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 www irs.gov/Form990PFfor instructions and the latest information.

ÓMB No 1545-0052

F	or cal	endar year 2018 or	tay year hegin	nina	,	2018	, and end	lina		, 20		
		foundation	(cax year begin	ming		, 2018,	, and end	ing	A Employer identif			
			DINI DOINID	B. (11 C.)	, /		•					
_		S OLSSON MEMO					Υ			6062436		
Nı	umber	and street (or PO box nu	mber if mail is not d	elivered t	o street address)		Room/sui	te	B Telephone number	er (see instructions)		
							,					
	PO :	BOX 1908						804-843-9066				
Ci	City or town, state or province, country, and ZIP or foreign pos				al code							
					1		,	´ .	C If exemption applica	tion is		
	ORT.	ANDO, FL 3280	2-1908			,			pending, check here			
		ck all that apply:	Initial retur	<u> </u>	Initial return	of a former n	ublic cha	rib.		. \Box		
J	Cite	ck an that apply.	Final return		 -	•	ublic cita	''''	D 1 Foreign organizat			
			<u> </u>		Amended ret				2 Foreign organizat 85% test, check h			
_		 	Address ch		Name change				computation .			
H	Che	ck type of organizati	ion. X Section	on 501	(c)(3) exempt private for		1	l X L	E If private foundation	status was terminated		
\perp	s	ection 4947(a)(1) none			Other taxable pri		ion 📞	$\Sigma \Gamma$	under section 507(b			
-1	Fair	market value of a	all assets at	J <u>Ac</u> co	unting method X Ca	ash 💹 Acc	rual	`	F If the foundation is i	n a 60-month termination		
	end	of year (from Part II	l, col (c), line	ll lo	ther (specify))(1)(B), check here .		
			7,587.		column (d) must be on ca	sh basis)	•		· .			
	art	Analysis of Reven						T		(d) Disbursements		
		total of amounts in co	olumns (b), (c), an	id (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable		
		may not necessarily		s ın~	books	incom	ie ,		income	purposes (cash basis only)		
_	· · · ·	column (a) (see instri			-	المالي المستواد المالية	9-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	- 44,	Part parent had a had			
	1	Contributions, gifts, grants, e			I fairful you want to the test and the said			255		法学学员等		
	2	Check ► X attach S	undation is not requ Sch. B		的影響的	新女工品料		动。沿流	Marianter 1887 (18	医型、特别的现在分词		
	3	Interest on savings and te	emporary cash inves	tments.						医神经生物 的复数		
	4	Dividends and interes	t from securities		427,085.	42	5,889.			THE STMT 4.1		
	5a	Gross rents								法的 医少克斯克斯		
	ь				144 167 144 14 14 14 14 14 14 14 14 14 14 14 14	والتراد ويتا بوريتوا	AS-ASSIL	美Chalf	AMERICAN STATE	Participation of Francia		
4.		Net rental income or (los			693,866.	7270465		15:39	Bully Burton	COS at a contratibution of the		
ğ	ба Б	Net gain or (loss) from sa Gross sales price for all					Selection of the	17 5 T	AGENT COLORS RESPONSE	\$5.45,890 km (\$600 %) yes km (42)		
ē		assets on line 6a	4,517	, 155	a haranta fa haranta			\$44. To	RECEIV	VED TO THE STATE OF THE STATE O		
Revenue	7	Capital gain net incom	ne (from Part IV, II	ne 2) .	TONTO DE		<u>3,866.</u>	#3.7 (5°E.				
ш	8	Net short-term capital	gam		F-13.2 22.2 2012 32			<u> </u> @	Y AK	2 200 (
	9	Income modifications			大學性質, 到於不知	trata de		5	NUV (2 5)	2019 9 3		
	10a	Gross sales less returns and allowances	,	`	泰巴。這時來都	金代企會認		発表	1. 电影影点			
	h	Less Cost of goods sold	1		LES LUBBRIEN EN	TOTAL STATE OF THE STATE OF		经位	POOR TEN			
	I	Gross profit or (loss) (a				調整を引き	Tall the		OGDER	海の対象が関連を接続		
	11	Other income (attach			361.	1	361.			が記る終され、STMT※2		
	12	Total Add lines 1 thro			1,121,312.	1,12				建设建筑区域 科		
_					50,013.	1,12	NONE			50.013		
s	13	Compensation of officers	_		50,013.				MATA			
nses	14	Other employee saları	•		10.00-		NONE		NONE			
ē	15	Pension plans, employ			10,825.		NONE		NONE	10,825		
Š	16a	Legal fees (attach scho										
and Administrative Expe	b	Accounting fees (attack	ch schedule)STM	T.3.	188.	_	NONE	 	NONE			
.≚	c	Other professional fee			125,543.					125,543		
rat	17	Interest					*		·			
sti	18	Taxes/(attach schedule		ar 5	24,070.	-	9,364.			·		
Ξ.	19				. 21,070.		- 1 - 0 - 1	 				
ξ	13	Depreciation (attach s	·					 		<u> - 628 (2016년) 시간 © 미리 년</u>		
Ä	20	Occupancy				· · · · · · · · · · · · · · · · · ·	NIONIE	-				
ğ	21	Travel, conferences, a	-		*		NONE		NONE			
ā	22	Printing and publication					NONE	<u> </u>	NONE			
Бu	23 24 25	Other expenses (attacl	h schedule) STM	Т.б.	14,269.	1	3,844.			425		
랿	24	Total operating and a					_					
ë		Add lines 13 through			224,908.	2	3,208.		NONE	186,994		
ď	25	Contributions, gifts, gr			915,000.		Wild Tille		ALLWEY GAS	915,000		
	26	Total expenses and disburse			1,139,908.	7	3,208.	1.5.5.	NONE	1,101,994		
_				anu 29		Tarent Others	5/200.	3226	NONE	1,101,094. 62 GALABONAS ATA		
	27	Subtract line 26 from			10 50							
		Excess of revenue over e	•		-18,596.	Ma 32 M 12 1 4 1	· LIPTETE	12675		THE LESS AND THE CONTROL OF THE		
	b	Net investment incon	-				<u>6,908.</u>	1837	群時等時限			
		Adjusted not income	Lif magazine antar	-0-1	Figure-14 DEEPSTAGE STEEPS	事の意味があれたな	13.75	1	•	BARRELL BARRELL CALLED TO MARKET THE		

JSA For Paperwork Reduction Act Notice, see instructions

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Form 990-PF (2018)

Part I		Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End	of year
	ан С	Dalalice Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value '	(c) Fair Market Value
	1	Cash - non-interest-bearing	ng			
	2		cash investments	562, 221	712,971	. 712,971
	3	Accounts receivable		Tailer of the color of the state of the same		
	_	-	otful accounts		Prince at 1988 - Extractional Section 7, 1700	** ***********************************
		Pledges receivable		SACHU ZOCHOWA	122 Election and the second	A SAMERY SELECTION OF THE SAME AND A SAME AN
	•			The statement and the same properties of the same same and the same the same of		
			otful accounts >	i •		
	5				#1	`
	6		officers, directors, trustees, and other	·	t	'
		• •	ach schedule) (see instructions)	Alan a m m r r an H alan abid t at M M		
	7	Other notes and loans re	eceivable (attach schedule) 🕨	Wind the second		The second of th
1		Less allowance for doub	otful accounts NONE	,		
Assets	8	Inventories for sale or us	e			<u></u>
Se	9	Prepaid expenses and de	eferred charges			•
ĕ	10a	Investments - U S and state	government obligations (attach schedule)			
	c	Investments - corporate I	bonds (attach schedule)			
	11	Investments - land, building	5,	- Committee of the control of the co	Wilder-fire mail/lineary demonstration	STRAFF SANTON A COUNTY ON
		Less accumulated deprecia	tion	TOTAL AND SECULATION OF THE SECULOR	Andreas said and black a leader of the	- Charles
		(attach schedule)				
	12	Investments - mortgage	loans	17 020 552	15 500 556	10 (54 (16
	13 <i>i</i>	Investments - other (attained, buildings, and	ch schedule) STMT ./	17,930,553.	17,702,556	
١ ١	17	equipment basis	<u> </u>			UTTAKE ENDERTEE
		Less accumulated deprecia- (attach schedule)	tion >			
	15	Other assets (describe	·)			
	16		completed by all filers - see the			
		instructions Also, see pa	age 1, item l)	18,492,774.	18,415,527	. 19,367,587
П	17	Accounts payable and a	ccrued expenses		~	JACE A A A A A A A A A A A A A A A A A A
•	18				-	STARTSCHOOL STARTS
Š	19					THE PROPERTY AND THE
Liabilities					•	H. C. B.
悥	20	•	rs, trustees, and other disqualified persons			A TONE OF THE CAME OF THE PROPERTY.
<u>.</u>	21		tes payable (attach schedule)		······································	12 / Aling 1447 (4424 - 4554 176147) 12 12 12 12 12 12 12 12 12 12 12 12 12
-	22	Other liabilities (describe	· • •)			
	•		•	•	•	
4	23		s 17 through 22)		NON:	Bin was seen and and the
			Ò ŠFAS 117, check here ▶	•	,	
Balances		and complete lines 24 t	hrough 26, and lines 30 and 31.			
١	24	Unrestricted			<u>,</u>	
a	25	Temporarily restricted		•		理解的对话: [8]
_	26	· · · ·				CAME ARE CHARLES
2			t follow SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	TONE TO STANKING THE TANK
교		and complete lines 27 t	•	•		
Net Assets or Fund	.			18,492,774.	10 415 527	
S			pal, or current funds	10,432,774.	18,415,527	- DEFANCED THE PROPERTY AND THE PROPERTY AND
Se.	28		land, bldg, and equipment fund		, , , , , , , , , , , , , , , , , , , ,	The state of the s
As	29	Retained earnings, accumula	ated income, endowment, or other funds			
놡	30	Total net assets or fund	balances (see instructions)	18,492,774.	18,415,527	HEALTH OF THE SECTION.
ž	31	Total liabilities and	net assets/fund balances (see			
			<u></u>	18,492,774.	18,415,527	15. 事情,其。中,其一年,
P	art III	Analysis of Chan	ges in Net Assets or Fund Bala	nces		•
1	Tota	I net assets or fund b	alances at beginning of year - Part	II, column (a), line 30 (must agree with	,
			d on prior year's return)		- 1	18,492,774.
2						-18,596.
			led in line 2 (itemize) ► SEE STA		3	
						7,563.
_		lines 1, 2, and 3				18,481,741.
5		reases not included in		TEMENT 9	5	66,214.
6	<u>l o</u> ta	il net assets or fund ba	llances at end of year (line 4 minus l	ine 5) - Part II, column_(t	o), line 30 6 °	18,415,527.

ePa	rt IV Capital Gains	s and Losses for Tax on Inve	estment Income			1080
		scribe the kind(s) of property sold (for e irick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
_1 a	PUBLICLY TRADED	SECURITIES		D - Donation		
b)					
	<u></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	
a	4,517,753.		3,823,887.			693,866.
b	· !					
c						_
d						
е	· <u> </u>					
	Complete only for assets sh	nowing gain in column (h) and owned b	y the foundation on 12/31/69	(0)	Gains (Col (h) ga	in minus
	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col (i)				(k), but not less t	
	(I) TIVIV as OI 12/31/03	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
a						693,866.
b						
C						
d						
е						
_	0	, If ga	ain, also enter in Part I, line 7		· · · · · · · · · · · · · · · · · · ·	
2	Capital gain net income	or thet capital loss)	oss), enter -0- in Part I, line 7	2		693,866.
3	Net short-term capital g	ain or (loss) as defined in sections	,			000,000.
	If gain, also enter in P	Part I, line 8, column (c) See ins	tructions If (loss), enter -0- in			
		<u> </u>		3		
Pai		Inder Section 4940(e) for Red		come		
Was		the section 4942 tax on the distrib		ase perio	d?	Yes X No
		't qualify under section 4940(e) De				 -
	(a)	mount in each column for each yea	r; see the instructions before makir	ng any en	tries.	
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution rai (col (b) divided by	tio col (c))
	2017	915,052.	20,547,586.			0.044533
	2016	1,064,932.	19,612,996.			0.054297
	2015	1,074,262.	20,574,650.			0.052213
	2014	1,049,692.	20,897,785.			0.050230
	2013	1,040,394.	20,274,011.			0.051317
2	Total of line 1, column (d)		2		0.252590
3		io for the 5-year base period - divid				
		foundation has been in existence	· · · · · · · · · · · · · · · · · · ·	3	·, · · · · · · · · · · · · · · · · · ·	0.050518
4	Enter the net value of no	oncharitable-use assets for 2018 fr	om Part X, line 5	4	20,	860,008.
5	Multiply line 4 by line 3.			5	1,	053,806.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		10,969.
7	Add lines 5 and 6			7	1,	064,775.
8		tions from Part XII, line 4 greater than line 7, check the box		8 that part		101,994. rate. See the



Fel	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	s - see	instru	ction	is)
∾ 1a	Exempt operating foundations described in section 4940(d)(2), check here	14.2 m	E HELD			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		- 10th			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check,	1		143	10,	969
	here X and enter 1% of Part I, line 27b			in Carte	27.	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)	Side				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		_	1	<u>NON</u>
3	Add lines 1 and 2	3			10,9	969
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			1	NON
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			10,9	969
6	Credits/Payments		482至		建湖	ار ۱۰ پیژائشر ۱۳ مالا مالاند
'a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 22,873.					
b	Exempt foreign organizations - tax withheld at source 6b NONE	47 (8				
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE					
ď	Backup withholding erroneously withheld		**************************************			
7	Total credits and payments Add lines 6a through 6d	7			22,8	873
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	.9				
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			11,9	904
1	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 10,972. Refunded ▶	11			9	<u>932</u>
Par	t VII-A Statements Regarding Activities				1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or	did it	The state of	Yes	No
	participate or intervene in any political campaign?			1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es? Se	ee the	.		15
	instructions for the definition			1b		5.5
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a		aterials	25,50		4,4
	published or distributed by the foundation in connection with the activities			ider [T	ALC:	
, c	Did the foundation file Form 1120-POL for this year?			1c		3
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			la jar. Ta an		at 2,
	(1) On the foundation ►\$(2) On foundation managers ►\$			計工推		Sch
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımpo	sed		1. 2014 1. 1214	
	on foundation managers > \$			2.2		1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		`.	2		71
	If "Yes," attach a detailed description of the activities			3 3 3 3 2		新公司
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	nent,	articles		thirti	130
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			·4a	_	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? :			5		ļ.,,
	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					E E
	By language in the governing instrument, or		•			
	• By state legislation that effectively amends the governing instrument so that no mandatory dis	ection	s that	417.72	file	1
	conflict with the state law remain in the governing instrument?			6	X	$oxed{oxed}$
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and Pa	art XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
	VA			700	洲亚	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	ney (General			100
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4			dag madas	diğ.	270
-	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part X	(IV If	"Yes,"			
•						1
•	complete Part XIV			9		<u> </u>
10		listing	their	9	•	

Par	Statements Regarding Activities (continued)	There are a second		
**			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	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u>}</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ SUNTRUST BANK Telephone no ▶ (804)843	-906	6	
	Located at ▶ P.O. BOX 1908, ORLANDO, FL ZIP+4 ▶ 32802-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			持型
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	(2)	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			1.2
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			10
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			7
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days } Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		- 1995	1
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		A
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			COT.
	were not corrected before the first day of the tax year beginning in 2018?	1c	177 3 17917 4	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))	100	7	
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 🕨,,			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		24	
	all years listed, answer "No" and attach statement - see instructions)	2b	or somer.	. sideste
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	· >	,	900	ti
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	E.		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			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			Trans
	foundation had excess business holdings in 2018)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	St. Marketon	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
	E,	vm 99	11.06	12010

r at.	t VII-B Statements Regarding A	ctivities for Which Form	4720 May Be Req	uired (continued)		
5a	During the year, did the foundation pay or inc	cur any amount to				es No
	(1) Carry on propaganda, or otherwise attem	pt to influence legislation (section	on 4945(e))?	. Yes X No	F	,
	(2) Influence the outcome of any specific	public election (see section	4955), or to carry or	n,		
	directly or indirectly, any voter registratio	on drive?		. Yes X No		
	(3) Provide a grant to an individual for travel	, study, or other similar purposes	7	. Yes X No		
	(4) Provide a grant to an organization ot	her than a charitable, etc., or	ganization described i	n		
	section 4945(d)(4)(A)? See instructions		- 	Yes X No		
	(5) Provide for any purpose other than i					
	purposes, or for the prevention of cruelty	to children or animals?		. Yes X No		1
ь	If any answer is "Yes" to 5a(1)-(5), did a	any of the transactions fail to	qualify under the e	xceptions described in		
	Regulations section 53 4945 or in a current in	notice regarding disaster assistai	nce? See instructions.		5b	
	Organizations relying on a current notice regi	arding disaster assistance, check	here	▶[-	
c	If the answer is "Yes" to question 5a(4),	, does the foundation claim (exemption from the t	ax	_	
	because it maintained expenditure responsib	ulity for the grant?		. Yes No		,
	If "Yes," attach the statement required by Reg	gulations section 53 4945-5(d)		<u> </u>		
6a	Did the foundation, during the year, recei	- ive any funds, directly or indi	rectly, to pay premiui	ms		, ,
	on a personal benefit contract?			Yes X No		
b	Did the foundation, during the year, pay prem				6b	Х
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foun	idation a party to a prohibited ta	x shelter transaction?	. Yes X No	<u>.</u>	
b	If "Yes," did the foundation receive any proce	eds or have any net income attri	butable to the transact	on?	7b	
8	Is the foundation subject to the section 4960	tax on payment(s) of more than	1,000,000 in	· · · · · · · · · · · · · · · · · · ·	,	
	remuneration or excess parachute payment(s					
Par	t VIII Information About Officers	, Directors, Trustees, Fo	undation Manager	s, Highly Paid Emp	loyees,	
1	and Contractors List all officers, directors, trustees, and	foundation managers and t	heir compensation.	See instructions.		
	(a) Name and address	(b) Title, and average hours per week		(d) Contributions to employee benefit plans	(e) Expense	
	<u> </u>	devoted to position	enter -0-)	and deferred compensation	other allov	vances
<u>SEE</u>						
	STATEMENT 10					
	STATEMENT 10		50,013.	7,000.		
	STATEMENT 10		50,013.	7,000.		
	STATEMENT 10		50,013.	7,000.		
	STATEMENT 10		50,013.	7,000.		
	STATEMENT 10		50,013.	7,000.		
	STATEMENT 10		50,013.	7,000.		
2	Compensation of five highest-paid en	mployees (other than those			ns). If nor	le, enter
2		· · ·		e 1 - see instruction		
	Compensation of five highest-paid en	(b) Title, and average hours per week		e 1 - see instruction (d) Contributionsto employee benefit plans and deferred	ns). If nor (e) Expense other allov	account,
	Compensation of five highest-paid er	(b) Title, and average	se included on line	e 1 - see instruction (d) Contributions to employee benefit	(e) Expense	account,
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line	e 1 - see instruction (d) Contributionsto employee benefit plans and deferred	(e) Expense	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, vances
(a)	Compensation of five highest-paid en "NONE." Name and address of each employee paid more than	(b) Title, and average hours per week devoted to position	se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	NE

3 Five highest-paid independent contractors for professional services. See instru	ctions. If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
		+
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc	nformation such as the number of	Expenses
1 NONE		
2		•
3	-	
4		
		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1 NONE		
2		
2		
All other program-related investments. See instructions		
3 NONE		
- · · · · · · · · · · · · · · · · · · ·		·····
Total. Add lines 1 through 3		

Form 990-PF (2018)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	lations,
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	20,588,487.
	Average of monthly cash balances	1b	589,186.
	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	21,177,673.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	21,177,673.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	317,665.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4.	5	20,860,008.
6	Minimum investment return. Enter 5% of line 5	6	1,043,000.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here ▶ and do not complete this part)	dations	
1	Mınımum investment return from Part X, line 6	1	1,043,000.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 10,969.		
		1	
c	Add lines 2a and 2b	2c	10,969.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,032,031.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	1,032,031.
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	1,032,031.
	t XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	1,101,994.
b	Program-related investments - total from Part IX-B	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	1,101,994.
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		10,969.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,091,025.
	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.	lculating	whether the foundation

Form **990-PF** (2018)

Pa	t XIII Undistributed Income (see inst	ructions)			•
1	Distributable amount for 2018 from Part XI,	(a) Corpus	(b) Years prior to 2017	(c) 2017	"(d) 2018
	line 7	CHARLES TO PEOPLE	KORKMING	(1) 建产品的 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1,032,031.
2	Undistributed income, if any, as of the end of 2018			680,420.	
	Total for prior years 20 16 ,20 15 ,20		NONE	No. of the state o	
	Excess distributions carryover, if any, to 2018	Washing William Willia	46-14-14-14-14-14-14-14-14-14-14-14-14-14-	The state of the s	
	From 2013 NONE				
	From 2014 NONE				
•	From 2015 NONE				
	From 2016 NONE				
	From 2017 NONE				
	Total of lines 3a through e	NONE	Taring Mariner	TOWER PARTIES	
	Qualifying distributions for 2018 from Part XII,	E.J. Distriction		VA	
	line 4 ▶ \$ 1,101,994.			٠	
а	Applied to 2017, but not more than line 2a			680,420.	
	Applied to undistributed income of prior years			CHETTAL TO THE	PARTE TO THE PART OF
_	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
•	required - see instructions)	NONE NONE	在非常最低的影響	经常的证据	
đ	Applied to 2018 distributable amount		经验证证明的证据	化基础性。但国际 扩	421,574.
_	Remaining amount distributed out of corpus	NONE	成为中央政治等的的	"神经经济公共与相关"	取力的条数都行数
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same	, ,		A THE BEACH	
•	amount must be shown in column (a))	NONE NONE	自由的传播的情况	学, 引用地震, 影为流泉	NONE
6	Enter the net total of each column as indicated below:	, •			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b	Prior · years' undistributed income Subtract				医光泽类学 医光光色
	line 4b from line 2b		NONE		
^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		NONE		
đ	Subtract line 6c from line 6b Taxable		NONE		
	amount - see instructions	TO DESTRUCTION OF THE PERSON O	NONE	电影性 计算标准的作品系统	Carata and the control of the care of the
·	4a from line 2a Taxable amount - see				
	instructions	CTAIN SECTION SECTION		ed ishtigsturen et	Service Stranger of the Section of the Section 1
f	Undistributed income for 2018 Subtract lines				,
	4d and 5 from line 1 This amount must be distributed in 2019				610,457.
_					Wist Education
,	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)	NONE			
8	Excess distributions carryover from 2013 not)	assementative	oral deligibility (Area and Area and Ar	
•	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2019.			学业的主要关系为	心动心即被引擎心理
•	Subtract lines 7 and 8 from line 6a	. NONE			
10	Analysis of line 9		The part to see the control of the c	agudungahapaski aphindhangangan (k. 1871-1822) aphina athangangan gan aphindhan man mas 1823 (1822)	
a	Excess from 2014 NONE				
b	Excess from 2015 NONE				门。这是在第一种
C	Excess from 2016 NONE				mentaning digital biling
d	Excess from 2017 NONE				Marie le la management de la companya de la company
е	Excess from 2018 NONE		and the commitment of the control of		The control of the co

SEE ATTACHED STATEMENT FOR LINE 2

Form 000 BE (2010)			31 0002430	
Form 990-PF (2018) Part XV Supplementary Information	(continued)			Page 1
3 Grants and Contributions Paid Du	ring the Veer or Ann	royed for	Future Payment	
Recipient	If recipient is an individual,	Foundation	I I	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	l status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
u Taid during the year			1	
SEE ATTACHED				
	NONE	PC	GENERAL CHARITABLE PURPOSE	915,000.
	110112		CAMBIGIA CHARTIADES FOR OSS	713,000.
•		,		
]	
			i	
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			·	
		}		
				•
Total		<u>.</u>	▶ 3a	915,000.
b Approved for future payment				
			<u> </u>	
			1	
•				
	1	<u></u>		
Total			▶ 3b	

Part XVI-A Analysis of Income-Produ					
Enter gross amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded by	section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
a					
ь		- ·	 		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	_		-		
3 Interest on savings and temporary cash investments •			1.4	407.005	
4 Dividends and interest from securities		· -,	14	427,085.	
5 Net rental income or (loss) from real estate a Debt-financed property					<u> </u>
b Not debt-financed property		<u>-</u>			· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	693,866.	
9 Net income or (loss) from special events · · ·			<u> </u>		···
10 Gross profit or (loss) from sales of inventory			<u> </u>		
b PARTNERSHIP INCOME	-		1	361.	
c			1 -	361.	
d			 		
e					
12 Subtotal Add columns (b), (d), and (e)				1,121,312.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,121,312.
(See worksheet in line 13 instructions to verify calcular Part XVI-B Relationship of Activities		"			, <u>.</u>
Line No. Explain below how each activity accomplishment of the foundation	y for which	n income is reported i	ın column (e	e) of Part XVI-A contribu	
•			- providing		
					
				.	
					· · · · · · · · · · · · · · · · · · ·
				 	
		•			
		NOT APPLICABL			
		NOT APPLICABL	ı <u>r</u>		
			<u> </u>		
					
					
			 		
·					- 000 BE (0040)

Form 99	0-PF (201						<u> </u>				je 13
Part	XVII	Information R Exempt Organ		ansfers to and	Transactio	ns and	Relationship	s With None	harita	able	
1 0	oid the	organization direct	ly or indirectly	engage in any of	the following	with an	y other organiza	tion described	33.2	Yes	No
i		on 501(c) (other									
	-	s from the reporting	g foundation to	a noncharitable ex	empt organi	zation of:					
			-					. .	1a(1)		X
(2) Othe	r assets		<i></i>			. .		18(2)		X
ь	Other tra	insactions:									极
(1) Sales	s of assets to a non	charitable exen	npt organization			· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · ·	1b(1)		<u> X</u>
(:	2) Purci	nases of assets from	m a noncharitat	ole exempt organiz	ation		 .		15(2)		X
(3) Renta	al of facilities, equi	oment, or other	assets			· • • • • • • • • • • • • • • • • • • •		1b(3)		X
		bursement arrange									X
		s or loan guarante									X
		rmance of services									X
		of facilities, equipm								1	X
٧	alue of	nswer to any of the the goods, other	assets, or servi	ices given by the	reporting fou	ndation.	If the foundation	n received less	than f	air m	arke
		any transaction or									
(a) Line	on e	(b) Amount involved	(c) Name of r	noncharitable exempt or	ganization	(d) Desc	ription of transfers, tr	ansactions, and sha	ring arrar	geme	nts
	}										
			<u> </u>				···				
										-	
								·			
											
				- <u> </u>							
			i								
		· <u>···············</u> ···									
d	lescribe	oundation directly d in section 501(c) complete the follow	(other than see						Ye	s X	No
		(a) Name of organizatio	n	(b) Type of	organization		(c) De	scription of relation	ship		
		- 		·							
											
		enalist of payury, I decidend to the control of the						bost of my knowleds	e and be	lief, rt	ıs trut
Sign		C. 44,0	Iss -	- 11/14/	19	TRUST		May the IR	discuss		
Here	1	lure of officer or trustee		Date	, –	Title		See instruction		Yes [No
		TRUST BANK						· · · · · · · · · · · · · · · · · · ·			
Paid		Print/Type preparer's na SHAWN P. HAN		Preparar's signatur	BU) ,,	Date 21/12/201	Oneck 25 11	PTIN P0096	5592	3
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Use (Only 🛭	Firm's address > 60	O GRANT ST	REET							

15219

PITTSBURGH, PA

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

REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME	427,085. 425,889. 427,085. 425,889.
DESCRIPTION	DIVIDENDS AND INTEREST TOTAL

7

INCOME
- OTHER
H
PART
990PF,
FORM

ELIS OLSSON MEMORIAL FOUNDATION

54-6062436

NET INVESTMENT INCOME	1 1 1 1	361.	361.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1	361.	361.
		,	TOTALS
DESCRIPTION		PARTNERSHIP INCOME	

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1888
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	188.
	TOTALS
DESCRIPTION	ACCOUNTING FEE

(

OTHER PROFESSIONAL FEES _		REVENUE	AND	EXPENSES	PER BOOKS	
1						
PART	 					
FORM 990PF, PART I	 				DESCRIPTION	

1 1 1 1 1 1	125,543	125,543.
		TOTALS

WEALTH MANAGEMENT FEES

125,543.

125,543.

CHARITABLE PURPOSES

TAXES	
- 1	ii
	Ш
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ELIS OLSSON MEMORIAL FOUNDATION

NET INVESTMENT INCOME	1 1 1 1 1	7,742.	1,622.	9,364.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	7,742.	1,622.	24,070.
DESCRIPTION		FOREIGN TAXES FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON NONQUALIFIED	TOTALS

1

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CHARITABLE PURPOSES	425.	425.
NET INVESTMENT INCOME	40.	13,844.
REVENUE AND EXPENSES PER BOOKS	40. 13,804. 425.	14,269.
		TOTALS
DESCRIPTION	ADR FEES PARTNERSHIP EXPENSES MISC. EXPENSE	

FORM 990PF, PART II - OTHER INVESTMENTS

ELIS OLSSON MEMORIAL FOUNDATION

				i !
	ENDING	BOOK VALUE		17,702,556.
COST/	FMV	C OR F	1 1 1 1 1	υ
		DESCRIPTION	1 1 1 1 1 1 1 1	SEE ATTACHED

TOTALS

ENDING	18,654,616.
FMV	
	18,654,616.
ENDING BOOK VALUE	17,702,556.

FORM 990PF, PART III - OTHER	INCREASES IN NET	WORTH OR FUND	BALANCES
DESCRIPTION .)	AMOUNT
FEDERAL EXCISE TAX REFUND COST BASIS ADJUSTMENT			7,183. 380.
	TOTAL		7,563.

FORM 990PF, PART III - OTHER DECREASES	IN NET WORTH OR FUND BALANCES
	=======================================
DESCRIPTION	AMOUNT
MUTUAL FUND TIMING DIFFERENCE CORP ACTION IN PY SETTLED IN CY PY RETURN OF CAPITAL ADJUSTMENT	23,067. 18,978. 24,169.
TOT	AL 66,214.

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

OFFICER NAME:

C. ELIS OLSSON

ADDRESS:

4710 TANAGER COURT

WEST POINT, VA 23181

TITLE:

PRESIDENT & CHAIRMAN

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

SHIRLEY C. OLSSON

ADDRESS:

BOX 300 ROMANCOKE FARM

WEST POINT, VA 23181

TITLE:

VICE PRESIDENT & DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0

OFFICER NAME:

LISA O. EVERETT

ADDRESS:

321 STURGEON DRIVE

NAGS HEAD, NC 27959

TITLE:

S/T & DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 3

OFFICER NAME:

ANNE O. LOEBS

ADDRESS:

2212 CROYDON ROAD

CHARLOTTESVILLE, VA 22901

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 3

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

'OFFICER NAME:

INGA O. ROGERS

ADDRESS:

4605 SUNSET DRIVE

VERO BEACH, FL 32963

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 3

OFFICER NAME:

THELMA L. DOWNEY

ADDRESS:

2535 OAK LANE

WEST POINT, VA 23181

TITLE:

EXECUTIVE DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 30

COMPENSATION 50,013. 7,000.

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS......

TOTAL COMPENSATION:

50,013. ==========

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:

7,000.

==========

RECIPIENT NAME:

ELIS OLSSON MEMORIAL FOUNDATION

ADDRESS:

P.O. BOX 151

WEST POINT, VA 23181

RECIPIENT'S PHONE NUMBER: 804-843-9066

FORM, INFORMATION AND MATERIALS:

APPLICATIONS SHOULD BE IN WRITTEN FORM AND APPLICANTS SHOULD BE QUALIF SUBMISSION DEADLINES:

APPLICATIONS ARE ACCEPTED THOUGHOUT THE YEAR. THE APPLICANT'S CHARITAB RESTRICTIONS OR LIMITATIONS ON AWARDS:

GRANTS ARE LIMITED TO SECTION 501 (C)(3) ORGANIZATIONS THAT ARE ALSO D