Department of the Treasury

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.

Int	ernal i	Revenue Service Go to www irs	gov/rormyyurmo	r instr	uctions and th	ie latest in	tormati	on. Corr	Jen to Public Inspection
_		endar year 2018 or tax year beginning			, 2018,	, and end			, 20
Na	Name of foundation  A Employer identification number								
OLIVER & CUNNINGHAM FAM FDN-MAIN									6013076
Νι	ımber	and street (or P O box number if mail is not delivered	to street address) Room/suite			te B	Telephone numb	er (see instructions)	
		• • • • • • • • • • • • • • • • • • • •	*	-		-	· ·   ·		
	632	5 S'RAINBOW BLVD STE 300				)		88	<u>18-730-4933</u>
Cit	y or to	own, state or province, country, and ZIP or foreign pos	al code	·					
				•	•		C	If exemption applica pending, check here	tion is
	LAS	VEGAS, NV.89118	1 *		·				
G	Che	ck all that apply Initial return	Initial r	eturn	of a former p	ublic cha	rity D	1 Foreign organizat	tions, check here 🕨 🔛
		; Final return	Amend	led re	turn ,	,		2 Foreign organizat	
_		Address change	· Name					<ul> <li>85% test, check h computation</li> </ul>	
H	Che	ck type of organization. X Section 501	(c)(3) exempt pri	ıvate f	oundation	$\rho_i$	<b>ሳ</b>  ₌	If private foundation	status was terminated
$\perp$	s	ection 4947(a)(1) nonexempt charitable trust	<del></del>		ivate foundat		<u>`</u>  -		i)(1)(A), check here .
ı	Faır	·	ounting method.	<u>_x</u> c	ash Acc	rual	F	If the foundation is i	n a 60 month termination,
	end	of year (from Part II, col. (c), line	Other (specify)		_			under section 507(b	)(1)(B), check here . 🗲 🔃
			column (d) must be	e on ca	sh basis)			-	
E	art l	Analysis of Revenue and Expenses (The	(a) nevenue a		' (b) Net inve	etmant	(c)	Adjusted net .	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses pe books	r	incom		'67	income	purposes
_		column (a) (see instructions) )	1		A Continue of the state of the	ohers a . Lorodon.	Bold one of us	ANNUA IN HIS REPORT OF MANUAL	(cash basis only)
	1	Check V if the foundation is not required to		000		1. <b>36</b> .07.14.344	S Sec. 16	CONTRACTOR OF SE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	2	Check X if the foundation is not required to attach Sch B	Party Carry		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ત્રહેંજ <i>ે</i> છે		Fine Contract	1
	3	Interest on savings and temporary cash investments-	·		,				**************************************
	4`	Dividends and interest from securities	298,	189.	. 29	0,038.			STMT-1
	5a	Gross rents	1000 a 23 a 4 5 5 5 6 5 7 5 6 7 5 6 7 5 6 7 5 6 7 5 7 5	su s ·	1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2000) (32	85 × 1.25	** ***********************************	
	Ь	Net rental income or (loss)			10979 . 1,389°	*******	1 Sec. 15		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ne	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	1,462,	184.	220 240 Bark	THE TOTAL		Toring the second	
e		Gross sales price for all 3, 621, 640	10.486.00 (A 4.8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	<u> </u>		14 1 0 4 1 1 0 4	€. ;v	88. 188882. SA	(1975) 1 TH ST 1974
Revenue	7	Capital gain net income (from Part IV, line 2) .	A COLUMN	SEATO S. A.	1,46	2,184.	3. J. 1. 18	ing the second	
-	8	Net short-term capital gain		\$2.00 \ \$4.00 \	\$2-57.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	~ <u>\$\$</u>			A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
,	9 10a	Income modifications	Parallel to the Later of the	¥″ - <sup>™</sup> ¥″∀ - St/>2	Biston Stunden		₩3°58	E to Constitution of the	9 -36 72 (4)
		and all accompany	<b>1.2.0.2</b> .20	19	100 Thurston	1988 OS	\$200 A		2.7
	• Ь	Less Cost of goods sold 1. 2.7 2019	1 363 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- :		SPONSI	8°-7 × 1	Salva Cara	2 12 12 12 12 12 12 12 12 12 12 12 12 12
		Gross profit or (loss) (attach schedule)	ATI 2	853.	Barrier, Target 1	2,853.			STMT 2
	11 12	Other income (attach schedule) UNCINN	NTES 772		1 75	5,075.		······	- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
_		Total. Add lines 1 through SERVICE C		$\frac{220.}{128.}$	<del></del>	2,375.			10,792
S	13	Compensation of officers, directors, trustees, etc	12,		<del>                                     </del>	NONE	i i	NONE	
nses	14	Other employee salaries and wages	.}			NONE		NONE	
pel	15 16a b c 17 18 19 20 21	Pension plans, employee benefits Legal fees (attach schedule)	_			110111		110111	
Ĕ	108 h	Accounting fees (attach schedule) STMT 3	-	995.		NONE		NONE	995
Ş	Ь	Other professional fees (attach schedule)	-			210111		,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ati	17	Interest						•	
str	18	Taxes (attach schedule) (see instructions). 4.	91,	793		9,193.	<u> </u>	-	
Ē	19	Depreciation (attach schedule) and depletion.				- ,		<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ę	20	Occupancy	,						
۲	21	Travel, conferences, and meetings	,			NONE		NONE	
Juc	22	Printing and publications	1 .		- ,	NONE		NONE	
ğ	23	Other expenses (attach schedule) STMT. 5.	1.	521.	·	1,521.			
.=	24	Total operating and administrative expenses.					٠, ,		
era		Add lines 13 through 23	136,	437.	- 4	3,089.		NONE	11,787.
ď	25	Contributions, gifts, grants paid	549,		TAN-ALIO		£.1.2	<b>医广泛器</b> (2) 图	549,747.
	26	Total expenses and disbursements Add lines 24 and 25	686,		-	3,089.		NONE	
_	27	Subtract line 26 from line 12	1		(4) 13 65 A	\$	\$1. 138 100 miles	St. Land Land	P整备公司公司。
		Excess of revenue over expenses and disbursements	1,087,	042.					
		Net investment income (if negative, enter -0-)	(A) (A) (A) (A)		1;71	1,986.		4. 4	1、2000年代の大学
	_	Adjusted not income (if pagetive enter -0-)	BOOK STANSON		CELL STATE	74.74% x/2.74			YESANGALIBING

JSA For Paperwork Reduction Act Notice, see instructions
8E1410 1 000
HMN270 V17U 10/31/2019 09:05:34

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Attached schedules and amounts in the	Beginning of year	End of	d of year	
_	ar t III	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing			· · · · · · · · · · · · · · · · · · ·	
	2	Savings and temporary cash investments	418,111.	836,944.	836,944	
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts				
	5	Grants receivable	_			
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶NONE				
2	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
AS		Investments - U.S. and state government obligations (attach schedule).				
		Investments - corporate stock (attach schedule)				
		Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis			i	
		Less accumulated depreciation				
	12	(attach schedule) Investments - mortgage loans				
	13	Investments - other (attach schedule) STMT .6.	7,032,093.	7,692,754.	9,824,600	
	14	Land, buildings, and	.,,,.		1	
		equipment basis Less accumulated depreciation				
	15	(attach schedule) Other assets (describe				
	16	Total assets (to be completed by all filers - see the	-			
		instructions Also, see page 1, item I)	7,450,204.	8,529,698.	10,661,544.	
	17	Accounts payable and accrued expenses	1,7130,72011	0/323/0301	<u> </u>	
	18	Grants payable			i	
က္ခ	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	1	
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons.				
園	21	Mortgages and other notes payable (attach schedule)			į	
Liabilities	22	Other liabilities (describe )			· · · · · · · · · · · · · · · · · · ·	
		Cuter habilities (describe P			<u> </u>	
	23	Total liabilities (add lines 17 through 22)		NONE		
┪		Foundations that follow SFAS 117, check here ▶		110112	i	
တ္ဆ		and complete lines 24 through 26, and lines 30 and 31.			į	
salances	24	Unrestricted				
횰	24				<u> </u>	
8	25	Temporarily restricted				
밁	26	Foundations that do not follow SFAS 117, check here			1	
리		and complete lines 27 through 31			į	
히	26 27 28 29 30	•	7,450,204.	8,529,698.		
\$	20	Capital stock, trust principal, or current funds	7,430,204.	0,323,030.	<del></del>	
š	20	Paid-in or capital surplus, or land, bldg, and equipment fund			<u> </u>	
₹	20	Retained earnings, accumulated income, endowment, or other funds	7,450,204.	8,529,698.		
힐	30	Total net assets or fund balances (see instructions)	7,430,204.	0,329,090.		
	341		7 450 204	8,529,698.		
D	art III	Analysis of Changes in Net Assets or Fund Bala	7,450,204.	0,343,030.		
				ust agree with		
1		al net assets or fund balances at beginning of year - Part			7 450 204	
•		-of-year figure reported on prior year's return)			7,450,204.	
		er amount from Part I, line 27a			1,087,042.	
		er increases not included in line 2 (itemize) RECOVERY OF 1		3	300.	
		l lines 1, 2, and 3		4	8,537,546.	
		reases not included in line 2 (itemize) SEE STA		lung 20 6	7,848.	
D	rota	al net assets or fund balances at end of year (line 4 minus l	ine 5) - rart II, column (b),	line 30   <b>6</b>	8,529,698.	

_	990-PF (2018)	<del></del>				Page 3
Pai	t IV Capital Gains	and Losses for Tax on Inve	estment Income	1 751	_	
		cribe the kind(s) of property sold (for e	· · · · · · · · · · · · · · · · · · ·	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold
	-	ick warehouse, or common stock, 200	shs MLC Co)	D Donation		(mo , day, yr )
<u>1 a</u>	PUBLICLY TRADED	SECURITIES				
b				<u> </u>		
<u>c</u>						
<u>d</u>				<u> </u>		
<u>e</u>					<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
	2 601 640	(or allowable)			<del> </del>	
<u>a</u>	· · · · · · · · · · · · · · · · · · ·		2,159,456.		<u>_</u>	462,184.
<u>b</u>						
<u>c</u>				<del> </del>		
<u>d</u>						
<u>          e</u>						
	Complete only for assets sn	owing gain in column (h) and owned b	<u> </u>		Gains (Col (h) ga (k), but not less t	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	Losses (from co	
		43 31 12, 31, 33	Stor sor (j), it stry	<del></del>	· 1	162 194
a	<del></del>				<u>_</u>	462,184.
b		<del> </del>		<del>                                     </del>		
<u>c</u>		•		-		
e			-	<del></del>		
		f If as	ain, also enter in Part I, line 7			<del></del>
2	Capital gain net income		oss), enter -0- in Part I, line 7	2	1	462,184.
3	Net short-term capital ga	nin or (loss) as defined in sections	,	-		102,101.
_	•	art I, line 8, column (c). See ins		1 1		
	-		f .	3		
Par			uced Tax on Net Investment I	ncome		·
(, 0,	optional asc by domestic	private roundations subject to the	section 4940(a) tax on net investr	none moo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If se	ction 4940(d)(2) applies,	leave this part blank				
					_	
			outable amount of any year in the b	ase perio	d?	」Yes <u>X</u> No
	<del></del>	t qualify under section 4940(e). De	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			
1	Enter the appropriate am	nount in each column for each yea	r, see the instructions before makir	ng any en		
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra	
Cale	ndar year (or tax year beginning in)				(col (b) divided by	
	2017	491,947.	10,918,309.			0.045057
	2016	619,598.	9,978,676.			0.062092
	2015	384,908.	10,428,498. 10,436,829.			0.036909
	2014	362,830.				0.034764
	2013	352,396.	95,251,527.	<del>                                     </del>		0.003700
•	Total of least to the Co.	٦١.		2		0 100500
2		d)		-		0.182522
3	_	o for the 5-year base period - divid		3		0.036504
	the number of years the	foundation has been in existence i	if less than 5 years	3		0.036304
	<b>.</b>		5	4	11	122 106
4	Enter the net value of no	ncharitable-use assets for 2018 from	om Part X, line 5	-		<u>422,196.</u>
_				5		116 056
5	iviultiply line 4 by line 3.			-		416,956.
_	F 40/ 5			6		17,120.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)				11,140.
7	Add lines E and C			7		434,076.
7	Aud lines 5 and 6				·	<del>1</del> 31,070.
0	Enter gualifica a distribute	iona from Bart VII. line 4		8		561,534.
8		ions from Part XII, line 4 reater than line 7 check the box				

Part VI instructions.

	990-PF (2018) 7 35-60130/6	1049			'age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or a	1948 - See	instru	ction	S)
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)	_		10 1	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		17,1	<u>L20.</u>
	here $\blacktriangleright$ $X$ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			NONE
3	Add lines 1 and 2	3		<u> 17,1</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		_	NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5		17,1	L20.
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 48,619.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7		48,6	519.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		31,4	
1		11		14,3	379.
ar	t VII-A Statements Regarding Activities			_	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it		Yes	No
	participate or intervene in any political campaign <sup>7</sup>		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s? See the			
	Instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of ar	y materials			
	published or distributed by the foundation in connection with the activities				l
c	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ►\$ (2) On foundation managers ►\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax				
	on foundation managers > \$				
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 instrum	ent, articles	Ì		
	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		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions are sometimes of the control of th	ections that			
	conflict with the state law remain in the governing instrument?		6	X	
,	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a		7	X	
7 0-		iliu rait Av	<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions IN				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
			1		l
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4	942(j)(3) or	<del></del>		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XI	-			
9		V If "Yes,"	9		
9	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XI	V If "Yes,"	9		X

Par	t VII-A Statements Regarding Activities (continued)			
		Sec.	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		) }
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		) }
13		13	Х	
13	Website address ► N/A			
14	The books are in care of SEE STATEMENT 10  Telephone no			
14	Located at   ZIP+4			
4-		_		$\Box$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	الا
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		163	}
	over a bank, securities, or other financial account in a foreign country?		Salar Salar Co	1000000
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the force assertion.	T CONTRACT	in Selection	1000
D	the foreign country	成我 ,	N. 28 N	1. 1.133
الثنا	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1386	Vac	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Project Co.	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		100	138
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		<b>133</b>	144
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?		1000	
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the		ON T	
	foundation agreed to make a grant to or to employ the official for a period after		7.32	1.30
	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		7,786.0	233
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	- Special Control	X
	Organizations relying on a current notice regarding disaster assistance, check here			<b>***</b>
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	(A)	730	1.2
	were not corrected before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		***************************************	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ,,,,,,,			~83
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		// 1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		.XX.	77.22
	all years listed, answer "No" and attach statement - see instructions )	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		100 mg/s	<b>1000</b>
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		300	
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
-			- DE	

Part	VII-B Statements Regarding Activities f	or Which Form 4	1720 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	nce legislation (sectio	n 4945(e))?	. Yes X No	,					
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	າ,		l				
	directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No									
	(4) Provide a grant to an organization other than a charitable, etc., organization described in									
	section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other than religious, ch									
	purposes, or for the prevention of cruelty to children or animals? Yes X No									
b	If any answer is "Yes" to 5a(1)-(5), did any of the				,					
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ice? See instructions.		5b		X			
	Organizations relying on a current notice regarding disas	ter assistance, check	here							
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax		j	!			
	because it maintained expenditure responsibility for the	grant?STMT.	11	. X Yes No	,					
	If "Yes," attach the statement required by Regulations se	=								
6a	Did the foundation, during the year, receive any fur		ectly, to pay premiur	ns						
	on a personal benefit contract?	•		Yes X No	,					
ь	Did the foundation, during the year, pay premiums, direc			ict <sup>7</sup>	6b		X			
	If "Yes" to 6b, file Form 8870		•							
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	,		]			
b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transacti	on <sup>7</sup>	7b	·····				
8	Is the foundation subject to the section 4960 tax on payer	ment(s) of more than	\$1,000,000 in							
	remuneration or excess parachute payment(s) during the	year <sup>7</sup>	<u> </u>	. Yes X No	,					
Part	Information About Officers, Director	rs, Trustees, Fou	indation Manager	s, Highly Paid Emp	oloyees,					
1	and Contractors  ist all officers, directors, trustees, and foundation	n managers and th	neir compensation.	See instructions.						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense	accou	nt,			
	(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other allo	wance	s 			
	Farqo Bank, N.A.	TRUSTEE								
100 N	MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101	1	42,128.	-0-			-0-			
	<del> </del>									
						_				
		(-4) 4) 4)			. 1 10		<u> </u>			
	Compensation of five highest-paid employees 'NONE."	(otner than thos	e included on line	e i - see instructio	ins). It no	ne, e	enter			
		(b) Title, and average		(d) Contributions to	(e) Expense					
(a) l	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	other allo					
		and the passing in		compensation						
NONE			NONE	NOME	MC	ינואי				
NONE			NONE	NONE	INC	NE	-			
		-								
					_					
Total	number of other employees paid over \$50,000				MC	NE				
iotai	number of other employees paid over \$50,000			<u> ▶  </u>	Form 990		2018)			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)					
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."			
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation			
NONE		NONE			
Total numi	per of others receiving over \$50,000 for professional services	NONE			
Part IX-A		NONE			
	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of one and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses			
1 NONE					
2					
3					
4					
Part IX-B	<u> </u>	Amount			
1NONE	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Andan			
2					
•	rogram-related investments. See instructions				
3 <u>NONE</u>					
Iotal. Add	lines 1 through 3 · · · · · · · · · · · · · · · · · ·				

Par	rt X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign 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	10,801,664.
b			794,474.
C		1 . 1	NONE
d		1d	11,596,138.
е			
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d		11,596,138.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		11,330,130.
7	instructions)	4	173,942.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,422,196.
6	Minimum investment return. Enter 5% of line 5		571,110.
	The XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part )		3,1,110.
1	Minimum investment return from Part X, line 6	1	571,110.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 17,120.		
ь			•
c		2c	17,120.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	553,990.
4	Recoveries of amounts treated as qualifying distributions	[	300.
5	Add lines 3 and 4	5	554,290.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	554,290.
Par	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	<u>561,534</u> :
þ	3	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	561,534.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	17,120.
6	Adjusted qualifying distributions Subtract line 5 from line 4		544,414.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	ilculating v	whether the foundation

Page 9

Part XIII Undistributed Income	see instruct	ions)			
1 Distributable amount for 2018 from	Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
line 7	[				554,290.
2 Undistributed income, if any, as of the end	l of 2018				
a Enter amount for 2017 only				219,323.	<u>.</u>
<b>b</b> Total for prior years 20 <u>16</u> ,20 <u>15</u> ,	20		NONE		
3 Excess distributions carryover, if any,	to 2018				
a From 2013	NONE				
<b>b</b> From 2014	NONE				
c From 2015	NONE				
d From 2016	NONE	1			
e From 2017	NONE				
f Total of lines 3a through e		NONB			
4 Qualifying distributions for 2018 from					
line 4 ▶ \$ <u>561,534.</u>					
a Applied to 2017, but not more than line	2a			219,323.	
<b>b</b> Applied to undistributed income of p	nor years				
(Election required - see instructions)			NONE		
c Treated as distributions out of corpus required - see instructions)		NONE			
d Applied to 2018 distributable amount.					342,211.
e Remaining amount distributed out of co		NONE			<u>,                                      </u>
5 Excess distributions carryover applied (If an amount appears in column (d),	the same	NONB			NONE
amount must be shown in column (a))  6 Enter the net total of each col indicated below:		101011			NONE
a Corpus Add lines 3f, 4c, and 4e Subtr	act line 5	NONE			
b Prior years' undistributed income					
line 4b from line 2b			NONE		
c Enter the amount of prior years' und income for which a notice of deficit been issued, or on which the section tax has been previously assessed	ency has 4942(a)		NONE		
d Subtract line 6c from line 6b					
amount - see instructions			NONE		
e Undistributed income for 2017 Sub- 4a from line 2a Taxable amoun instructions	ract line t - see				
f Undistributed income for 2018 Subti					
distributed in 2019	I				212,079.
7 Amounts treated as distributions out	of corpus				
to satisfy requirements imposed by	· 1				
170(b)(1)(F) or 4942(g)(3) (Election	may be				
required - see instructions)	<u> </u>	NONE			
8 Excess distributions carryover from 2 applied on line 5 or line 7 (see instruction		NONE			
9 Excess distributions carryover to					
Subtract lines 7 and 8 from line 6a		NONE			
10 Analysis of line 9					
a Excess from 2014	NONE				
b Excess from 2015	NONE				
c Excess from 2016	NONE				
d Excess from 2017	NONE				
e Excess from 2018	NONE				

Par	t XIV Private Ope	erating Foundations	(see instructions a	and Part VII-A, questi	on 9)	NOT APPLIČABI
1 a	If the foundation has foundation, and the ruling	<del>-</del>		•		
	•		_			12) 05 4040(1/5)
	Check box to indicate v		is a private operating		section 4942(j)	(3) of $  4942(j)(5) $
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part  I or the minimum investment	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	
	return from Part X for each					
	year listed					
ь	85% of line 2a					
			_			
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities			<del> /-</del>		
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the					
а	"Assets" alternative test - enter					
ŭ						
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
L	4942(j)(3)(B)(i)				-	<del>-</del>
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
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)					
	(2) Support from general			· · · ·		•
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income -				L,	
Par				only if the founda	tion had \$5,000 or	more in assets at
	any time di	uring the year - see	instructions.)			
1	Information Regarding	Foundation Manager	s:			
а	List any managers of					ed by the foundatior
	before the close of any	tax year (but only if th	iey have contributed	more than \$5,000) (Se	ee section 507(d)(2).)	
	NONE					
b	List any managers of	the foundation who	own 10% or more o	of the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or greater	ınterest	
	NONE -					
	110112					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if t	he foundation only	makes contributions	to preselected charm	table organizations a	nd does not accept
	unsolicited requests for	or funds If the found	ation makes gifts, gr	ants, etc. to individua	ls or organizations un	der other conditions
	complete items 2a, b, o					
	The name, address, and			person to whom appl	cations should be add	ressed.
-	,,	,		,		
b	The form in which app	lications should be sub	mitted and informati	on and materials they s	should include	<del>-</del> ·
C	Any submission deadli	nes.				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
•				
SEE STATEMENT 19				549,747.
<del></del>				
				1
		[		
				!
•				
Total	<del> </del>	<u></u>	▶ 3a	549,747.
<b>b</b> Approved for future payment				
		Į		
			,	
			,	
Total				

JSA 8E1491 1000

Form 990-PF (2018) Page **12** 

Part XVI-	A Analysis of Income-Produ	ucing Act	ivities	,		
Enter gross a	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
				<del> </del>		
ć	_					
				-		
f	and contracts from government agencies					
-				+		
	ship dues and assessments					<del> </del>
	n savings and temporary cash investments.  Is and interest from securities			14	298,189.	
	al income or (loss) from real estate	ng quan sam mamus	See 185 Managamana	m ************************************		. · · · · · · · · · · · · · · · · · · ·
	-financed property · · · · · · ·					
	debt-financed property					
6 Net renta	I income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (In	oss) from sales of assets other than inventory			18	1,462,184.	
	me or (loss) from special events					
	ofit or (loss) from sales of inventory			1		
11 Other re				1	2 052	
	HER INCOME			1	2,853.	***** *********************************
				1		
d e						
	Add columns (b), (d), and (e)				1,763,226.	
	dd line 12, columns (b), (d), and (e)					1,763,226.
	eet in line 13 instructions to verify calcu					
Part XVI-						
Line No.  ▼	Explain below how each activit accomplishment of the foundation		t purposes (other than	by providing		s) (See instructions.)
		***************************************				
			NOT APPLICABL	E		
						<del></del>
						<del></del>
						<del></del>
						·
	<u> </u>					- 000 DE

HMN270 V17U 10/31/2019 09:05:34

Part	XVII	Information I Exempt Orga	Regarding Tra	nsfers to and Tra	nsacti	ons an	d Relation	ships V	/ith Nonc	harit	table	<del>4</del>
1	Did the	e organization direc	tly or indirectly e	engage in any of the	followin	g with a	iny other orga	nization	described		Yes	No
		ction 501(c) (other zations?	than section	501(c)(3) organization	ons) or	in sec	tion 527, re	lating to	political			
a Transfers from the reporting foundation to a noncharitable exempt organization of.												
	(1) Cash											
1	(2) Oth	her assets								1a(2)		X
_		transactions <sup>,</sup>										
				pt organization								<u>X</u>
				e exempt organization								X
		•	•	assets								X
		_		• • • • • • • • • • • • • • • • • • • •								X
		-		or fundraising solicita								X
				s, other assets, or paid							<del></del>	X
		-	-	s, other assets, or paid s," complete the follo							faur m	
		•		es given by the repo	-				•			
		-		ement, show in colum	_							
(a) Lin	ie no	(b) Amount involved	(c) Name of no	oncharitable exempt organiz	ation	( <b>d</b> ) De	escription of trans	fers, transac	tions, and shar	ıng arra	ngeme	nts
1a(1)		11,000.	MEDLEND ORG			CASH						
			<u> </u>									
	-+											
			+									
		<u> </u>	<del>                                     </del>									
			-									
			1	<u>-</u>								
												•
	s the	foundation directly	or indirectly affi	liated with, or related	d to, one	e or mo	re tax-exemp	t organiz	ations			
				ion 501(c)(3)) or in se				-		□ Ye	es 7	No
b_l	f "Yes,	" complete the follo	wing schedule									
		(a) Name of organization	on	(b) Type of organ	nization			(c) Descript	ion of relations	hip	_	
		· · · · · · · · · · · · · · · · · · ·										
						ŀ						
	Ung	r penalties of pequry, deal	are that I have examine	ed this return, including accom xpayer) is based on all informatio	npanying so on of which j	hedules an preparer has	d statements, and any knowledge	to the best of	of my knowledge	and b	ieliaf, it	ıs true,
Sign	IN.			10/31/2019							s this	
Here	Sign	Wells Fargo Bar nature of officer or trustee	1K, IV.A.		<u> </u>	TITLE	) LEE			parer s	Yes	elow?
		mature or officer of trustee		Date		THE			See instructions	, <u>r</u>	J res _	No
	.1	Print/Type preparer's na	 ame	Preparer's signature			Date	Ch	eck X if P	TIN		
Paid			ASTRIANO	1 100	Ø£		10/31/		"		5160	3
Prep	arer		RICEWATERHOU	JSECOOPERS LLP			<u> </u>	Firm's EIN	4.5			
Use	Only		0 GRANT ST									
			TTSBURGH,	PA	152	219		Phone no	412-35	<u>5 - 6</u>	000	
											O-PF (	2018)

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

Department of the Treasury Internal Revenue Service Name of the organization

### Schedule of Contributors

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

For to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

OLIVER & CUNNINGHAM FAM FDN-MAIN 35-6013076 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

Name of organization
OLIVER & CUNNINGHAM FAM FDN-MAIN

Employer identification number 35-6013076

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JANE WARRINER  122 W JEFFERSON BLVD  SOUTH BEND, IN 46601	\$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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

8E1253 1 000

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	3. 6,133. 7. 87,277. 1. 133,119. 1. 12,241. 1. 42,438. 3. 8,809.	290,038. ====================================
REVENUE AND EXPENSES PER BOOKS	6,133. 87,277. 8,151. 133,119. 12,241. 42,438. 8,809.	298,189
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

囯	II
⋛	ii
Ŋ	II
$\simeq$	II
4	11
Н	11
~	
K	11
田	ii
H	11
~	- ::
$\circ$	• • • • • • • • • • • • • • • • • • • •
	II.
ı	II.
	II
Н	
<b>.</b> .	ii
텄	ii
봈	!!
<u></u>	II
щ	ii.
	II.
`	II
뎐	ii
ᅼ	II
0	ii
Θ	II
σ	ii
_	ii
2	!!
Ķ	ii.
ي	!!
щ	II

NET INVESTMENT INCOME		2,853.	2,853.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,853.	2,853.
			TOTALS
DESCRIPTION		OTHER INCOME	

7

FEES
ACCOUNTING
i
Н
PART
990PF,
FORM

	ADJUSTED NET CHARITABLE INCOME PURPOSES		. 366	NONE 995.
			 	11 11 11 11 11
	NET INVESTMENT INCOME	1 1 1 1 1		NONE
	REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1	. 395	995.
	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAX PREPARATION FEE (NON-ALLOC	TOTALS

- TAXES	
н	II
	ii
H	ii
Ř	II
ø	Ш
Д	Ш
	II
_ `	II
দ	ii.
0 P	11
9	ii.
9,	ii
•	ii
Σ	ii
2	II
0	Ш
ഥ	11

NET INVESTMENT INCOME	5,260.	3,194. 739.	9,193.
REVENUE AND EXPENSES PER BOOKS	5,260.	3, 194. 3, 194. 739.	91,793.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE	FEDERAL ESTIMATES - FRINCIFAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

OTHER EXPENSES	
1	Ï
н	II II
٠.	ii.
Н	П
AR	!!
ΡĄ	11
	ii
-	ii
90PF	II
ᅼ	ii.
9	#
9,	ii
	ii
Σ	II
퐀	ii
2	11
	14

NET INVESTMENT INCOME	1 1 1	1,038. 483.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,038. 483.
DESCRIPTION	! ! ! ! !	INVESTMENT MANAGEMENT FEES ADR FEES

TOTALS

1,521.

1,521.

30

Ŋ

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV 
571	ט		ω
732	U	, 65	2
80406	ט	,43	, 27
545108 DASSA	υ	15,401.	ω,
94J103 LINDE PLC	บ	1,21	1,23
491102 PARK24 CO LTD-SF	υ	, 79	
15F101 HDFC BANK LTD	บ	, 63	, 14
74R208 TEMENOS	D	, 57	σ
023105	υ	7,48	20,88
4P102 UNITEDHE	D	, 73	Ŋ
021714	บ	8,79	64,17
419106	บ	4	, 28
375102 CANADIAN NATL F	บ	, 20	00,
520106	บ	9,	, 26
562106	บ	, 58	,47
805101 ALLI	U	2,69	66'6
52P107	D	, 50	,46
140100 JGC	υ	4	, 32
52108 BAIDU CO	D	5,41	6,65
12209 NASPE	บ	8,0	4,07
10105 DODGE & COX INCOME	บ	11,7	08,21
37236 PRINCIPAL GL MULT	บ	7,00	44,53
06103 DODGE & COX INT'L	บ	60,00	309,137.
33Y105 MERCK & CO	บ	6,4	67,43
87499 ISHARES TR R	บ	8,4	29,87
69406 NESTLE S.	บ	2,3	2,50
05102 FANUC L	บ		4,1
84P109 SYSMEX CORP-	, co	11,042.	6,31
2591		22,111.	19,840.

9

HMN270 V17U 10/31/2019 09:05:34

FORM 990PF, PART II - OTHER INVESTMENTS			
DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
	ט	, 36	, 52
452308109 ILLINOIS TOOL WORKS	D	28,708.	190,035
ACCENTURE PLC	บ	7,47	6,14
	บ	80,00	02,99
ISHARES DEVELOPE	บ	00'0	1,48
21943858 VANGUARD EUROPE PACI	บ	12,29	01,16
	U	5,76	5,69
07818108 UNION PACIFIC CORP	บ	2,62	83,37
9260C703 BLACKROCK GL L/S CRE	บ	3,54	1,38
12740303 BROOKFIELD GL LISTED	U	46,52	20,37
22465104 CHECK POINT SOFTWARE	บ	0,12	8,99
74039100 TAIWAN SEMICONDUCTOR	บ	8,06	3,80
3304Y100 DBS GROUP HOLDINGS L	U	0,15	7,22
J3866300 SASOL LIMITED - ADR	บ	,42	,27
5104G104 ICICI BANK LTD AD	บ	, 64	, 65
2319V103 AMBEV SA-SPN ADR	ט	, 75	,43
	U	4,02	73,32
EXXON	U	5,72	, 16
BERSHIRE H	U	0,53	45,01
MASTERCARD	ט	5,08	1,12
INV BALANCE RIS	<sub>υ</sub>	00,	0,78
WEIBO CORP-SP	บ	5,98	40,
UNILEVER PLC	บ	8,28	4,36
COMCAST CORP CI	U	2,78	69,
LONZA GROUP AG	ט	2,67	1,15
ROCHE	บ	8,47	9,39
BANCO BILB	บ	6,54	1,51
SYMRISE AG	U	, 97	, 91
02441306 LVMH MOET HENNESSY U	บ	11,147.	7

- OTHER INVESTMENTS FORM 990PF, PART II

	1 1 1	, 89	5,773.	7,78	79,569.	75,43	96'90	1,72	19,2	6,18	8,31	5,43	9	, 38	, 28	, 60	00,	, 60	,37	, 63	, 73	8,28	64,47	209,912.	53,81	5,083.	9,824,600.
ENDING BOOK VALUE	1 1 1 1 1 1 1 1	, 18	,81	Ч	28,4	2	, 97	5,49	40,00	4,46	0,38	5,12	, 75	, 50	,51	,32	, 88	, 14	80	0	4,	4,62				5,624.	7,692,754.
COST/ FMV C OR F		υ	บ	ט	ט	บ	บ	บ	บ	บ	บ	บ	บ	บ	บ	บ	บ	υ	บ	บ	บ	บ	บ	บ	บ	U	TOTALS
DESCRIPTION	l	049255706 ATLAS COPCO AB SPONS	_	_	. INTERNA	PFIZER	ABBVIE	. ROBECO BI	EDGEWOOD (	BAYER A (	SAP AG - 7			~			_	BAYER	ASPEN	٠,	_	CVS/CAREMARK		PEP	S AIA GROUP LTD - SP	500458401 KOMATSU LIMITED - AD	

ω

==========

FORM 990PF,	PART	III	-	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	
DESCRIPTION								=====			AMOU.	NT 
MUTUAL FUND COST BASIS A				FERENCE	3							1,185. 6,663.
					TOT	AL						7,848.

# FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: WELLS FARGO BANK N.A

ADDRESS: 100 N MAIN ST MAC D4001-117

WINSTON SALEM, NC 27101

TELEPHONE NUMBER: (888) 730-4933

FORM 990PF, PART VII-B, LN 5(c) EXPENDITURE RESPONSIBILITY STATEMENT

NAME:

Medlend Org

ADDRESS:

1820 Ogden Drive, 2nd Floor

Burlingame, CA 94010

GRANT DATE: 11/20/2018

GRANT AMOUNT ..... 11,000.

GRANT PURPOSE:

To support medical missions

AMOUNT EXPENDED BY GRANTEE ..... 11,000.

ANY DIVERSION BY GRANTEE:

TO THE FDN'S KNOWLEDGE, NO FUNDS HAVE BEEN DIVERTED

DATES OF REPORTS BY GRANTEE:

10/29/2019

DATE OF VERIFICATION: 01/01/1900

AMOUNT OF GRANT PAID .....

RECIPIENT NAME:

PURPOSE OF GRANT:
GENERAL OPERATING

UNITED NEGRO COLLEGE FUND INC.

FOUNDATION STATUS OF RECIPIENT:

ADDRESS: 1805 7TH STREET, NW

Washington, DC 20001 RELATIONSHIP:

NONE

PURPOSE OF GRANT:
GENERAL OPERATING
FOUNDATION STATUS OF

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

RONALD MCDONALD HOUSE CHARITIES OF INDIANA - MICHIANA, INC.

ADDRESS:

610 N MICHIGAN ST STE 310 South Bend, IN 46601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

5,000.

\_\_\_\_\_\_ RECIPIENT NAME: South Bend Symphony Orchestra ADDRESS: 127 N MICHIGAN ST South Bend, IN 46601 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 11,000. RECIPIENT NAME: BETHEL COLLEGE INC ADDRESS: 1001 BETHEL CIR Mishawaka, IN 46545 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 25,000. RECIPIENT NAME: CYSTIC FIBROSIS FOUNDATION ADDRESS: 4550 MONTGOMERY AVE. Bethesda, MD 20814 RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

РC

\_\_\_\_\_\_

RECIPIENT NAME:

JUNIOR ACHIEVEMENT OF NORTHERN

INDIANA

ADDRESS:

601 NOBLE DRIVE

Fort Wayne, IN 46825

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 5,000.

RECIPIENT NAME:

First Presbyterian Church

ADDRESS:

1400 W RIVERSIDE AVE

Muncie, IN 47303

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NORTHERN IND HISTORICAL SOC FDN

ADDRESS:

COPSHAHOLM FUND

SOUTH BEND, IN 46601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 222,247.

\_\_\_\_\_\_

RECIPIENT NAME:

McLaren Northern Michigan Foundation

ADDRESS:

360 CONNABLE AVE

Petoskey, MI 49770

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

The Lymphoma Research Foundation

ADDRESS:

88 PINE STREET, SUITE 2400

New York, NY 10005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SCHOLARSHIP FOUNDATION OF

ST. JOSEPH COUNTY, INC.

ADDRESS:

3515 N. MAIN STREET, SUITE C

Mishawaka, IN 46545

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

Ι

RECIPIENT NAME:

HABITAT FOR HUMANITY OF ST. JOSEPH

COUNTY

ADDRESS:

402 E SOUTH ST.

SOUTH BEND, IN 46601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

RAY BIRD MINISTRIES

ADDRESS:

25765 EDISON RD.

South Bend, IN 46628

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

INDEPENDENT COLLEGES OF INDIANA - INC

ADDRESS:

30 S MERIDIAN ST #800

Indianapolis, IN 46204

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SCHOLARSHIPS

FOUNDATION STATUS OF RECIPIENT:

J

AMOUNT OF GRANT PAID ..... 5,000.

\_\_\_\_\_\_

RECIPIENT NAME:

CHILDRENS DISPENSARY & HOSPITAL

ASSOCIATION INC.

ADDRESS:

812 E LASALLE AVENUE

South Bend, IN 46617-2815

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GOODWILL INDUSTRIES OF MICHIANA INC.

ADDRESS:

1805 W. WESTERN AVE.

South Bend, IN 46619

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MEDLEND ORG

ADDRESS:

1820 OGDEN DRIVE

Burlingame, CA 94010

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PF

FORM 990PF, PART AV, LINE 3d - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

UNITED THEOLOGICAL SEMINARY INC

ADDRESS:

4501 DENLINGER RD Dayton, OH 45426

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

Little Traverse Conservancy

ADDRESS:

3264 POWELL RD

Harbor Springs, MI 49740

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MAYO CLINIC

ADDRESS:

201 W. CENTER ST.

Rochester, MN 55902

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNITED WAY OF ST JOSEPH COUNTY INC.

ADDRESS:

3517 E JEFFERSON BLVD

South Bend, IN 46615

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE NOVALIS PROJECT

ADDRESS:

800 BUCKHORN SPRINGS RD

Ashland, OR 97520

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

POTAWATOMI ZOOLOGICAL SOCIETY INC.

ADDRESS:

P.O. BOX 1764

South Bend, IN 46634

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 86,000.

TOTAL GRANTS PAID:

549,747.

#### FEDERAL FOOTNOTES

PART VIII: INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, HIGHLY PAID EMPLOYEES, AND CONTRACTORS. THE COMPENSATION REPORTED IN COLUMN (C) IS CALCULATED BASED ON PERIODIC MARKET VALUES AND/OR THE APPLICABLE FEE AGREEMENT. IT IS NOT DETERMINED ON AN HOURLY BASIS AND THE REFERENCE TO ONE HOUR PER WEEK IS AN ESTIMATE ONLY. CORPORATE TRUSTEE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, ADMINISTRATIVE SERVICES SUCH AS FIDUCIARY ACCOUNTING, CUSTODY OF ASSETS, COMPLYING WITH TAX FILING REQUIREMENTS, COMPLYING WITH DISTRIBUTION PROVISIONS, AND COMPLYING WITH FEDERAL AND STATE LAWS APPLICABLE TO PRIVATE FOUNDATIONS, PLUS ASSET MANAGEMENT SERVICES SUCH AS CREATING ASSET ALLOCATION STRATEGIES, INVESTMENTS REPORTING AND REALLOCATING AND REBALANCING OF PORTFOLIOS AS NECESSARY.

Form 4720

## Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

170(6)(10) 554(-1)2) 4911 4912 4941 4942 4943 4944 4945 4955 4958 4959 4950 4955 4956 4957 and 4958}

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form4720for instructions and the latest information. For calendar year 2018 or other tax year beginning 2018, and ending 20 Employer identification number Name of organization or entity OLIVER & CUNNINGHAM FAM FDN-MAIN 35-6013076 Check box for type of annual return Number, street, and room or suite no (or P O box if mail is not delivered to street address) 6325 S RAINBOW BLVD STE 300 Form 990 Form 990-EZ City or town, state or province, country, and ZIP or foreign postal code Form 990-PF Other LAS VEGAS, NV 89118 Form 5227 Yes No Is the organization a foreign private foundation within the meaning of section 4948(b)? Х R Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction > \$ . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions) Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) NONE 1 1 2 2 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) . . . . . . 3 4 5 Tax on political expenditures - Schedule F, Part I, column (e) 5 6 6 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) . . . . . . . . . . . . 7 8 8 q Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) . . . . 9 Tax on taxable distributions - Schedule K, Part I, column (f).......... 10 10 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 11 Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2 12 12 13 13 Tax on net investment income of private colleges and universities - Schedule O . . . . . . . 14 14 NONE 15 15 Total (add lines 1-14). Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons Part II-A (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpaver identification number þ C (d) Tax on investments that jeopardize (f) Tax on political expenditures-(c) Tax on self-dealing - Schedule A, Part II, (e) Tax on taxable expenditurescharitable purpose - Schedule D, Part II, col (d) col (d), and Part III, col (d) Schedule E, Part II, col (d) Schedule F. Part II, col (d) b Total (h) Tax on excess benefit (i) Tax on being a party to prohibited (i) Tax on taxable distributions-(a) Tax on disqualifying lobbying transactions - Schedule I, Part II, col tax shelter transactions - Schedule J, Schedule K, Part II, col (d) expenditures - Schedule H, Part II, col (d) (d), and Part III, col (d) Part II, col (d) b Total (k) Tax on prohibited benefits - Sch L, (I) Total - Add cols (c) through (k) Part II, col (d), and Part III, col (d) b Total

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 4720 (2018)

orm 472	20 (2018)						Page <b>2</b>
Part II				s in the instruction			
					rs, self-dealers, disqualified		
					form If all sign, enter the	1	
2 To	otal tax. Add Part I	, line 15, and	Part II-B, line 1			2	NONE
<b>3</b> To	otal payments inclu	iding amount	paid with Form 8	868 (see instruction	ons)	3	
					ctions)	4	NONE
5 Ov	verpayment. If line	e 2 is smaller t	han line 3, enter	the difference. The	s is your refund	5	
					f-Dealing (Section 494	1)	
Part I	Acts of Self	f-Dealing and	d Tax Computa	ition			
(a) Act number	(b) Date of act			(c	) Description of act		
_1						_	
2		. – .				_	
3							
5			<u>-</u>				
(d) (	Question number from F art VII-B, or Form 5227, applicable to the	, Part VI-B,	(e) Amount i	nvolvedin act	(f) Initial tax on self-dealer (10% of col. (e))		Tax on foundation managers (if cable) (lesser of \$20,000 or 5% of col (e))
						+	<del></del>
Part II	Summary	f Tay Liabilit	y of Self-Deale	rs and Proration	of Payments	ļ	
rait ii					•		(d) Self-dealer's total tax
	(a) Names of se	elf-dealers hable fo	r tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount		liability (add amounts in col. (c)) (see instructions)
					<del> </del>		
						-	
					<del></del>		<del></del>
				<del></del>			
Part III	Summary o	f Tax Liabilit	y of Foundatio	n Managers and	Proration of Payments		7-1-1-7-
	(a) Names of founda	tion managers liah	la for tay	(b) Act no from	(c) Tax from Part I, col (g),		(d) Manager's total tax hability (add amounts in col. (c))
	(4) (4)			Part I, col (a)	or prorated amount		(see instructions)
				<del> </del>		_	
	· · · · · · · · · · · · · · · · · · ·						
			:			]	
					uted Income (Section 4	942)	
					018, Part XIII, line 6d)	1	NONE
					, line 6e)	2	<del></del>
					2018 and subject to tax		
						3	NONE
4 13	x - Enter 30% of III	ne 3 nere and	on Part I, line 1	· · · · · · · · · · · · · · · · · · ·		4	NONE 4720 (2018)

Form 4720 (2018)							35-60	013076Page 3
		JLE C - Initial Tax or	ı Exc	ess Bu	siness Hole	ding	s (Section 494	3)
	ings and Comp							
instructions for e		ore making any entries	iness e	enterpris	e, attach a se	parat —	e schedule for ea	ach enterprise Refer to the
Employer identif	ication number .			· · · · · <u>· ·</u>	<del></del>		▶	
Form of enterpris	se (corporation, pa	artnership, trust, joint ven	iture, s	ole prop	orietorship, etc	:)	· · · · <b>&gt;</b>	
				V (pro	(a) oting stock fits interest or ificial interest)		( <b>b)</b> Value	(c) Nonvoting stock (capital interest)
1 Foundation	holdings in busine	ess enterprise	1		%		%	
2 Permitted he	oldings in busines	s enterprise	2	,	%		%	
<ul> <li>Value of excess holdings in business enterprise</li> <li>Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)</li> <li>Taxable excess holdings in business enterprise-</li> </ul>								
line 3 minus	s line 4							
7 Total tax - (b), and (c);	Add amounts of enter total here	n line 6, columns (a), and on Part I, line 2	7					
		Taxes on Investme	nts T	hat Je	opardize C	harit	table Purpose	(Section 4944)
(a) Investment number	(b) Date of investment	ax Computation (c) Description of in	vestmer	it	(d) Amoun		(e) Initial tax on foundation (10% of col (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col (d))
1								
3								
4								
5	_			-				
Total - Column (e	e). Enter here and	on Part I, line 3						-
		rorated amount) here and						
		ability of Foundation I					· ·	
(a) Nam	nes of foundation mana	gers liable for tax	no fro	estment m Part I, (a)	(c) Tax from F	art I, c amou	ol (f), or prorated unt	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
		-						
	<del></del>							-

Form 4720 (2018)

		SCHEDULE E		s on Taxable	Expend	ditures (S	ection 4945)	
Part I	Expenditures 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and Computat	ion of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	1 (b)	Name and address o	of recipien	t _		n of expenditure and purposes for which made
1								
2								
3								
4								
5								
	tion number from Form 227, Part VI-B, applicabl		(g) In	itial tax imposed on (20% of col. (b		on	managers	ax imposed on foundation (if applicable) - (lesser of 100 or 5% of col (b))
							ı	
Total - Co	olumn (g) Enter he	re and on						
Part I, lin	e 4							
Part II	Summary of	Tax Liability of		Managers and	Drorat	tion of Par	vmonts.	<del></del>
Part II	Summary of	Tax Liability of	roundation n	T -			<u> </u>	(d) Manager's total tax liability
	(a) Names of founda	ation managers liable fo	r tax	(b) Item no from Part I, col (a)	t I, col (h), or amount	(add amounts in col. (c)) (see instructions)		
							,	
f								
					*			
							<u> </u>	
		SCHEDULE F		on Political	Expend	litures (Se	ection 4955)	
Part I	Expenditures	and Computati	on of Tax			1 411 .		
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description	on of political expen	diture	organizat	I tax imposed on tion or foundation % of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col (b))
1							<del></del>	
2	_	-						<del></del> : "
3					_			
4						<u> </u>		
5								
Total - Co	olumn (e) Enter he	re and on Part I, III	ne 5	<u> </u>	· · · · ·			
Total - Co	olumn (f). Enter tota	al (or prorated amo	ount) here and	ın Part II, colun	nn (c), b	elow		
Part II								pration of Payments
		ganization managers or anagers liable for tax		(b) Item no from Part I, col (a)	(c	) Tax from Par prorated a		(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
	_							
				-		_		
				1				4720

Form 4720 (:	2018)	•				35_4	5013076	D [
101111 4720 (		CHEDULE G - 1	Tax on Exce	ss Lobbying l	xpe	nditures (Section 49		Page
990 2 Exce 990-	or 990-EZ), Part I ss of lobbying ex EZ), Part II-A, colu ss lobbying expe	I-A, column (b), lin expenditures over I umn (b), line 1i). (S nditures - enter the	e 1h). (See the obbying nontage the instructed larger of line	e instructions before axable amount (for tions before making a constitution of the con	ore ma rom S ng an	(from Schedule C (Form aking an entry.)		
4 Tax-						vanditura (Castian	4012\	
Dowl I				alitying Lobby	ing E	xpenditures (Section	49 (2)	
(a) Item number	(b) Amount	(c) Date paid or incurred		n of lobbying expendit	ures	(e) Tax imposed on organization (5% of col. (b))	' manager	osed on organization rs (if applicable) - 6 of col (b))
2								
3								
5			<u> </u>					
	umn (f). Enter tota Summary of Ta		ount) here and ganization N	I ın Part II, columr	(c), b	elow	(add am	er's total tax liability ounts in col. (c)) instructions)
	SCH	EDULE I - Initia	Il Taxes on	Excess Benef	it Tra	ansactions (Section 4	958)	
Part I	Excess Benefit	Transactions a	nd Tax Com	putation				
(a) Transaction number  1 2 3	(b) Date of transaction			(c) Desc	ription	of transaction		
5							-	
	(d) Amount of excess	s benefit	(e) Init	ial tax on disqualified p (25% of col. (d))	ersons	(ıf ap	organization m oplicable) (lesse 00 or 10% of co	rof
			<u> </u>			· <u>-</u>	F	orm <b>4720</b> (2018)

				Transactions (Section 49	958) Continued
Part II	Summary of Tax I	Liability of Disqualified	Persons and	d Proration of Payments	
	(a) Names of disqualified p	ersons liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax flability (add amounts in col. (c)) (see instructions)
			<u> </u>		
Part III	Summary of Tay I	ishility of E01/s/(2) /s//	4) P. (a)(20) (	Pragnization Managars as	nd Proration of Payments
Part III	Summary of Tax t	LIADINITY OF SUTTERIOR, (C)	1		(d) Manager's total tax liability
(a) Names of 5	01(c)(3), (c)(4) & (c)(29) or	ganizationmanagers liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(add amounts in col. (c)) (see instructions)
			_		
					<del></del>
	CCHEDITIE	Tayon on Poing a Port	ta Drahihit	ad Tay Chaltar Transaction	(Section 4065)
Part I				ed Tax Shelter Transaction Imposed on the Tax-Exe	
	(see instructions)	(	, ,		
		(c) Type of transaction			
(a) Transaction	n (b) Transaction date	2 - Subsequently listed		(d) Description of	transaction
number		3 - Confidential 4 - Contractual protection			
1					
2					-
3					
4					
5					
				T	
have reason to was a PTST wh	exempt entity know or b know this transaction nen it became a party to on? Answer Yes or No	(f) Net income attributable to the PTST	) (g)	75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
		<u>.</u> .			
Total - Colu	mn (h) Enter here an	d on Part I, line 9	<del></del> .		<del></del>

Part II	Tax Imp	osed on Entity Managers (Sec	tion 496	5) Ca	ontin	ued				
		Name of entity manager	(b) Trar		$\top$	(c) Tax - enter \$20,0 transaction listed in co manager in co	l (b) for each	(d) Manager's total tax liability (add amounts in col. (c))		
	_									
		•								
								-		
			i <b>ds</b> (Sect	ions o	of Sp 966	onsoring Organ ). See the instruc	izations Mai ctions.	ntaining Donor		
Part I (a) Item number		(b) Name of sponsoring organization donor advised fund					(c) Description	c) Description of distribution		
1										
2										
3										
4										
(d) Date of c	distribution	(e) Amount of distribution				ax imposed on hization (20% of col. (e))	(g	) Tax on fund managers esser of 5% of col. (e) or \$10,000)		
		nter here and on Part I, line 10								
		nter total (or prorated amount) her					L			
Part II	Summa	ry of Tax Liability of Fund Man	agers an	ia Pro	orati	on or Payments		T		
	(a) Name o	of fund managers liable for tax	(b) Item no Part I, col		(-	c) Tax from Part I, col ( amount	g) or prorated	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)		
								-		
					-					
				į				Form 4720 (2018)		

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

Part I	Prohibited Benefits at	nd Tax Computa	tion	
(a) Item number	(b) Date of prohibited benefit		(c) (	Description of benefit
1				
2				
3				
4				
5				
(d) Am	ount of prohibited benefit		nor advisors, or related persons I (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)
Part II	Summary of Tax Liab	ility of Donors, D	Donor Advisors, Related	d Persons, and Proration of Payments
(a) Names	of donors, donor advisors, or ed persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)). (see instructions)
	<del></del>			
				,
Part III	Summary of Tax Liabi	lity of Fund Mar	agers and Proration o	f Payments
(a) Names o	of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Nee	ds
Assessment Requirements (Sections 4959 and 501(r)(3)), (See instructions.)	

Part I	Failures to Meet Section	501(r)(3)		<u>·                                    </u>
(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2	-			
3				
4				
5				
Part II	Computation of Tax			
1 N	umber of hospital facilities operat	ed by the hospital organization that failed to meet the	Community	
He	ealth Needs Assessment requirer	nents of section 501(r)(3)	1	
2 Ta	x - Enter \$50,000 multiplied by	line 1 here and on Part I, line 12	2	
_		on Excess Executive Compensation (Section 49		ons.)
(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total Add column (c) and (d)
1			<del></del>	
2				
3			_	
4				
5				
6	Attachment, if necessary See i	nstructions	<u> </u>	
Tota	I (add column (e) items 1 - 6)			
Tax.	Enter 21% of the amount above	here and on Part I, line 13		
		e Tax on Net Investment Income of Private Co		ities

## SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

		(a) Name	(b) EIN	(c) Gross Investment Income (See Instructions )	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols (c) and (d)	(f) Net investment income (See instructions )
1	Filing Organization						
2	Related Organization						
3	Related Organization						
4	Related Organization						
5	Total from attach	ment, If necessary .					
6	Total	<u></u>				1	
7	Excise Tax on Ne	t Investment Incom	e Enter 1 4% of tl	ne amount in 6(f) h	nere and on Part I,	line 14 · · · · ·	r 4720 /0040

Form 4720 (2018)

	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem knowledge and belief it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all infor any knowledge	ents, and to the best of my mation of which preparer has
	Signature of officer or trustee  Trustee  Trustee  Trustee	10/31/2019 Date
Sign Here	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor advisor, or related person	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date
Paid Preparer		X   Yes

Phone no 412-355-6000 Form **4720** (2018)

**Use Only** 

Firm's address ► 600 GRANT STREET