Form. 990-PF

Department of the Treasury
Internal Revenue Service

## **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public.

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

20**18** 

Open to Public Inspection

	lendar year 2018 o	or tax year begi	nning			, 2018,	and ending			
	foundation							- 1		cation number
COX_FOUNDATION INC  Number and street (or P O box number if mail is not delivered to street address						23-7068786				
			lelivered to	o street address) Room/su		Room/suite	ВТ	elephone numb	er (see instructions)	
(c/)	THE ST. LOUI	S TRUST COM	PANY						(314) 72	27-4600
City or to	own, state or province, o	country, and ZIP or for	eign postal	code						
									exemption application applicat	
CLA	YTON, MO 6310	15						"	many, aroun nore	
G Che	ck all that apply	Initial retur	n		Initial return	of a former p	ublic charity	7 <sub>0 1</sub>	Foreign organiza	tions, check here
		Final return	1		Amended re	turn			Foreign organiza	itions meeting the
		Address cl	nange		Name chang	е			85% test, check to computation	nere and attach
H Che	ck type of organiza	ation X Secti	on 501(c	c)(3) ex	empt private f	foundation	<u> </u>	٦	•	
□ s	ection 4947(a)(1) no	nexempt charitable	e trust	Ot	her taxable pr	ivate foundat	10n 04	= "		n status was terminated
	market value of				nethod X C		rual		•	in a 60-month termination
	of year (from Part			her (sp						)(1)(B), check here
		17,092.	ı —		d) must be on ca	ish basis )		_		
	Analysis of Reve	nue and Expens	es (The		evenue and			•		(d) Disbursements
	total of amounts in	columns (b), (c), ai	nd (d)		enses per	(b) Net inve			usted net come	for charitable purposes
	may not necessaril column (a) (see ins		5 III 6	·	books	Incom	·~	1110	Joine	(cash basis only)
1	Contributions, gifts, grants,		edule)							
2	Check X If the	foundation is not requ	ired to							
3	Interest on savings and	Sch B								
4	Dividends and intere				545,237.	54	5,237.			
- 1	Gross rents									
	Net rental income or (ic									
- 1	Net gain or (loss) from	-	ine 10		773,297.					
<b>∄</b>	Gross sales price for all assets on line 6a								0	1
anua 7	Capital gain net inco	ome (from Part IV 1	ine 2)			77	3,297.		<b>Feci</b>	ved
ž 8	Net short-term capit								1116	19
9	Income modification	•		•						1 [
	Gross sales less returns and allowances									
h	Less Cost of goods sole			•	·-					
	Gross profit or (loss)									
11	Other income (attac				32,854.		25.			
12	Total. Add lines 1 th			1	,351,388.	1,31	8,559.			
13	Compensation of office			,	0.					
ומי	Other employee sala		1							
14 15	Pension plans, emp	•	Г							
16a	Legal fees (attach so	•								
ŭ  _	Accounting fees (at				16,339.		8,170.			8,169
2) c	Other professional f				128,323.	12	8,323.			
ق <sub>17</sub>	Interest									
Operating and Administrative control of cont	Taxes (attach sched	ule) (see Pristruction	<b>ℷ</b> ℣℄ℹŨ		52,050.	1	7,125.			
19	Depreciation (attach			78						
20	Occupancy	8 - AFT I	2 2019	asso /						
21	Travel, conferences,			-182						
22	Printing and publica	fions		ئٹ لیسے س						
23	Other expenses (atta	ch scheller DE	⊌Nt. Y	١	357.		232.			125
24	Total operating and							· <u></u>		
i e	Add lines 13 through				197,069.	15	3,850.			8,294
25	Contributions, gifts,				,236,600.					1,236,600
26	Total expenses and disbu	-	Г	1	,433,669.	15	3,850.		0.	1,244,894
27	Subtract line 26 from									
	Excess of revenue over		sements		-82,281.					
	Net investment inco		۲			1,16	4,709.		<del></del>	
	Adjusted net incom		· -							1
	perwork Reduction			<del></del>						Form <b>990-PF</b> (2018

## FORM 990PF, PART I - OTHER INCOME

NET INVESTMENT INCOME	25.	25.
AND EXPENSES PER BOOKS	23,244. 9,460. 25. 125.	32,854.

ATTACHMENT 1 PAGE 16

23-7068786

ATTACHMENT 2

	CHARITABLE PURPOSES	8,169.	8,169.	
	ADJUSTED NET INCOME			
	NET INVESTMENT INCOME	8,170.	8,170.	
	REVENUE AND EXPENSES PER BOOKS	16,339.	16,339.	
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	TAX PREPARATION FEES	TOTALS	
FOI	DES	TAX		

23-7068786

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	128,323.	128,323.
REVENUE AND EXPENSES PER BOOKS	128,323.	128,323.
DESCRIPTION	INVESTMENT MANAGER FEES	TOTALS

COX FOUNDATION INC

TAXES	
1	
Н	
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	10.	17,125.
REVENUE AND EXPENSES PER BOOKS	15,000. 19,800. 10. 17,115.	52,050.
DESCRIPTION	2017 EXTENSIONS 2018 ESTIMATES CA FRANCHISE TAX FOREIGN TAXES OTHER PAYMENT TO THE IRS	TOTALS

COX FOUNDATION INC

EXPENSES
OTHER
1
Н
H
PART
990PF, PAI

					ſ
NET	INVESTMENT	INCOME	107.	125.	232.
REVENUE AND	EXPENSES	PER BOOKS	107.	250.	357.
					TOTALS
		DESCRIPTION	CSC ANNUAL FEE	MA PC REPORT FILING FEE	

125.	125.

CHARITABLE PURPOSES

Б	art II	Polonos Charto description column should be for end-of-year	Beginning of year	End o	year
	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
٠	<b>11</b>	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,239,828.	587,535.	587,535.
ļ	3 .	Accounts receivable ▶			
1		Less allowance for doubtful accounts ▶			
•	4	Pledges receivable ▶			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			_
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			<del></del>
		Less allowance for doubtful accounts >			
S					
Assets		Inventories for sale or use			
Š		Prepaid expenses and deferred charges	1,166,660.	1,170,761.	1,164,857.
		Investments - U.S. and state government obligations (attach schedule)[6] Investments - corporate stock (attach schedule) ATCH 7	16,782,222.	17,355,898.	
-			1,710,521.	1,791,542.	1,728,425.
	11	Investments - corporate bonds (attach schedule) ATCH 8 Investments - land, buildings, and equipment basis	1,710,321.	1,791,342.	1,720,423.
		(attach schedule)		-	<del> </del>
	12	Investments - mortgage loans	25,044.		
	13 14	Investments - other (attach schedule)	23/011.		
		equipment basis Less accumulated depreciation			<del></del>
		Other assets (describe >)			
		Total assets (to be completed by all filers - see the	00 004 075	00 005 736	05 717 000
4		instructions Also, see page 1, item I)	20,924,275.	20,905,736.	<u>25,717,092</u> .
		Accounts payable and accrued expenses			
	18	Grants payable			<del></del>
es	19 20 21 22	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
İ	23	Total liabilities (add lines 17 through 22)	0.	0.	
ᄀ		Foundations that follow SFAS 117, check here		·	
S		and complete lines 24 through 26, and lines 30 and 31.			<b>,</b>
2	24	Unrestricted			ı
Balances		Temporarily restricted			
		Permanently restricted			
밉		Foundations that do not follow SFAS 117, check here			ī
괴		and complete lines 27 through 31.			
6			20,924,275.	20,905,736.	•
য	2/	Capital stock, trust principal, or current funds			
Se	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
AS	29	Retained earnings, accumulated income, endowment, or other funds	20,924,275.	20,905,736.	
ᇹ	30	Total net assets or fund balances (see instructions)	20,324,273.	20,303,730.	· · · · · · · · · · · · · · · · · · ·
Z		Total liabilities and net assets/fund balances (see	20 024 275	20 005 726	į.
		instructions)	20,924,275.	20,905,736.	<del></del>
		Analysis of Changes in Net Assets or Fund Balar		<del></del>	
1		I net assets or fund balances at beginning of year - Part I		1 1	20 024 275
		of-year figure reported on prior year's return)			20,924,275.
		r amount from Part I, line 27a			-82,281.
3	Othe	er increases not included in line 2 (itemize) ► ATCH 10		3	63,742.
4	Add	lines 1, 2, and 3		4	20,905,736.
5		reases not included in line 2 (itemize) ▶		_ 5	
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 6	20,905,736.
					Form 990-PF (2018)

1,164,857.

1,170,761.

1,170,761.

ENDING

ATTACHMENT 6

ENDING

1,164,857.

- U.S. AND STATE OBLIGATIONS

PART II

FORM 990PF,

ATTACHMENT 6 PAGE 21

- CORPORATE STOCK PART FORM 990PF,

DESCRIPTION

EDGEWOOD RIVER ROAD SCHWAB #9400-3322 DIVERSE SCHWAB #6813-7147 EDGEWOOI SCHWAB #2825-8408 RIVER RC

BOOK VALUE ENDING

ENDING FMV

17,102,542. 1,757,422. 3,376,311.

13,250,466. 953,715. 3,151,717.

22,236,275.

17,355,898.

TOTALS

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ATTACHMENT 7 PAGE 22

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

SCHWAB #8773-4256 - AGINCOURT

ENDING BOOK VALUE

ENDING

1,728,425.

TOTALS

1,791,542.

1,791,542.

42.

1,728,425.

COX FOUNDATION INC

ATTACHMENT 9

OTHER INVESTMENTS	
OTHER	
ı	
ΙΙ	
, PART	
FORM 990PF,	
FORM	

	ENDING
DESCRIPTION	BOOK VALU

TOTALS

AURORA GLOBAL OFFSHORE

4

UE

ENDING FMV

NONE

NONE

ATTACHMENT 10

## FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
ADJUSTMENT TO PY AGINCOURT ACCOUNT NON-DIV DISTRIBUTION - RETURN OF CAPITAL	31,038. 32,704.
TOTAL	63,742.

Page	

Pa	TIV Capital Gains	and Losses for Tax on Inv	vestment income			
٠,		scribe the kind(s) of property sold (for rick warehouse, or common stock, 20	•	(b) How acquired P - Purchas D - Donatio	sel (mo,day,yr)	(d) Date sold (mo , day, yr )
1 a	SEE PART IV SCHE	DULE				
b						<u> </u>
С						
d				ļ		
е			(a) Cook on other book			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	ļ	(h) Gain or (lo ((e) plus (f) minu	
<u>a</u>		<del></del> -	<u> </u>			
<u>b</u>				<del> </del>		
<u>c</u>			<u> </u>	ļ		
d		<del></del>	<u> </u>	-		
9		howing gain in column (h) and owner	ed by the foundation on 12/31/69	<u> </u>	) Comp (Col. (b) as	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		i) Gains (Col. (h) ga I. (k), but not less the Losses (from col	han -0-) or
a						
b				ļ	·	
С						
d						
_ е			<u> </u>	<u> </u>		
2	Capital gain net income		gain, also enter in Part I, line 7			772 207
		The state of the s	(loss), enter -0- in Part I, line 7	2		773,297.
3		ain or (loss) as defined in section	is 1222(5) and (6). istructions $$ If (loss), enter -0- in $oldsymbol{1}$			
	-	art i, line 6, column (c) See ii				0.
D۵			educed Tax on Net Investment I	ncome		
Nas	the foundation liable for	the section 4942 tax on the distr	butable amount of any year in the b	ase perio	od?	Yes X No
		n't qualify under section 4940(e)				
1			ear, see the instructions before mak	ing any e	entries (d)	
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
04.	2017	1,342,996.	27,458,880.			0.048909
	2016	1,235,812.	25,509,330.			0.048445
	2015	1,084,090.	26,749,993.			0.040527
	2014	2,947,214.	28,757,180.			0.102486
	2013	1,044,857.	27,373,484.	ļ		0.038170
						0.070507
2	Total of line 1, column (	d)		2		0.278537
3			ide the total on line 2 by 5 0, or by			0.055707
	the number of years the	foundation has been in existence	e if less than 5 years	3		0.055707
					28	098,666.
4	Enter the net value of ne	oncharitable-use assets for 2018	from Part X, line 5	4	20,	
_				5	1.	565,292.
5	iviuitiply line 4 by line 3.	• • • • • • • • • • • • • • • • • • • •				
e	Enter 10/ of not investment	ant income (1% of Boot Line 27h	»)	6		11,647.
6	Enter 176 of het investm	ent acome (1% of Part I, line 270	,,			
7	Add lines 5 and 6			7	1,	576,939.
•						
8	Enter qualifying distribut If line 8 is equal to or g Part VI instructions	tions from Part XII, line 4	x in Part VI, line 1b, and complete	8 that par		crate See the

Form 990-PF (2018)

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2018 FORM 990-PF COX FOUNDATION INC FORM 990-PF - PART IV

` Kınd of F	Property		De	OR TAX ON		P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPIT	TAL GAIN DI	STRIBUTIONS			166,853.	
140,659.		SCHWAB #282 178,483.	25-8408			P	VAR -37,824.	VAR
841,573.		SCHWAB #282 634,939.	25-8408	-		Р	VAR 206,634.	VAR
468.		SCHWAB #617	71-8446			Р	VAR 468.	VAR
110,645.		SCHWAB #681	13-7147			Р	VAR 6,295.	VAR .
446,944.		SCHWAB #681 203,718.	3-7147			P	VAR 243,226.	VAR
556,114.		SCHWAB #877 563,701.	73-4256			Р	VAR -7,587.	VAR
520,595.		SCHWAB #877 523,155.	73-4256			Р	VAR -2,560.	VAR
498,565.		SCHWAB #940 296,263.	00-3322 .			Р	VAR 202,302.	VAR
20,490.		15.9863 SHS 25,000.	S AURORA GL	OBAL OPPORTUN	NITIES	P	-4,510.	
TAL GAIN(L	oss)						773,297.	
								,

Paî	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - see	instru	ctions	<u>;)                                    </u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			23,2	94.	
	here and enter 1% of Part I, line 27b					
С	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-)					
3	Add lines 1 and 2			23,2		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				<u>0.</u>	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			23,2	94.	
6	Credits/Payments					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 27,189.					
b	Exempt foreign organizations - tax withheld at source					
С						
d	Backup withholding erroneously withheld			24 1	00	
7	Total credits and payments. Add lines 6a through 6d			34,1	89.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del></del>				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			10 0	<u> </u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10,8	95.	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 10,895. Refunded ▶ 11	<u> </u>				
	t VII-A Statements Regarding Activities			V		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation		1a	Yes	No X	
	participate or intervene in any political campaign?		la l			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?		1b		Х	
	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		Х	
	Did the foundation file Form 1120-POL for this year?	• • • •	"			
a	(1) On the foundation  \$\Bigsim \text{\$  0.}  \text{(2) On foundation managers } \Bigsim \text{\$  0.}   \text{\$  0.}  \text{\$  0.}  \text{\$  0.}  \text{\$  0.}  \text{\$  0.}    0.}     0.}     0.}    0.}    0.}    0.}   0.}   0.}   0.}   0.}   0.}   0.}  0.}   0.}  0.}  0.}					
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	nnced				
e	on foundation managers > \$	poscu				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х	
-	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	t. articles				
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Χ	
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N	'A_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х	
	If "Yes," attach the statement required by General Instruction T			Ţ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory direct	ions 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? If "Yes," complete Part II, col (c), and	I Part XV	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions CA, MA,					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	/ General		_		
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation		8b	Х		
9	is the foundation claiming status as a private operating foundation within the meaning of section 494	2(j)(3) or				_
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV	If "Yes,"				
	complete Part XIV		9		_ <u>X</u> _	- 4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list	ing their			v	
	names and addresses		10	لبيي	Х	
		E.	nm 990	n.PF/	20181	

\* FORM 990PF, PART VII-A -DISTRIBUTION TO A DONOR ADVISED FUND FOR QUALIFYING DISTRIBUTION

CHARLES SCHWAB CHARITABLE GIFT FUND

THE CONTRIBUTIONS MADE TO THE CHARLES SCHWAB CHARITABLE FUND FURTHER

THE COX FOUNDATION INC'S PURPOSE. THE CHARITABLE GIFT FUND USES THE

CONTRIBUTED FUNDS TO MAKE CHARITABLE CONTRIBUTIONS TO PUBLIC

CHARITIES.

### ATTACHMENT 12

FORM 990PF, PART VII-A -DISTRIBUTION TO A DONOR ADVISED FUND FOR SECTION 170 C 2B

CHARLES SCHWAB CHARITABLE GIFT FUND

THE CONTRIBUTIONS MADE TO THE CHARLES SCHWAB CHARITABLE FUND FURTHER

THE COX FOUNDATION INC'S PURPOSE. THE CHARITABLE GIFT FUND USES THE

CONTRIBUTED FUNDS TO MAKE CHARITABLE CONTRIBUTIONS TO PUBLIC

CHARITIES.

Par	t VII-A Statements Regarding Activities (continued)			
		经级	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		Х
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 ATCH 11 ATCH 12	12	Χ	
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 ▶ THE ST. LOUIS TRUST COMPANY Telephone no ▶ 314-727	-4600	)	
	Located at ▶7701 FORSYTH BLVD., STE. 1100 CLAYTON, MO ZIP+4 ▶ 63105	1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here N/A			
	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			東州
	the foreign country ▶ N/A	¥ 5	ir kar	100
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	La con all		
	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	200		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	in we		
	(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)?	2000 B	4 37 T	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		- Y	
	foundation agreed to make a grant to or to employ the official for a period after	2		
	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	ئۇنىسىتىڭ 4 ك	X	SZEX
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	1. Contract (1. Contract)	REC.CE
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c	ile.mi	X
,	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	SE 988	1. de 1800	13/4/4
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
9	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
u	6e, Part XIII) for tax year(s) beginning before 2018?			製用
	If "Yes," list the years $\blacktriangleright$ N/A	***		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b	N,	<u>'A</u>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		が	
	▶N/A	科藝	4	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	200		
	at any time during the year?	12. V		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			學
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	極減		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	72.45		VEC.
	foundation had excess business holdings in 2018 )	3b	N.	<u>/A</u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	,	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	فأنكفف		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X_

Päi	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (sectio	n 4945(e))?	. Yes X No	•		
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955), or to carry or	ı,			
	directly or indirectly, any voter registration drive?			. Yes X No	<b>,</b>		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X No	•		
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions			X Yes No	<b>,</b>		
	(5) Provide for any purpose other than religious, ch						
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	<b>&gt;</b>		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	1		
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.		<u>5b</u> _		X
	Organizations relying on a current notice regarding disas	ster assistance, check	here				
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax			
	because it maintained expenditure responsibility for the	grant?		. X Yes No	<b>,</b>		
	If "Yes," attach the statement required by Regulations so	ection 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiur	ns			
	on a personal benefit contract?			Yes XNo	<b>,</b>		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ict?	. 6b		X
	If "Yes" to 6b, file Form 8870						
7 a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?.	. Yes X No	<b>)</b>		
b	If "Yes," did the foundation receive any proceeds or have	ve any net income attr	ibutable to the transacti	on?	. <u>7b</u>	N	/ <u>A</u>
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more that	n \$1,000,000 in				
	remuneration or excess parachute payment(s) during the						<u> </u>
Pa	t VIII Information About Officers, Director and Contractors				Jioyees,		
4	List all officers, directors, trustees, and foundat	on managers and	thair componentian	See instructions			
1	List all Officers, directors, trustees, and foundati						
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
		(b) Title, and average hours per week	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
	(a) Name and address  H 13  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  0.	other all	lowance	0.
ATC:	(a) Name and address H 13  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.	ons). If n	one,	0.
ATC:	(a) Name and address  H 13  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	other all	one,	0. enter
ATC:	(a) Name and address H 13  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0.  1 - see instructi  (d) Contributions to employee benefit	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address H 13  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	0. enter
ATC:	(a) Name and address  H 13  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  (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one,	O. enter
2 (a)	(a) Name and address  H 13  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  (other than thos  (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0.	(d) Contributions to employee benefit plans and deferred compensation  0 .  1 - see instructi  (d) Contributions to employee benefit plans and deferred	ons). If n	one, se accolowance	enter unt,

AND TRUSTEES	
DIRECTORS,	
OF OFFICERS,	
- LIST O	
PART VIII	
990PF, PF	
FORM	

FORM 990PF, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	MENT 13
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARTHA W COX 190 SOUTH BEACH ROAD HOBE SOUND, FL 33455	PRESIDENT 1.00	.0	.0	.0
THOMAS FARRELL 7701 FORSYTH BLVD., SUITE 1100 CLAYTON, MO 63105	DIRECTOR 1.00	Ċ		· 0
STEPHEN BARTRAM 7701 FORSYTH BLVD., SUITE 1100 CLAYTON, MO 63105	DIRECTOR 1.00	Ċ		·o
ANN COX BARTRAM 320 MAYFLOWER ROAD LAKE FOREST, IL 60045	TREASURER 1.00	ó		·
HEIDI COX 182 GOMEZ ROAD HOBE SOUND, FL 33455	CLERK 1.00	Ö	.0	.0
MARTHA FARRELL 131 EAST 69TH STREET, APT 7B NEW YORK, NY 1002Į	DIRECTOR 1.00	Ö		· 0
	GRAND TOTALS	0.	0	0

Page 8

Par	Minimum Investment Return (All domestic foundations must complete this part Fosee instructions)	oreign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc	,	
	purposes		
а	Average monthly fair market value of securities	. 1a	27,641,200.
b	Average of monthly cash balances	. 1b	861,832.
С	Fair market value of all other assets (see instructions)	. 1c	23,532.
d	Total (add lines 1a, b, and c)	. 1d	28,526,564.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	
3	Subtract line 2 from line 1d		28,526,564.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, se	e	
	instructions),		427,898.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4 5	28,098,666.
6_	Minimum investment return. Enter 5% of line 5	. 6	1,404,933.
Pai	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	oundations	
_	and certain foreign organizations, check here ▶ and do not complete this part )	1	1,404,933.
1	Minimum investment return from Part X, line 6	•	1,101,333.
2 a	Tax on investment income for 2010 from Fart VI, inic 3	<del></del>	
b	,	2c	23,294.
C			1,381,639.
3	Distributable amount before adjustments Subtract line 2c from line 1		1,301,033.
4	Recoveries of amounts treated as qualifying distributions	· ·	1,381,639.
5	Add lines 3 and 4	' ' <del>   </del>	1,301,033.
6	Deduction from distributable amount (see instructions)	· · <del>  </del>	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XI		1,381,639.
	line 1	/	1,301,033.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,244,894.
b			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		-
а	Suitability test (prior IRS approval required)	. 3a	
b	• " "		
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		1,244,894.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		
	Enter 1% of Part I, line 27b See instructions		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,244,894.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when		vhether the foundation
	qualifies for the section 4940(e) reduction of tay in those years		

Form 990-PF (2018)

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Pa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
•	line 7				1,381,639.
2	Undistributed income, if any, as of the end of 2018				
_	Enter amount for 2017 only				
	Total for prior years 20 16 ,20 15 ,20 14				
	Excess distributions carryover, if any, to 2018				
	From 2013			ı	
	From 2014 86,290.				
	From 2015			•	
	From 2016				
е	From 2017				
f	Total of lines 3a through e	86,290.			
4	Qualifying distributions for 2018 from Part XII,		<del>-</del>		
	line 4 ▶ \$ 1,244,894.				
а	Applied to 2017, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2018 distributable amount				1,244,894.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same				
	amount must be shown in column (a) )	86,290.			86,290.
6	Enter the net total of each column as indicated below:		:		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				+
	been issued, or on which the section 4942(a)				-
	tax has been previously assessed			<del> </del>	
d	Subtract line 6c from line 6b Taxable				·
_	amount - see instructions				
e	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				50,455.
	distributed in 2019				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				ŀ
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8	Excess distributions carryover from 2013 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.				
-	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2014				
b	Excess from 2015				
c	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018	· ···-			

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BL	7	_	
7	_	_	

Form	1 990-PF (2018)		ATION INC				706878	
Рa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, quest	ion 9)	N	OT AP	PLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	ating			
	foundation, and the ruling	=						/
þ	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section	4942(J)	(3) or	
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			,	(e) Total
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) :	2015		
	I or the minimum investment return from Part X for each		•					
	year listed							
b	85% of line 2a							
٠	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not							_
	used directly for active conduct			,				
	of exempt activities						_	
	Qualifying distributions made directly for active conduct of				1			
	exempt activities. Subtract line							
3	2d from line 2c			<del>                                     </del>	<del>                                     </del>			
•	alternative test relied upon		,				į	
а	"Assets" alternative test - enter							
	(1) Value of all assets			<del></del>	· <del> </del>			
	(2) Value of assets qualifying under section							
	4942(j)(3)(B)(i)							
b	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed						ļ	
C	"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)	<u> </u>						
	(2) Support from general	,						
	public and 5 or more exempt organizations as							
	provided in Section 4942 (j)(3)(B)(y)							
	(3) Largest amount of sup-							
	offt from an exempt organization							
	(4) Gross investment income .							•
Pa	rt XV Supplemei	ntary Information (	Complete this part	only if the found	ation had	\$5,000 o	r more	in assets at
	any time d	luring the year - see	instructions.)					
1	Information Regardin	g Foundation Manage	rs:	-				
а	List any managers of	the foundation who I	nave contributed mo	re than 2% of the tot	al contribut	tions receiv	ed by th	he foundation
	before the close of any	y tax year (but only if th	iey have contributed i	more than \$5,000) (S	see section s	507(d)(2))		
	MARTHA COX							
b	List any managers of	the foundation who	own 10% or more o	of the stock of a corp	oration (or	an equally	y large p	ortion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greate	r interest			
	N/A							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:				
	Check here ► X If t	the foundation only	makes contributions	to preselected chai	ritable orga	inizations a	and doe	s not accep
	unsolicited requests for			ants, etc., to individua	als or organ	nizations ur	nder oth	er conditions,
	complete items 2a, b,	·						
a	The name, address, a	nd telephone number	or email address of t	he person to whom ap	plications sh	ould be add	Iressed	
	N/A							
þ	N/A The form in which app	lications should be sul	omitted and informati	on and materials they	should incli	ude		
	N/A Any submission deadli							_
C	Any submission deadli	ines						
	NT / 70							
	N/A Any restrictions or li	imitations on sweets	such as hy asses	anhical areas, charit	able fiolds	kında af	inctitutio	ne or other
đ	factors	mmanons on awards	, such as by geogr	apilical aleas, Charit	avie lielus,	KINUS OF	msututio	nis, or other

N/A

Form 990-PF (2018)				Page 11
Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid dunng the year				
ATCH 14				
111-011-12-1				
•				
			<u> </u>	
Total		<del></del>	<u></u> 3a	1,236,600.
<b>b</b> Approved for future payment				
			Ì	
			}	
		,		
· <u> </u>	<u> </u>			370
Total	<u> </u>	<u></u>	<u></u>	NONE

JSA 8E1491 1 000

ATTACHMENT 14	PAGE 29

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE	AID DURING THE YEAR		ATTACHMENT 14
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VARIOUS CHARITIES - SEE ATTACHED STATMENT	N/A PIRITC CHABITY	GENERAL PURPOSE	1,236,600

23-7068786

2018 FORM 990-PF

COX FOUNDATION INC

1,236,600

TOTAL CONTRIBUTIONS PAID

78997R 2256 11/10/2019

V 18-7 6F

Page **12** 

Part XVI-	A Analysis of Income-Prod	ucing Act	<u>ivities</u>			
	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions)
-						
· · · · · · · · · · · · · · · · · · ·						
С						
d						
						/
f						
g Fees a	and contracts from government agencies					
2 Members	ship dues and assessments	<u></u> .				
3 Interest or	n savings and temporary cash investments					
	s and interest from securities			14	545,237.	
5 Net renta	al income or (loss) from real estate			<u> </u>		
a Debt-	financed property			ļ		
b Not d	ebt-financed property			<u> </u>		
6 Net rental	income or (loss) from personal property			<u> </u>		
7 Other inv	vestment income			14	32,854.	
8 Gain or (le	oss) from sales of assets other than inventory			18	773,297.	·
9 Net incoi	me or (loss) from special events					
0 Gross pr	ofit or (loss) from sales of inventory					
11 Other rev	venue a					
c						
d				<del>                                     </del>		
θ	<del></del>			+	1,351,388.	
	Add columns (b), (d), and (e)	<u> </u>				1,351,388.
	Id line 12, columns (b), (d), and (e)				13	1,331,366.
Part XVI-	Relationship of Activitie		acomplishment of E	vomnt Bur	2000	
Line No.	Explain below how each activit	-				
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	tunds for such purposes	s) (See instructions)
	N/A				<del>-</del>	
	21/ 22	-	···			
						-
			-			
					<u> </u>	
			-			
			•		· · · · · · · · · · · · · · · · · · ·	
ì						
				_		
-						
			-			
	<u> </u>					

	(2018)	COX FOUNT	DATION INC		23~706	8786 F
Part XVI			nsfers to and Tran	sactions and	Relationships With Non	
4 Did #	Exempt Orga		anguage in any of the fo	llowing with any	other organization described	1
					n 527, relating to political	
organ	izations?				,	
			a noncharitable exemp			1 1
(1) C	ish	• • • • • • • • •		•••••		
	ther assets		• • • • • • • • • • • • • • • • • • • •	•••••		· 1a(2)
		oncharitable exen	npt organization			15(1)
(3) R	ental of facilities, equ	ipment, or other a	assets			. 1b(3)
					• • • • • • • • • • • • • • • • • • • •	
d If the	answer to any of the	he above is "Yes	s," complete the follow	vina schedule. C	olumn (b) should always sh	ow the fair
value	of the goods, other	assets, or service	ces given by the repor	ting foundation.	If the foundation received les	ss than fai
					of the goods, other assets, or	
(a) Line no.	(b) Amount involved N/A	(c) Name of n	oncharitable exempt organiza	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ription of transfers, transactions, and s	tharting arrangi
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7- 10 45-	foundation disasths	or indirectly of	filiated with as related	to one or more	e tax-exempt organizations	
					· · · · · · · · · · · · · · · · · · ·	Yes
	," complete the folio	• •				
	(a) Name of organization	an .	(b) Type of organ	ikation	(c) Description of rela	dionship
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					statements, and to the best of my long	evilladge and be
Sign	or and complete. Declaration	a preparez (dater man to	expayor) to based on all information	or mirels highwar iiga s		e PS discuss
	IM CM	'UM UN	1 11/13/11	<b>_</b>		e brebster si
· ( )	nature of officer or trustee		Date	Title	See Instr	ructions. X
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iere +	Print/Type preparer's no		Preparer's eignature	n. I	Date Check Self-employe	M PTIN