Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491318031399

2018

OMB No 1545-0052

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	018 , aı	nd ending 12-31	-2018	
		indation IDATION		A Employer id	lentification numbe	er
DL	ir i ook	IDATION		26-0802180		
	ber and 4 WAVE	street (or P O box number if mail is not delivered to street address) Room/suite	B Telephone nu	ımber (see ınstructio	ns)
-				(716) 474-818	8	
		, state or province, country, and ZIP or foreign postal code RD BEACH, ME 04064		C If exemption	application is pendin	g, check here
G Cł	neck al	I that apply	former public charity	D 1. Foreign or	ganizations, check h	ere
		☐ Final return ☐ Amended return			rganizations meeting	
		Address change Name change		test, chec	ck here and attach co	mputation 🕨 🔲
H C	neck ty	pe of organization Section 501(c)(3) exempt private	foundation		undation status was on 507(b)(1)(A), chec	
	Section		le private foundation		(- /(- /(- //	
		et value of all assets at end J Accounting method	☑ Cash ☐ Accru		ation is in a 60-mont	
		rom Part II, col (c), ▶\$ 284,502	t be on cash basis)	under section	on 507(b)(1)(B), chec	ck nere
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and	<u> </u>	I	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	20,000			
	_	schedule)	20,000			
	2	Check ► ☐ If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	3	3	3	
	4	Dividends and interest from securities	735	735	;	
	5a	Gross rents				
	ь	Net rental income or (loss)	_			
E E	6a	Net gain or (loss) from sale of assets not on line 10	167,465	i		
Revenue	b	Gross sales price for all assets on line 6a 378,979	9			
\aleph e	7	Capital gain net income (from Part IV, line 2)		167,465	5	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	188,203	168,203	3	
	13	Compensation of officers, directors, trustees, etc				
_	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
Ē	16a					
Exp	b	Accounting fees (attach schedule)	96-1			
Administrative Expenses	_ c	Other professional fees (attach schedule)	309	155	<u>'</u>	154
rati	17	Interest	100	50		50
II St	18	Taxes (attach schedule) (see instructions)	100	. 50		30
Ē	19	Depreciation (attach schedule) and depletion				
Ad	20	Occupancy				
пd	21 22	Travel, conferences, and meetings				-
ਰ ਹ	22	Other expenses (attach schedule)				
Operating and	24	Total operating and administrative expenses.				
era		Add lines 13 through 23	409	205	;	204
o	25	Contributions, gifts, grants paid	11,375			11,375
	26	Total expenses and disbursements. Add lines 24 and	,			1
		25	11,784	205	<u>;</u>	11,579
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and disbursements	176,419			
	ь	Net investment income (If negative, enter -0-)		167,998		
	С	Adjusted net income (if negative, enter -0-)				

Assets	

Liabilities

Net Assets or Fund Balances

3 Part

> 2 3

- 1					1	
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
1	0a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	159,881	<u>k</u> J	350,988	271,392
	С	Investments—corporate bonds (attach schedule)				
1	1	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
1	.2	Investments—mortgage loans				
1	L 3	Investments—other (attach schedule)				
1	4	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
1	.5	Other assets (describe)				
1	.6	Total assets (to be completed by all filers—see the				
		ınstructions Also, see page 1, item I)	185,027		364,098	284,502
1	١7	Accounts payable and accrued expenses			100	
1	.8	Grants payable			1,000	
1	.9	Deferred revenue				
2	20	Loans from officers, directors, trustees, and other disqualified persons				
2	21	Mortgages and other notes payable (attach schedule)				
2	22	Other liabilities (describe ▶)				
2	23	Total liabilities(add lines 17 through 22)			1,100	
		Foundations that follow SFAS 117, check here ▶ ✓				
		and complete lines 24 through 26 and lines 30 and 31.				
2	24	Unrestricted	185,027		362,998	
2	25	Temporarily restricted				
2	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here ▶ □				
		and complete lines 27 through 31.				
2	27	Capital stock, trust principal, or current funds				
2	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
2	29	Retained earnings, accumulated income, endowment, or other funds				
: з	30	Total net assets or fund balances (see instructions)	185,027		362,998	
3	31	Total liabilities and net assets/fund balances (see instructions) .	185,027		364,098	
31	***	Analysis of Changes in Net Assets or Fund Balances				
L		net assets or fund balances at beginning of year—Part II, column (a), line	: 30 (must agree with e	nd- • 1		185,027
2	,	r amount from Part I, line 27a		. 2		176,419
3		r increases not included in line 2 (itemize) ▶		3		1,552
1		lines 1, 2, and 3		. 4		362,998
5	Decr	eases not included in line 2 (itemize)		5		
5	Tota	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	column (b), line 30	. 6		362,998

	e the kınd(s) of property sold (e g , ı ırehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Additional Data Tabl	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) ir (loss)) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and own	ned by the foundation (on 12/31/69		1)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Tabl	e				
b					
С					
d					
e					
·	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction		· }	3	-7,200
Part V Qualification (Jnder Section 4940(e) for Re	duced Tax on Net	Investment Ir	ncome	
For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	t investment incor	me)	
f section 4940(d)(2) applies, le	eave this part blank				
f "Yes," the foundation does no	e section 4942 tax on the distributable qualify under section 4940(e) Do	not complete this part	· 		es 🗹 No
• • • • • • • • • • • • • • • • • • • •	nount in each column for each year,	see instructions before	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rat (col (b) divided by c	ol (c))
2017	449		236,420		0 001899
2016	22,657		207,541		0 109169
2015	13,225		259,292		0 051004
2014	10,199		264,893		0 038502
2013	7,215		205,462	T	0 035116
2 Total of line 1, column (d)		0 2		0 235690
	o for the 5-year base period—divide t Idation has been in existence if less t		0, or by the 3		0 047138
	ncharitable-use assets for 2018 from		4		289,296
5 Multiply line 4 by line 3			5		13,637
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		1,680
7 Add lines 5 and 6			7		15,317
8 Enter qualifying distribut	ons from Part XII, line 4 ,		8		11,579
If line 8 is equal to or gre instructions	eater than line 7, check the box in Pa	irt VI, line 1b, and com	plete that part usi	ng a 1% tax rate Se	e the Part VI

	330-F1 (2018)										age (
Pai			Activities for Which	Form 4720 May Be	Required (c	ontinue	d)				
5a	During the year did the foundation		•							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry										
	on, directly or indirectly, any voter registration drive? Yes						✓	No			
	(3) Provide a grant to an individual	for t	avel, study, or other sımı	ılar purposes?		Yes	✓	No			
	(4) Provide a grant to an organizat	ion ot	her than a charitable, etc	, organization described	I						
	ın section 4945(d)(4)(A)? See i	nstru	tions		• • [Yes	✓	No			
	(5) Provide for any purpose other t	han r	eligious, charitable, scient	tific, literary, or	_						
	educational purposes, or for the	e prev	ention of cruelty to childr	en or animals?	[Yes	~	No			
b	If any answer is "Yes" to $5a(1)-(5)$, dıd a	iny of the transactions fa	ıl to qualıfy under the ex	ceptions descri						
	Regulations section 53 4945 or in a	curre	nt notice regarding disast	ter assistance? See instr	uctions				5b		
	Organizations relying on a current r	notice	regarding disaster assista	ance check here		. ▶					
С	If the answer is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the			_				
	tax because it maintained expendit	ure re	sponsibility for the grant?	·	• • [Yes	П	No			
	If "Yes," attach the statement requ	red b	y Regulations section 53 -	4945-5(d)	_		_				
6a	Did the foundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premit	ıms on						
	a personal benefit contract?				. [7 v	✓	N.			
b	Did the foundation, during the year	, pay	premiums, directly or ind	irectly, on a personal be	nefit contract?	_ Yes		NO	6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction? [٦ ٧	./				
b	If yes, did the foundation receive a	ny pro	ceeds or have any net in	come attributable to the	transaction?.	⊥ Yes · · .	•	No	7b		
8	Is the foundation subject to the sec	tion 4	.960 tax on payment(s) o	f more than \$1,000,000	ın remuneratio	n or		Ī			
	excess parachute payment during t	he ye	ar [?]		г	٦.,					
	Information About				L	<u> Yes</u>		No L	·005		
Pai	and Contractors	OIIIC	ers, Directors, Trust	ees, roundation Ma	mayers, mig	iliy Pai	u Ell	ipioy	,ccs,		
_			4-4:	date de la companya d	C ! t t.						
	List all officers, directors, truste		b) Title, and average	(c) Compensation (If	(d) Contri		_				
	(a) Name and address	l '	hours per week	not paid, enter	employee ben					se acc	
			devoted to position	-0-)	deferred cor	npensati	on	Ot	ner a	lowand	es
DEAN	L PHILLIPS	DIR/I 0 50	PRES	0			0				(
	AVELET STREET DRCHARD BEACH, ME 04064	0 50									
	Y J PHILLIPS	DIR/	SEC/TREA	0							
	AVELET STREET	0 50	SEC/TREA	٥			٥				,
	DRCHARD BEACH, ME 04064										
DEAN	LOUIS PHILLIPS	DIR		0			0				(
	NIGHTFALL CT	0 10									
	1ING, GA 30040										
	S L SMITH	ASST 0 50	TREASUR	0			0				(
	ST CORYDON ST FORD, PA 16701										
2		id en	nployees (other than th	nose included on line 1	L—see instruct	tions). I	f non	ne, er	nter "l	NONE.	71
			/L) T.H		(d) Contri	butions t	0				
(a)	Name and address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee					se acco	
	more than \$50,000		devoted to position	(5) 55	plans and comper		1	oth	ner all	owance	es
NON					Comper	ISALIOIT					
NO N	_										
ota	l number of other employees paid ov	er \$5	0,000	<u></u>	<u></u>	•					
								Forr	n 99 0)-PF (2018

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation du	•	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2018)

1a

1b

2

3a 3b

4

5

11,579

11.579

11,579

Form **990-PF** (2018)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

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

1

2

3

4

5

b

Page 9

11,105

204

10,901

Form **990-PF** (2018)

rt	XIII	

c From 2015. . . . d From 2016. e From 2017.

Form 990-PF (2018)

Undistributed Income (see instructions)

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. **b** Total for prior years

(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

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

same amount must be shown in column (a))

3 Excess distributions carryover, if any, to 2018

a From 2013.

b From 2014.

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

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

11.375

11,375



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
		<u> </u>				
		<u> </u>				
	and contracts from government agencies					
_	ership dues and assessments					
3 Interes	st on savings and temporary cash nents					
4 Dividei	nds and interest from securities					73!
5 Net re	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
8 Gain o invento	r (loss) from sales of assets other than					4.57.46
	•					167,46
	come or (loss) from special events profit or (loss) from sales of inventory					
1 Other	revenue a					
b	revenue u					
d				1		
d						
d e	al Add columns (b), (d), and (e).					168,200
d e 2 Subtot 3 Total.	ral Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	
d e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			3	168,203 168,203
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) ne Accomplish income is reporti	ment of Exem	pt Purposes If Part XVI-A contribu	ted importantly to	168,203

	(2020)							
VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations							
	Exempt organizations							

Pa	rt XVII	Exempt Organ		alisicis	10 0	ilia ITalisactio	iis ailu	Kelatio	nampa with Noi	iciiaiic	abic		
		janization directly or in than section 501(c)(3)	ndirectly enga							on 501		Yes	No
аΤ	ransfers f	rom the reporting four	ndation to a n	oncharitable	e exe	empt organization	of			ŀ			
(1) Cash.									.	1a(1)		No
(2) Other	assets								. [1a(2)		No
b 0	ther trans	sactions											
(1) Sales	of assets to a nonchar	ritable exempt	t organizatio	on.						1b(1)		No
	-	ases of assets from a									1b(2)		No
(3) Renta	l of facilities, equipme	nt, or other a	ssets							1b(3)		No
•	-	oursement arrangemen								F	1b(4)		No
-	-	or loan guarantees.								h	1b(5)		No
-	-	mance of services or m	•	_	-					•	1b(6)		No
	-	facilities, equipment, i								[1c		No
		ver to any of the above ds, other assets, or se											
		saction or sharing arra									_		
	s. I	413.4	1				411.5						
(a) L	ine No	(b) Amount involved	(c) Name of	noncharitable	e exer	mpt organization	(d) Des	cription of	transfers, transactions	, and shar	ing arrar	igement	S
2 a Is	the foun	dation directly or indir	ectly affiliated	with, or re	elated	d to, one or more	tax-exem	ıpt organı	zations				
d	escribed i	n section 501(c) (othe	r than section	501(c)(3))) or i	n section 527? .			\square	es 🔽	No		
b If	"Yes," co	mplete the following s	chedule										
		(a) Name of organizati	on		(b) Type of organization	n		(c) Description	of relatio	nship		
	Unde	er penalties of perjury,	I declare that	t I have exa	amını	ed this return, incl	uding acc	companyi	ng schedules and st	atement	s. and t	o the b	est
	of m	y knowledge and belie	f, it is true, co										
?:~		h preparer has any kn	owledge			I							
Sig		****				2019-11-14	*	*****		May th return	e IRS dis	cuss th	IS
ler	·e -						}-			with th	e prepar	er show	'n
	 	Signature of officer or t	trustee			Date	7	Γıtle		below ,		71 r	٦ ا
		-								(see in	str)? 🖢	⊔ Yes -	⊐ No
		Print/Type preparer's	s name	Preparer's	Sıgn	nature	Date			PTIN			
									Check if self-	1	P00194	293	
	_	JAMES L SMITH C	PA				2019-	-11-14	employed ▶ ☐				
Pai													
	parer	Fırm's name ► SMI	TH BEST & ST	ONEKING F	PC					Fırm's EI	N ▶25-	16990	17
Jse	Only	Final Park	DEACT CODY	ON CTREE									
		Firm's address ► 80	D EAST CORY	OON STREE	:1								.
		В	RADFORD, PA	16701						Phone no	(814)	363-1	.040

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, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation CVR REFINING LP Р 2018-01-02 2018-12-24 **DELTA AIRLINES** Ρ 2018-08-13 2018-10-05 ELECTRO SCIENTIFIC IND Р 2018-01-05 2018-10-30 KUSHCO HOLDINGS INC Р 2018-06-21 2018-10-05 KUSHCO HOLDINGS INC Ρ 2018-06-21 2018-12-11 Ρ TRANSENTERIX INC 2018-08-23 2018-10-05 Ρ TWITTER INC 2018-06-19 2018-12-24 VIPSHOP HLDGS LTD Р 2018-09-20 2018-10-05 ABRAXAS PETROLEUM Ρ 2017-03-28 2018-09-20 FACEBOOK INC Р 2013-08-28 2018-11-16 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 4,208 8.864 -4,656 26,386 27,052 -666 27,993 20,827 7,166 2.928 2.594 334 2,863 2,594 269 5,307 4,982 325 13,288 22,186 -8,898 5,513 6,587 -1,0744,953 4,122 831 112,791 32,177 80,614 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -4,656 -666 7,166 334 269 325 -8,898 -1,074831 80,614

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, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation SAREPTA THERAPEUTICS INC Ρ 2016-09-26 2018-06-19 SAREPTA THERAPEUTICS INC Ρ 2016-09-26 2018-08-08 THERAPEUTICSMD INC Ρ 2016-09-21 2018-12-24 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) 96,592 36.276 60.316

72,582		36,863	35,719			
3,575		6,390	-2,815			
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment Income - Colum	ns i - I			
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69 Adjusted basis Excess of col (I) (I) Losses (from cold						

Complete only for assets shov	Gains (Col (h) gain minus		
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(၊) (k) over col(յ), ıf any	col (k), but not less than -0-) or (I) Losses (from col (h))

complete only for assets showing gain in column (if) and owned by the foundation on 12/51/05				
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(ı) (k) over col(ʒ), ıf any	col (k), b (I) Loss	

(), 40 0. 12, 02, 05	(11) 51 51 (3)// 11 4111/	
		60,316
		35.710

	35,719
	-2 815

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

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

a Paid during the year			
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607		TO FURTHER EXEMPT PURPOSE OF DONEE	2,200

700NL, NC 20007		OI DOINEL	
INITED SPINAL ASSOCIATION 14 NASHUA STREET 11LFORD, NH 03055		TO FURTHER EXEMPT PURPOSE OF DONEE	

4 NASHUA STREET IILFORD, NH 03055		OF DONEE
UTISM SPEAKS		TO FURTHER EXEMPT PURPO

54 NASHUA STREET MILFORD, NH 03055		OF DONEE	
AUTISM SPEAKS 1060 STATE RD 2ND FLOOR		TO FURTHER EXEMPT PURPOSE OF DONEE	

	OF DONEE	
	TO FURTHER EXEMPT PURPOSE	

500

MILFORD, NH 03055		OF DONEE	
AUTISM SPEAKS 1060 STATE RD 2ND FLOOR		TO FURTHER EXEMPT PURPOSE OF DONEE	500

1060 STATE RD 2ND FLOOR PRINCETON, NJ 08540	OF DONEE	500
Total	 ▶ 3a	11,375

Total		> 25	11 270
PRINCETON, NJ 08540			1
1000 STATE RD ZND FLOOR		OF DONEE	ı

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

any foundation manager

or substantial contributor

Name and address (home or business)

5993 COUNTY ROAD

BELFAST, NY 14711

Total .

a Paid during the year			
ALZHEIMERS ASSOCIATION PO BOX 96011 WASHINGTON, DC 200906011		TO FURTHER EXEMPT PURPOSE OF DONEE	500
WELLSPRING MINISTIRES 5993 COUNTY ROAD BELFAST NY 14711		TO FURTHER EXEMPT PURPOSE OF DONEE	1,000

recipient

OF DONEE

175

11,375

WASHINGTON, DC 200900011			
WELLSPRING MINISTIRES 5993 COUNTY ROAD BELFAST, NY 14711		TO FURTHER EXEMPT PURPOSE OF DONEE	1,
WELLSPRING MINISTIRES		TO FURTHER EXEMPT PURPOSE	

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BORDERI ANDS FOOD BANK TO FURTHER EXEMPT PURPOSE 500

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

2661 N DONNA AVE STE A NOGALES, AZ 85621		OF DONEE	
MASSACHUSETTS GENERAL HEALING CENTER125 NASHUA STREET SUITE 540		TO FURTHER EXEMPT PURPOSE OF DONEE	5,000

1,000

11,375

▶ 3a

SUITE 540 BOSTON, MA 021141101		OI BONLE	
MASSACHESETTS GENERAL HEALING CENTER125 NASHUA STREET SUITE 540 BOSTON, MA 021141101	SET ASIDE	TO FURTHER EXEMPT PURPOSE OF DONEE	

Total .

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318031399

TY 2018 Investments Corporate Stock Schedule

Name: DBP FOUNDATION

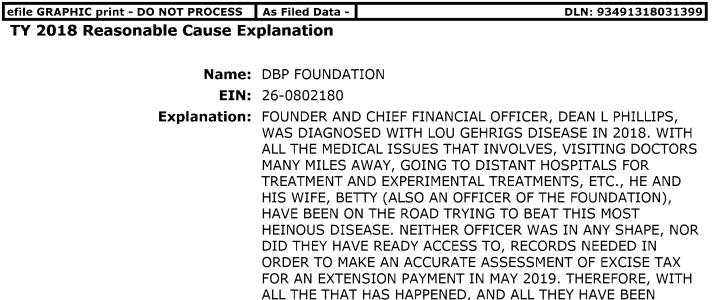
ETN: 26-0802180

EIN: 26-0802180				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
FACEBOOK INC COM				
ABEONA THERAPEUTICS	15,257	7,140		
ADVANCED MICRO DEVICES	19,706	12,922		
EOG RESOURCES	17,649	20,930		
SAREPTA THERAPEUTICS				
THERAPEUTICSMD INC				
ABRAXAS PETROLEUM CORP				
ESPERION THERAPEUTICS, INC	37,581	35,650		
NORTHERN DYNASTY MINERALS LTD	1,057	285		
DELTA AIRLINES	27,051	24,950		
EXELISIS	10,287	9,835		
JAGGED PEAK ENERGY	14,041	9,120		
NVIDIA CORP	133,024	106,800		
SHLUMBERGER LTD	32,832	18,040		
TWITTER	22,186	14,370		
WPX ENERGY	20,317	11,350		

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491318031399
TY 2018 Other Increases Schedule	
Name: DBP FOUNDATION	
EIN: 26-0802180	
Description	Amount
PY CASH ADJ	1,552

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318031399		
TY 2018 Other Professional Fees Schedule					
Name: DBP FOUNDATION EIN: 26-0802180					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

CT CORPORATION-ADMIN



TAX. THANK YOU.

THROUGH, WE RESPECTFULLY REQUEST ABATEMENT OF ALL PENALTIES RELATED TO LATE PAYMENT OF THE 2018 EXCISE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	- DLN: 93491318031399		
TY 2018 Taxes Schedule				
Name: DBP FOUNDATION EIN: 26-0802180				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS REGISTRATION FEES	100	50		50

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -		DLN: 93491318031399
Schedule B	Schedule of Contrib	utors	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		ach to Form 990, 990-EZ, or 990-PF <u>urs gov/Form990</u> for the latest information 2018	
Name of the organization	1	Employer	identification number
Organization type (chec	(one)	26-080218	10
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treate	ed as a private foundation	
	☐ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation		
	on filing Form 990, 990-EZ, or 990-PF that received, dur roperty) from any one contributor Complete Parts I and		
Special Rules			
under sections 50 received from any	n described in section 501(c)(3) filing Form 990 or 990-E $\Theta(a)(1)$ and 170(b)(1)(A)(vi), that checked Schedule A (Formal one contributor, during the year, total contributions of the 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	orm 990 or 990-EZ), Part II, line 13	3, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), or (10) filing Form 9 tal contributions of more than \$1,000 exclusively for relig e prevention of cruelty to children or animals. Complete I	gious, charitable, scientific, literary,	
during the year, c If this box is chec purpose Don't co	n described in section 501(c)(7), (8), or (10) filing Form 9 intributions exclusively for religious, charitable, etc., purpled, enter here the total contributions that were received inplete any of the parts unless the General Rule applies e, etc., contributions totaling \$5,000 or more during the y	poses, but no such contributions to during the year for an exclusively to this organization because it rec	otaled more than \$1,000 religious, charitable, etc , ceived <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the General Rule and/or the Specia must answer "No" on Part IV, line 2, of its Form 990, or m 990PF, Part I, line 2, to certify that it doesn't meet the	check the box on line H of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990	Notice, see the Instructions Cat No 306133	X Schedule B (Form 9	90, 990-EZ, or 990-PF) (2018)

Name of organi DBP FOUNDATIO		Employer identification 26-0802180	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT H PATRICIA LONG 723 FRANKLIN ROAD MARS, PA 16046	\$ 10,000	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions) (d) Type of contribution
		s	Person
(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
		Schodulo P. (5	Person Payroll Noncash (Complete Part II for noncash contributions) orm 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization DBP FOUNDATION		Employer identification number	
DBF TOONDATION		26-08	302180
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

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