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Department of the Treasury

Internal Revenue Service

DLN: 93491318014619

OMB No 1545-0052

2018

**Return of Private Foundation** 

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018 A Employer identification number WILLIAM T VOGT AND LORINE E VOGT CHARITABLE FOUNDATION 23-2339924 Number and street (or P O box number if mail is not delivered to street address) 800 N SHORELINE NO 2550 S B Telephone number (see instructions) (361) 888-4888 City or town, state or province, country, and ZIP or foreign postal code CORPUS CHRISTI, TX 78401  ${f C}$  If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) ▶\$ 3,532,582 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment Adjusted net (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 218 218 3 Interest on savings and temporary cash investments Dividends and interest from securities 103,102 103,102 Gross rents 5a b Net rental income or (loss) 65,176 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 65,176 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 168,496 168,496 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . 720 720 0 Accounting fees (attach schedule) Other professional fees (attach schedule) [چە 3,225 1,599 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 15.592 15.592 0 Total operating and administrative expenses. 24 Add lines 13 through 23 . . . . 19,537 17,911 172,500 172,500 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 192,037 17,911 0 172,500 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 150,585 Adjusted net income (if negative, enter -0-) . . . For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2018)

Cat No 11289X

2,003,161

1,588

2,141,437

2.141.437

2,141,437

2,141,437

1,962,057

1,640

2,117,896

2.117.896

2,117,896 2,117,896

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2,141,437

2,117,896

2,117,896

Form 990-PF (2018)

-23,541

3,376,743

1,640

3,532,582

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

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

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

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

Foundations that follow SFAS 117, check here 🕨 🗹

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

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

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . . .

Permanently restricted . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Temporarily restricted

Grants payable

	5
	6
	7
2	8
Assets	9
As	10
	11

12

13

14

15

16

17

18

19

20 21

22 23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

. ,	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs	· ·	(b) How acquired P—Purchase D—Donation		(c) ate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1aSee Additional Data Tabl	e					
b						
С С						
d						
e						
	(f)		(g)			h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale		Gain d	or (loss) () minus (g)
a See Additional Data Tabl	e					
b						
c						
d						
e						
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			T)
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	( <b>k)</b> of col (ı)	cc	Gains (Col ( ol (k), but not	h) gain minus less than -0-) <b>or</b>
	as of 12/31/69	over col	(j), if any		Losses (Tr	om col (h))
a See Additional Data Tabl	e					
b						
d				_		
e						
•	gain or (loss) as defined in sections 1		Part I, line 7	2		65,176
in Part I, line 8	rt I, line 8, column (c) (see instruction			3		
Part V Qualification l	Jnder Section 4940(e) for Re	duced Tax on Net	Investment I	ncome	<b>.</b>	
(For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	et investment inco	me )		
If section 4940(d)(2) applies, le	-	. ,		,		
	e section 4942 tax on the distributal of qualify under section 4940(e) Do			d۶	☐ Y	es 🔽 No
	nount in each column for each year,			ies		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(col	(d) Distribution rat (b) divided by o	
2017	174,500		3,603,622	(601	(5) divided by C	0 048424
2016	211,048		3,369,472			0 062635
2015	170,000		3,453,619			0 049224
2014	203,553		3,540,576			0 057491
2013	136,500		3,243,992			0 042078
2 Total of line 1, column (	·		<del>' ' '                                 </del>			0 259852
3 Average distribution ratio	o for the 5-year base period—divide to indation has been in existence if less	the total on line 2 by 5				0 051970
	ncharitable-use assets for 2018 from		4			3,405,564
<b>5</b> Multiply line 4 by line 3			5			176,987
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6			1,506
<b>7</b> Add lines 5 and 6			7			178,493
8 Enter qualifying distribut	ions from Part XII, line 4 ,		8			172,500
	eater than line 7, check the box in Pa			ing a 1º	% tax rate Se	

Page **6** 

	t VII-B	Statements Regard	ling Activities for Whi	ch Form 4720 May Be	Required (continued)			
5a	During the	year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry	on propaganda, or otherv	vise attempt to influence leg	ıslatıon (section 4945(e))?	☐ Yes ☑	7 No.		
	(2) Influe	nce the outcome of any s	pecific public election (see s	ection 4955), or to carry	□ Yes □	_ NO		
on, directly or indirectly, any voter registration drive?								
	(3) Provid	de a grant to an individual	for travel, study, or other s	ımılar purposes?	Yes V	No		
	(4) Provid	de a grant to an organizati	on other than a charitable,	etc , organization described	⊔ Yes ⊻	」NO		
	in sec	tion 4945(d)(4)(A)? See ii	nstructions			No		
			han religious, charitable, sci		· ·	」No		
			prevention of cruelty to chi			No		
b			did <b>any</b> of the transactions		⊔ Yes 💌	」No		
	Regulation	ns section 53 4945 or in a	current notice regarding dis	aster assistance? See instr	uctions	5 b	.	
	Organizati	ions relying on a current n	notice regarding disaster ass	stance check here	▶ ┌	, <u> </u>		
С	If the answ	wer is "Yes" to question 5	a(4), does the foundation cla	aim exemption from the	L	_		
		·	ure responsibility for the gra	•	п. г	٦ ا		
		•	red by Regulations section 5		'' ∐ Yes ∟	」No │		
<b>6</b> a			, receive any funds, directly		ıms on			
		· -				.		
b	•		, pay premiums, directly or i		nefit contract?	∐No   6b	.	No
_		6b, file Form 8870	, pa, p. oao, aoo, o	,, a poa. 20				
7a		,	s the foundation a party to a	a prohibited tax shelter trai	nsaction?	.		
		= -	ny proceeds or have any net		∟ res 💌	IJ No     7b	.	
8			tion 4960 tax on payment(s					
		•	he year?			a		
	'		Officers, Directors, Tru					
Par	t VIII	and Contractors	Jilicers, Directors, Tru	stees, roundation ma	illagers, nigiliy Palu E	ilipioyee	э,	
1	List all of	ficers directors truste	es, foundation managers	and their compensation	See instructions			
	LISC GII OI	incers, unrectors, truster	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1,,,		
	(a) Na	me and address	hours per week	not paid, enter	employee benefit plans an	d (e) Exp		
						~I other	allowani	CES
			devoted to position	-0-)	deferred compensation	other	allowan	ces
	A VOGT				deferred compensation	0 other	allowan	ces
2713	HAVERFORD	RD	devoted to position TRUSTEE	-0-)	deferred compensation	other	allowan	ces C
2713 ARDM		RD	devoted to position TRUSTEE	-0-)	deferred compensation	other	allowan	ces
2713 ARDM BRIAN	HAVERFORD ORE, PA 190	RD 103	devoted to position TRUSTEE 0 00	-0-)	deferred compensation	0	allowan	ces C
2713 ARDM BRIAN 422 W PHILA	HAVERFORD ORE, PA 190 J VOGT 'EST MORELA DELPHIA, PA	RD 2003 NND AVE 19118	TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  0 00	-0-)	deferred compensation	0 O	allowan	ces C
2713 ARDM BRIAN 422 W PHILA WILLI	HAVERFORD ORE, PA 190 I J VOGT EST MORELA DELPHIA, PA AM T VOGT J	RD 2003 AND AVE 19118 R	TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE	-0-)	deferred compensation	0	allowan	ces C
2713 ARDM BRIAN 422 W PHILA WILLI 800 N	HAVERFORD ORE, PA 190 J VOGT EST MORELA DELPHIA, PA AM T VOGT J SHORELINE	RD 2003 NND AVE 19118 R SUITE 2550 SOUTH	TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  0 00	0	deferred compensation	0 O	allowan	ces C
2713 ARDM BRIAN 422 W PHILA WILLI 800 N CORPI	HAVERFORD ORE, PA 190 I J VOGT JEST MORELA DELPHIA, PA AM T VOGT J SHORELINE JS CHRISTI,	RD 2003 AND AVE 19118 R SUITE 2550 SOUTH TX 78401	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE TRUSTEE	0	deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		C
2713 ARDM BRIAN 422 W PHILA WILLI 800 N CORPI	HAVERFORD ORE, PA 190 I J VOGT JEST MORELA DELPHIA, PA AM T VOGT J SHORELINE JS CHRISTI,	RD 2003 AND AVE 19118 R SUITE 2550 SOUTH TX 78401	devoted to position TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than	those included on line	deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		C
2713 ARDM BRIAN 422 W PHILA WILLI 800 N CORPL	HAVERFORD ORE, PA 190 J VOGT EST MORELA DELPHIA, PA AM T VOGT J SHORELINE JS CHRISTI, Compensi	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE  TRU	those included on line :	L—see instructions). If no (d) Contributions to employee benefit	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI 800 N CORPI	HAVERFORD ORE, PA 190 J VOGT EST MORELA DELPHIA, PA AM T VOGT J SHORELINE JS CHRISTI, Compensi	RD 2003 NND AVE 19118 R SUITE 2550 SOUTH TX 78401 ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the compensation of the compensation of the compensation of the complex	oone, enter	"NONE	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	L—see instructions). If no (d) Contributions to employee benefit	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI 800 N CORPI	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	oone, enter	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	one, enter  (e) Expe	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 W PHILA WILLI. 800 N CORPL 2	HAVERFORD ORE, PA 190 J VOGT SHORELINE J SHORELINE J CHRISTI, Compension	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than paid hours per week	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If notice the complex of the compensation of the complex of the com	one, enter  (e) Expe	<b>"NONE</b>	c c
2713 ARDM BRIAN 422 WPHILA 800 N CORPIC 2 NONE	HAVERFORD ORE, PA 190 J VOGT J VOGT J VOGT J VOGT J VOGT J VOGT J SHORELINE JS CHRISTI, Compens:	RD 2003  AND AVE 19118  R  SUITE 2550 SOUTH TX 78401  ation of five highest-pa	TRUSTEE 0 00  TRUSTEE 0 00  TRUSTEE 0 00  id employees (other than hours per week devoted to position	those included on line :  e (c) Compensation	deferred compensation  L—see instructions). If note that the deferred compensation to the deferred comp	one, enter  (e) Expe	<b>"NONE</b>	c c

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Pā	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	NE	
	al number of others receiving over \$50,000 for professional services	0
	Irt IX-A Summary of Direct Charitable Activities	Т
	the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of inizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	N/A	0
2		
_		
3		
4		
Pa	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
	N/A	0
2		
F		
3	·	
_		
Tota	al. Add lines 1 through 3	0
		Form <b>990-PF</b> (2018)

2

3a 3h

4

5

172,500

172.500

Form 990-PF (2018)

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

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

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

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

167,266

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0

1	art XIII U	ndistributed	Income (see instruction	ons)			
	_		·	(a) Corpus	(b) Years prior to 2017	(c) 2017	( <b>d)</b> 2018
1	Distributable ar	nount for 2018 f	rom Part XI, line 7				167,266
2	Undistributed in	ncome, if any, as	of the end of 2018				
а	Enter amount f	or 2017 only				0	
b	Total for prior y	years 20	, 20, 20		0		
3	Excess distribut	tions carryover, i	f any, to 2018				
а	From 2013						
b	From 2014		9,607				
_	From 2015		334				

55.419

5,234

60,653

60,653

9.607

5.234

334 45.478

From 2016. e From 2017. . . .

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

Subtract lines 7 and 8 from line 6a . .

10 Analysis of line 9

a Excess from 2014. **b** Excess from 2015. .

c Excess from 2016. . d Excess from 2017. . e Excess from 2018. .

indicated below:

same amount must be shown in column (a) )

45.478

f Total of lines 3a through e. . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years

(Election required—see instructions). . . . .

c Treated as distributions out of corpus (Election

required—see instructions). . . . . . .

**d** Applied to 2018 distributable amount. . .

e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

factors



1 Program service revenue Business code Amount Exclusion code Amount (See instructions code Amount Exclusion code Amount (See instructions and code amount (See instructions code Amount Exclusion code Amount (See instructions code Amount Exclusion code Amount (See instructions code Amount Exclusion code Amount (See instructions code Amount (See instructions code Amount (See instructions code Amount (See instructions code Amount Exclusion code Amount (See instructions (See instructions code Amount Exclusion code Amount Exclusion code and code amount code and code amount code amount code and code amount code and code amount code and c	Enter gros	ss amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
b c c d d d d d d d d d d d d d d d d d	_						function income (See instructions )
g Fees and contracts from government agencies  g Membership dues and assessments							
d e							
g Fees and contracts from government agencies  2 Membership dues and assessments							
g Fees and contracts from government agencies  2 Membership dues and assessments							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments	g Fees	and contracts from government agencies					
Investments  4 Dividends and interest from securities.  5 Net rental income or (loss) from real estate a Debt-financed property. b Not debt-financed property.  6 Net rental income or (loss) from personal property 7 Other investment income.  8 Gain or (loss) from sales of assets other than inventory  18 65,176  9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b c d e  12 Subtotal Add columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)		·					
4 Dividends and interest from securities	3 Intere	est on savings and temporary cash ments			14	218	
a Debt-financed property	4 Divide	ends and interest from securities			14	103,102	
b Not debt-financed property	5 Net re	ental income or (loss) from real estate					
6 Net rental income or (loss) from personal property 7 Other investment income. 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a  b c d e 12 Subtotal Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )							
7 Other investment income		, , ,					
8 Gain or (loss) from sales of assets other than inventory							
Inventory  18 65,176  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue a  b  c  d  e  12 Subtotal Add columns (b), (d), and (e).  13 Total. Add line 12, columns (b), (d), and (e).  15 See worksheet in line 13 instructions to verify calculations )  168,496  17 Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)							
10 Gross profit or (loss) from sales of inventory  11 Other revenue a  b  c  d  e  12 Subtotal Add columns (b), (d), and (e).  13 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)		• •			18	65,176	
11 Other revenue a b C C C C C C C C C C C C C C C C C C	9 Net in	come or (loss) from special events				•	
b							
c							
d							
e							
12 Subtotal Add columns (b), (d), and (e)	a						
13 Total. Add line 12, columns (b), (d), and (e)						168 496	(
(See worksheet in line 13 instructions to verify calculations )  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )	13 Total	. Add line 12, columns (b), (d), and (e).				· · · · · · · · · · · · · · · · · · ·	168,496
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)	(See v	vorksheet in line 13 instructions to verify calcu	ılatıons )				,
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )	Part X\						
		the accomplishment of the foundation's ex					
	1	,					
		+					
		+					
		+					
		+					

. ,	<b>1</b> 0)
_	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

Part	XVII		n Regarding i ganizations	rans	rers to a	and Iransact	ion	is and Relatio	nsnips with Non	icnarit	abie		
			or indirectly enga c)(3) organization						n described in sections?	on 501		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of										Ī			
(1) Cash										.	1a(1)		No
(2)	Other	assets								. [	1a(2)		No
<b>b</b> Other transactions													
(1)	Sales	of assets to a no	ncharitable exemp	t orga	nızatıon.					. [	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization										[	1b(2)		No
(3)	Renta	l of facilities, equ	ipment, or other a	ssets.						[	1b(3)		No
(4)	Reiml	oursement arrang	ements							. [	1b(4)		No
			es							. [	1b(5)		No
(6)	Perfor	mance of services	or membership o	r fund	raising sol	icitations				.	1b(6)		No
	-				-						1c		No
									ways show the fair n id less than fair mark				
									ts, or services receiv		•		
		·			•	•			•				
(a) Line	No	(b) Amount involv	ed (c) Name of	nonch	arıtable exe	mpt organization		(d) Description of	transfers, transactions,	and shar	ng arra	ngemen	its
	_												
	_												
	_		-										
22 Is th	ne four	dation directly or	ındırectly affiliate	d wuth	or relate	d to one or mor	re t	av-evemnt organ	zations				
		•	other than section		•	*			_	. <b>.</b>	] No		
		mplete the follow	•	11 301(	(0)(3)) 01 1	iii section 3277 i	٠.			-5 1	1110		
D 11	es, co	mpiete the follow (a) Name of orga	_		l (1	<b>b)</b> Type of organiza	ation	, I	(c) Description	of relation	nshin		
		(a) Name or orga	anizacion		,,	b) Type of organize	ucion	'	(c) Description	or relation	ізпір		
	of m		belief, it is true, o						ng schedules and sta than taxpayer) is ba				
Sign		****						*****		May the	e IRS di	scuss th	nis
Here		*****				2019-11-06		*****		return		rer shov	
	<b>  ▶</b> -					1		— <b>y</b> ——		below	е ргера	rer snov	VΠ
	′ '	Signature of office	er or trustee			Date		' Title		(see in	str )? [	✓ Yes	□ <sub>No</sub>
		Print/Type prep	arer's name	Prep	arer's Sıgr	nature		Date		PTIN			
									Check if self-	ı	200531	.022	
		KELLIE J SHI	PLEY					2019-11-05	employed ▶ 📙				
Paid													
Prep		Firm's name ▶	CARR RIGGS & I	NGRAI	M LLC				1,	Fırm's EI	N ▶72	-13966	521
Use (	Unly	<u> </u>		1055	TNIE 677 -	0.4				51	/ 2		
		Firm's address	▶ 500 NORTH SH	IOREL	INE STE 7	U1							
			CORPUS CHRI	STI, T	X 78401				F	Phone no	(361	) 882-	3132

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date sold Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 1 440 SHS PROCTOR & GAMBLE 2005-04-15 2018-09-04 830 SHS METLIFE INC 2014-05-30 2018-09-04 760 SHS YUM CHINA HOLDINGS 2011-05-27 2018-09-04 33 RESIDEO TECHNOLOGIES 2010-05-21 2018-11-12 260 SHS PRAXAIR INC 2014-05-30 2018-09-04 Р CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 36,349 24,226 12,123 38.048 37,709 339 29,063 12,062 17,001 42,498 15,055 27,443 8,265 8,265 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any 12,123 339 17,001 27,443 8,265

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

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

Name and address (home or business)	or substantial contributor	Гесірісті		
a Paid during the year				
CHRISTUS SPOHN HEALTH SYSTEM	NONE	PUBLIC	CHARITABLE	24,000

613 ELIZABETH STREET SUITE 605 CORPUS CHRISTI, TX 78404		CHARITY		
COASTAL BEND COMMUNITY FOUNDATION 615 N UPPER BROADWAY STE 1950	NONE	PUBLIC CHARITY	CHARITABLE	10,000

FOUNDATION 615 N UPPER BROADWAY STE 1950 CORPUS CHRISTI, TX 78401	NONE	CHARITY	CHARITABLE	10,000
HMS SCHOOL4400 BALTIMORE AVENUE	NONE	PUBLIC	EDUCATIONAL GRANT	5,000

615 N UPPER BROADWAY STE 1950 CORPUS CHRISTI, TX 78401		CHARITT		
HMS SCHOOL4400 BALTIMORE AVENUE PHILADELPHIA, PA 19104	NONE	PUBLIC CHARITY	EDUCATIONAL GRANT	5,000

Total . 172,500

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

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

NATIONAL FOUNDATION FOR CELIAC	NONE	BUBLIC.	CUARTARIE	40.000
MANN CENTER FOR THE PERFORMING ARTS 123 S BROAD STREET STE 815 PHILADELPHIA, PA 19109	NONE	PUBLIC CHARITY	CHARITABLE	16,000
,				

NATIONAL FOUNDATION FOR CELIAC AWARENESS PO BOX 544 AMBLER, PA 19002	NONE	PUBLIC CHARITY	CHARITABLE	10,000
PHILADELPHIA MUSEUM OF ART	NONE	PUBLIC	CHARITABLE	10,000

PO BOX 544 AMBLER, PA 19002				
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 19101	NONE	PUBLIC CHARITY	CHARITABLE	10,000

PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 19101	NONE	PUBLIC CHARITY	CHARITABLE	10,00
Total			▶ 3a	172,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CDDINGCIDE CHECTNUT HILL ACADEMY | NONE DUDUTO EDUCATIONAL CDANT 7 E00

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

500 WEST WILLOW GROVE AVENUE PHILADELPHIA, PA 19118	NONE	CHARITY	EDUCATIONAL GRANT	7,500
THE HISTORIC PRESERVATION AND EDUCATION FUND OF THE RACQUET CLUB OF PA	NONE	PUBLIC CHARITY	CHARITABLE	5,000

THE HISTORIC PRESERVATION AND EDUCATION FUND OF THE RACQUET CLUB OF PA 215 S 16TH STREET PHILADELPHIA, PA 19102	NONE	PUBLIC CHARITY	CHARITABLE	5,000
THE WATCH HILL CHAPEL SOCIETY PO BOX 173	NONE	PUBLIC CHARITY	CHARITABLE	1,000

PHILADELPHIA, PA 19102				
THE WATCH HILL CHAPEL SOCIETY PO BOX 173 WESTERLY, RI 02891	NONE	PUBLIC CHARITY	CHARITABLE	1,000

Total .

172,500

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
US COURT TENNIS PRESERVATION FOUNDATION PO BOX 194 JAMESTOWN, RI 02835	NONE	PUBLIC CHARITY	CHARITABLE	50,000

recipient

172,500

JAMESTOWN, RI U2835				
NEED IN DEED 211 N 13TH STREET SUITE 501 PHILADELPHIA, PA 19107	NONE	PUBLIC CHARITY	EDUCATIONAL GRANT	2,000
NUTURING MINDORG BOY COOCAT	NONE	DUDLIC	EDUCATION CRANT	2 000

211 N 13TH STREET SUITE 501 PHILADELPHIA, PA 19107		CHARITY		_
NUTURING MINDSPO BOX 600617 NEWTONVILLE, MA 02460	NONE	PUBLIC CHARITY	EDUCATION GRANT	2

211 N 13TH STREET SUITE 501 PHILADELPHIA, PA 19107		CHARITY		·
NUTURING MINDSPO BOX 600617	NONE	PUBLIC	EDUCATION GRANT	2,00

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

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
CHURCH OF THE REDEEMER 1440 S 24TH ST	NONE	PUBLIC CHARITY	CHARITABLE	25,000

PHILADELPHIA, PA 19146		CHARITY		
HILL COUNTRY YOUTH ORCHESTRA 321 THOMPSON DR	NONE	PUBLIC CHARITY	CHARITABLE	

HILL COUNTRY YOUTH ORCHESTRA 321 THOMPSON DR	NONE	PUBLIC CHARITY	CHARITABLE	5,000
KERRVILLE, TX 78028				

Total		l	▶ 3a	172,500
KERRVILLE, TX 78028		CHARITI		
321 THOMPSON DR		CHARITY		*
THEE COOKING TOOTH ONCHESTION	11011	LIGHT	CINTALLINEEL	3,000

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TY 2018 Accounting Fees Schedule						
-						
Nai	me: WILLIAM	T VOGT AND LORI	NE E VOGT			
		CHARITABLE FOUNDATION				
E	<b>IN:</b> 23-2339	924				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
VOGT ASSOC	720	720	0	0		

## **TY 2018 Investments Corporate Stock Schedule**

Name: WILLIAM T VOGT AND LORINE E VOGT

CHARITABLE FOUNDATION

**EIN:** 23-2339924

**Investments Corporation Stock Schedule** 

Investments Corporation Stock Schedule  Name of Stock	End of Year Book Value	End of Year Fair Market Value	
2023 SH FIDELITY PURITAN	42,550	48,547	
1930 SH RPM INTERNATIONAL INC	40,547	113,445	
400 SH DISNEY WALT CO NEW	46,395	43,860	
1500 SH NIKE INC CLASS B COM	26,917	111,210	
760 SH YUMI BRANDS INC	30,458	69,859	
1230 SH COLGATE PALMOLIVE CO	28,445	73,210	
700 SH CVS HEALTH CORP	24,885	45,864	
500 SH DIAGEO PLC ADR	29,871	70,900	
575 SH NESTLE SA SPONSR ADR	20,761	46,552	
900 SH PEPSICO INC	22,250	99,432	
555 SH PHILIP MORRIS INTERNATIONAL	24,587	37,052	
1000 SH PROCTER & GAMBLE COMPANY	55,060	91,920	
930 SH UNILEVER PLC	38,260	48,593	
1000 SH BP PLC SPONS ADR	13,796	37,920	
750 SH CHEVRON CORPORATION	53,815	81,593	
312 SH EXXON MOBIL CORP	19,529	21,275	
465 SH SCHLUMBERGER LTD	32,728	16,777	
2200 SH TORTOISE ENERGY INFRASTRUCTURE	58,475	43,780	
3000 SH VANGUARD FTSE ALL-WORLD EX-US	152,163	136,740	
225 SH CHUBB CORP	24,993	29,061	
1600 SH US BANCORP	55,616	73,120	
1000 SH ABBOTT LABS	20,663	72,330	
1000 SH ABBVIE INC	22,407	92,190	
640 SH BECTON DICKINSON & CO	35,016	144,205	
650 SH GLAXO SMITHKLINE SPON ADR	4,768	24,837	
900 SH JOHNSON & JOHNSON	59,040	116,145	
600 SH MEDTRONIC PLC	43,378	54,576	
500 SH STRYKER CORP	30,313	78,375	
1200 SH EMERSON ELECTRIC	53,007	71,700	
590 SH HONEYWELL INTERNATIONAL INC	23,687	77,951	

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
400 SH UNITED PARCEL SVC INC CL B	27,266	39,012
450 SH UNITED TECHNOLOGIES CORP	33,118	47,916
1070 SH WASTE MGMT INC DEL	35,407	95,219
350 SH 3M CO	27,028	66,689
1500 SH REALTY INCOME CORP REIT	34,406	94,560
750 SH AUTOMATIC DATA PROCESSING INC	26,010	98,340
2550 SH INTEL CORP	56,344	119,672
650 SH AT & T INC	25,155	18,551
1050 SH VERIZON COMMUNICATIONS	35,645	59,031
3125 SH AQUA AMERICA INC	46,419	88,894
1000 SH DUKE ENERGY CORP	57,145	86,300
961 SH NATIONAL GRI-ADR	54,995	46,109
1400 SH SOUTHERN CO	50,132	61,488
1400 SH TRANSCANADA CORP	60,352	49,980
263 SH INTL BUSINESS MACHINES CORP	7,734	29,895
75 SH ALPHABET INC CL A	42,712	78,372
360 SH VANGUARD SMALL CAP ETF	39,704	47,516
365 SH CASEY'S GENERAL STORES INC	39,776	46,771
2080 SH WEYERHAEUSER CO	50,491	45,469
400 SH MICROSOFT CORP	34,347	40,628
260 SH LINDE PLC	42,498	40,570
59 SH GARRETT MOTION INC	260	728
98 SH RESIDEO	733	2,014

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TY 2018 Other Assets Schedul	e		
Name:	WILLIAM T VOGT	AND LORINE E VOGT	

PREPAID TAX

Description

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Other Assets Schedule

**EIN:** 23-2339924

CHARITABLE FOUNDATION

1,588

1,640

DI N. 02/0121001/610

End of Year - Book Value

End of Year - Fair Market Value

1,640

Beginning of Year -**Book Value** 

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TY 2018 Other Expenses Schedule						
Name:	WILLIAM T VOG	T AND LORINE E	VOGT			
	CHARITABLE FO	CHARITABLE FOUNDATION				
EIN:	23-2339924					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
INVESTMENT FEES	15,456	15,456	0	0		
BANK CHARGES	136	136	0	0		

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DLN	N: 93491318014619	
TY 2018 Taxes Schedule						
	Name:	WILLIAM T V	OGT AND LORINE	E VOGT		
CHARITABLE FOUNDATION						
	EIN:	23-2339924				
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAXES		3,225	1,599	0	0	