_		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found		74,133.
Гa	ιΛ	and certain foreign organizations, check here ► and do not complete this part )	uations	
_	NA.	nimum investment return from Part X, line 6	1	92,755.
1				72,133.
2 a	ıa	A Off and estimate the first of		
b		come tax for 2018. (This does not include the tax from Part VI.) 2b	2c	678.
C		ld lines 2a and 2b	3	92,077.
3		stributable amount before adjustments. Subtract line 2c from line 1	4	NONE
4		coveries of amounts treated as qualifying distributions	5	92,077.
5		dd lines 3 and 4	6	NONE
6		duction from distributable amount (see instructions)	-	NONE
7		stributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	<b>,</b>	02 077
	lin	e 1	7	92,077.
Pai	rt X	Qualifying Distributions (see instructions)		
1	Ar	nounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Ex	penses, contributions, gifts, etc total from Part I, column (d), line 26	1a	96,083.
b	Pr	ogram-related investments - total from Part IX-B	1b	
2	Ar	nounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	pu	rposes	2	NONE
3	-	nounts set aside for specific charitable projects that satisfy the:		
а	Su	itability test (prior IRS approval required)	3a	NONE
b		sh distribution test (attach the required schedule)	3b	NONE
4		alifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	96,083.
5		undations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		····
		ter 1% of Part I, line 27b See instructions	5	678.
6		ljusted qualifying distributions. Subtract line 5 from line 4	6	95,405.
-		ote: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
		qualifies for the section 4940(e) reduction of tax in those years	Ţ	

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Page 9

Pai	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				<u>92,077.</u>
2	Undistributed income, if any, as of the end of 2018				1
	Enter amount for 2017 only			93,549.	<del></del>
b	Total for prior years 20,20,20		NONE		<u>.</u>
3	Excess distributions carryover, if any, to 2018.				!
а	From 2013				į
b	From 2014 NONE				į
C	From 2015 NONE				l
d	From 2016				:
	From 2017 NONE	370377			<u></u>
	Total of lines 3a through e	NONB			· · · · · · · · · · · · · · · · · · ·
4	Qualifying distributions for 2018 from Part XII,				1
	line 4 ▶ \$ 96,083.		ļ	02 540	
а	Applied to 2017, but not more than line 2a			93,549.	
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NONE		i
C	Treated as distributions out of corpus (Election	NONB			! !
	required - see instructions)	NOND			2,534.
	Applied to 2018 distributable amount	NONB			2,551.
	Excess distributions carryover applied to 2018	HOND			
	(If an amount appears in column (d), the same	NONE			NONE
_	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				!
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			 
	Prior years' undistributed income Subtract				!
b	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed				1
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				<b>.</b>
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				)
	amount - see instructions		NONE		
е	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				00 543
	distributed in 2019				89,543.
7	Amounts treated as distributions out of corpus				<b>∮</b> !
	to satisfy requirements imposed by section				i 
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			ļ
	required - see instructions)	UNUM		· · · · · · · · · · · · · · · · · · ·	
8	Excess distributions carryover from 2013 not	NONE			
_	applied on line 5 or line 7 (see instructions)	NOND	<del></del>		
9	Excess distributions carryover to 2019.	NONE			ĺ
10	Subtract lines 7 and 8 from line 6a	1401412			
	Analysis of line 9: Excess from 2014 NONE				
	Excess from 2015 NONE				ļ
	Excess from 2016 NONE				;
	Excess from 2017 NONE				! f
	Excess from 2017 NONE				! !
	ENGOSO HOM ZOTO [ NOIND	·	<u></u>		- 000 DE 100101

Par	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling					
ь	Check box to indicate v	•				)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	l or the minimum investment		(6) 2017	(6) 2010	(4,20.0	
	return from Part X for each					
	year listed					<del></del>
Ь	85% of line 2a				/	
C	Qualifying distributions from Part					
	XII, line 4 for each year listed .				<u> </u>	<del>  </del>
đ	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					
а	alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying	-				
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-	/				
	ment return shown in Part X,					
_	line 6 for each year listed "Support" alternative test - enter					
·	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5));					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided/in section 4942					
	(j)(3)(B)(iii)		*****			
	(3) Largest amount of sup- port from an exempt					,
	organization					
	(4) Gross investment income .			<u> </u>	<u>L </u>	<u></u>
Pa	rt XV Supplemer	ntary Information (	Complete this part	only if the founda	ation had \$5,000 o	r more in assets at
	any time d	uring the year - see	instructions.)			
1	Information Regarding					
а	List any managers of	the foundation who	have contributed mor	e than 2% of the total	al contributions receiv	red by the foundation
	before the close of any	y tax year (but only if th	ney have contributed r	nore than \$5,000). (S	ee section 507(d)(2))	
	N/A					
b	List any managers of					y large portion of the
	ownership of a partner	rship or other entity) o	f which the foundatior	n has a 10% or greater	interest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
		=			itable organizations	and does not accept
	unsolicited requests f	or funds If the found	ation makes gifts, gra	ants, etc., to individua	als or organizations u	nder other conditions,
	complete items 2a, b,			,	Ü	·
a	The name, address, an			person to whom app	lications should be add	dressed.
_	Tito tiamo, additoo, an	ia toropriorio riarribor e		parasis 12 11112111 app		
	The form in which app	lications should be su	hmitted and information	on and materials they	should include	
i.	The form in willon app	modulona anodiu be su	onacos sas anomornada	on and materials tiley	S Suita morado.	
	Annaukastasta ada 10					
С	Any submission deadli	mes:				
		<del></del>			-bl- Balda literae (	
d	Any restrictions or I factors:	imitations on awards	, such as by geogr	apnicai areas, chariti	able lields, kinds of	msututions, or other

3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ALZHEIMER'S ASSOCIATION				
225 NORTH MICHIGAN AVE CHICAGO IL 60606	NONE	PUBLIC	GENERAL	40,382.
TEXAS TECH FOUNDATION				F2 167
PO BOX 41081 LUBBOCK TX 79409	NONE	PUBLIC	GENERAL	53,167.
	•			
	1			
•				
T.A.I		l	<u> </u>	93,549.
b Approved for future payment	<u> </u>	<u></u>		33,343.
b Approved for fature payment		1		
		!		
	]			
•				
	- 4	-		-
Total			▶ 3b	

Part XVI-A	Analysis of Income-Produ	icing Acti	vities			
Enter gross ar	mounts unless otherwise indicated.	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
1 Program s	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•						
"					-	
_						
f						
g Fees a	nd contracts from government agencies					
2 Membersi	hip dues and assessments					
3 Interest on	savings and temporary cash investments -				45.055	
4 Dividends	and interest from securities			14	47,957.	1
5 Net rental	income or (loss) from real estate			ļ		
a Debt-fi	nanced property	-		<u> </u>		
<b>b</b> Not de	ebt-financed property					
6 Net rental	income or (loss) from personal property				. =	
	estment income			18	32,282.	
• • • •	ss) from sales of assets other than inventory			10	32,202.	
	ne or (loss) from special events · · ·					<del></del>
-	fit or (loss) from sales of inventory		<u> </u>			
b DEF	enue aFFERED INCOME			14	-1,594.	
				1.44	1,551.	
				<del>                                     </del>		
e						
	Add columns (b), (d), and (e)		· · · · · · · · · · · · · · · · · · ·		78,645.	
	d line 12, columns (b), (d), and (e)				• • • • • • • • • • • • • • • • • • • •	
	et in line 13 instructions to verify calcu					
Part XVI-B	Relationship of Activities	to the A	ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activit	v for which	h income is reported i	n column (e	e) of Part XVI-A contribu	uted importantly to the
▼	accomplishment of the foundation					
	·		· · · · · · · · · · · · · · · · · · ·			
	-					
	<del></del>			-		
		•				
	<del></del> -					
	· · · · · ·					
			NOT APPLICABL	F		
			NOT ATTITIONED	<u></u>	-	
						<del></del>
	. ,				·	
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	· · · · · · · · · · · · · · · · · · ·			<del></del>		
				•		

Part )	(VII*	Information Exempt Orga	Regarding T	ransfers to and Tr	ansactions a	and Relationships With Nor	chari	rable	ge 13
1 D	id the			v engage in any of the	following with	any other organization described	<del></del>		
in	secti	on 501(c) (othe	r than section	n 501(c)(3) organizati	ons) or in se	ction 527, relating to political	1	Yes	No .
U.	yaılıza	inous:					İ		
a Ti	ansfer	s from the reporti	ng foundation t	o a noncharitable exem	pt organization	of:	-		
(3	) Cash	1,,,,,,,,,,	<i></i>				10/11		<u>X</u>
, ,,,,,	, Ouic	. assets		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	1a(2)		$\frac{x}{X}$
<b>B</b> U	iner tra	ansactions:							
(1	) Sales	s of assets to a nor	ncharitable exe	mpt organization		• • • • • • • • • • • • • • • • • • • •	45/21		Х
(2	) rate	nases of assets the	om a noncharita	ible exempt organizatio	n		45/21		X
(3	, nenu	ai or iacilities, equ	ipment, or other	rassets			[actor]		X
(4	, neiiii	ioursement arrang	jements	· · · · · · · · · · · · · · ·			11/43		X
(5	LOBU	s or ioan guarante	es				45/51		X
(D)	remo	of facilities	s or membersh	ip or fundraising solicit	ations		16(6)		X
A 14	the on	or racilides, equipa	nent, mailing li	sts, other assets, or paid	l employees	Column (b) should always shou	1c		X
***	lue in	tile doons' onist	sharing arran	vices given by the repo	nting foundation (d) the value	n. If the foundation received less e of the goods, other assets, or a escription of transfers, transactions, and sha	than fervices	airm rece	arket ived
	+-		<del> </del>	<del></del>					
			<del> </del>	··· <del>···</del>	<del></del>	<del></del>			
	_		<del> </del>						
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			<del> </del>	<del></del>					- <del></del>
	_		<del> </del>						
			<del></del>	<del>-,</del>					
	+-		<del> </del>	<del></del>					
de	scribe	oundation directly d in section 501(c complete the follo	;) (other than s	ection 501(c)(3)) or in s	d to, one or m ection 527?	ore tax-exempt organizations	Y	s X	No
<u>U II</u>	163,	(a) Name of organizati		(b) Type of orga	nization	(c) Description of relatio	nship		
			)						
				T		<del> </del>			
						and to the bast of my knowle	dga and	oullef, it	is true,
	Under	pendius b! perjun de	clare that I have exc	mined this return, including second in taxpayer) is based on all information	nubauliud ecuaning	and statements, and to the best of my knowle			<del></del>
	correct,	and complete. Declaration	of preparer (other the	III (Expayer) to cusco of	19 k	osident With the	IRS discu	sa thus	return
Sign	1	MILLES	Termo	4-1-1	<u>/ / // // // // // // // // // // // //</u>	See instruct		7,,,[	XNo
Here	Sinn	ature of officer or truste	.0	Date	Title	350 1141104			
	TO STUDIO	E NORTHERN I	RUST COMP	AN	<b></b>	Date Check if	PIN		
	7- <u>7-1</u>	Print/Type preparer's	name	Preparer's signature	Enon	03/25/2019 self-employed	14/	170	1164
Paid		PORERT P.	TONES	111000	104)		-156	1860	
Prepa	arer	Simila sama	THE NORTHE	RN TRUST COMPAN	<u> </u>	Film SUR P 35			
Use (		Firm's name	P.O. BOX 8	03878	/	Phone no 312	-630-	6000	
USB	אוווע		CHTCAGO.	IL	60680	Tribile to 342	Form 9	90-PF	(2018)

## Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasu

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

For to www.irs.gov/Form990for the latest information.

OMB No 1545-0047

2018

Employer identification number

20-8442734 R.H. PICKERING FAMILY FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (II) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
R.H. PICKERING FAMILY FOUNDATION

Employer identification number 20-8442734

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	R.H. PICKERING FAMILY  PO BOX 287  LUBBOCK, TX 79408-0287	\$\$ 10,580.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-	<b> \$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

SECURITIES	
FROM	
INTEREST	
AND	1 1
DIVIDENDS	
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PART	
990PF,	
FORM	

NET INVESTMENT INCOME	47,957.
REVENUE AND EXPENSES PER BOOKS	47,957. 47,957.
	TOTAL
DESCRIPTION	DIVIDENDS AND INTEREST

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

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DEFFERED INCOME

-1,594.

TOTALS

-1,594.

FORM 990PF, PART I - LEGAL FEES

43-00345

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	NET	INVESTMEN	INCOME
REVENUE	AND	EXPENSES	PER BOOKS

CATRITICA C	NET	INCOME	1 1 1 1 1 1 1	
FHN	INVESTMENT	INCOME	1 1 1 1	
CINA	PENSES	R BOOKS	1 1 1 1 1 1	

DESCRIPTION

LEGAL FEES

CHARITABLE PURPOSES

266.	1 1 1 1 1 1 1 1 1 1 1	266.	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	
		NONE	
266.		266.	

TOTALS

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43-00345

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,250. 1,250.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,250.
REVENUE AND EXPENSES PER BOOKS	2,500.
	TOTALS
DESCRIPTION	TAX PREP FEES

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STATEMENT

PROFESSIONAL FEES	
- OTHER	
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PART	
990PF,	
FORM	

NET INVESTMENT INCOME	9,207.
REVENUE AND EXPENSES PER BOOKS	9,207.
	TOTALS
DESCRIPTION	NORTHERN TRUST FEES

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TAXES	
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NET INVESTMENT INCOME	1,944. 
REVENUE AND EXPENSES PER BOOKS	8,831. 5,279. 1,944. 16,054.
	TOTALS
DESCRIPTION	2017 BALANCE DUE 2018 ESTIMATED TAXES FOREIGN TAXES

STATEMENT

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES PER BOOKS

INSURANCE PAYMENT

DESCRIPTION

1,018.

1,018.

TOTALS

1,018.

1,018.

28

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STATEMENT

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

SEE ATTACHED WORKPAPERS

ENDING BOOK VALUE

ENDING FMV

1

1,454,353.

1,241,158. 1,241,158.

TOTALS

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20-8442734

FORM 990PF, PART II - CORPORATE BONDS  DESCRIPTION

SEE ATTACHED WORKPAPERS

TOTALS

ENDING FMV 160,352. 160,352. ENDING BOOK VALUE

154,842.

154,842.

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STATEMENT

30

43-00345

GXQ247 549D 03/25/2019 11:10:39

		ENDING	FMV	1 1	45,724.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45,724.
		ENDING	BOOK VALUE		50,786.		50,786.
Ξ	COST/	FMV	CORF	1 1 1 1 1	U		TOTALS
RM 990PF, PART II - OTHER I			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEE ATTACHED WORKPAPERS		-

20-8442734

R.H. PICKERING FAMILY FOUNDATION