

For calendar year 2018, or tax year beginning 07-01-2018, and ending 06-30-2019

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>THE STRONG-TREISTER FAMILY FOUNDATION INC                                                                                                                                                                                                                                                |                                                                                                                                                                                                      | A Employer identification number<br>55-0755503                                                                                                                              |  |
| % DIANE W STRONG-TREISTER                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                      |                                                                                                                                                                             |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>503 PENNSYLVANIA AVENUE                                                                                                                                                                                                    | Room/suite                                                                                                                                                                                           | B Telephone number (see instructions)<br>(304) 346-9617                                                                                                                     |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>CHARLESTON, WV 25302                                                                                                                                                                                                               |                                                                                                                                                                                                      | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                  |  |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                                      | D 1. Foreign organizations, check here <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                                      | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                               |  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 3,378,778                                                                                                                                                                                                                | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis ) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                            |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                                                                     | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc , received (attach schedule)                                    | 250,000                            |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                  | 64,688                             | 64,688                    |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                            | 20,374                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____ 144,867                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                          |                                    | 20,374                    |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                   |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold . . . . .                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                         | 75,510                             | 75,510                    |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                          | 410,572                            | 160,572                   |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                               | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                       | 2,410                              | 1,205                     | 0                       | 1,205                                                       |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                             | 882                                |                           |                         | 26                                                          |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                       | 16,155                             | 16,155                    |                         |                                                             |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                   | 19,447                             | 17,360                    | 0                       | 1,231                                                       |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                      | 155,000                            |                           |                         | 155,000                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                            | 174,447                            | 17,360                    | 0                       | 156,231                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                 | 236,125                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                    |                                    | 143,212                   |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                      |                                                                                                     |                                    |                           |                         |                                                             |

| Part II Balance Sheets      |            | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                             | Beginning of year | End of year    |                       |
|-----------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |            |                                                                                                                                                | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | <b>1</b>   | Cash—non-interest-bearing . . . . .                                                                                                            |                   |                |                       |
|                             | <b>2</b>   | Savings and temporary cash investments . . . . .                                                                                               | 133,739           | 137,226        | 137,226               |
|                             | <b>3</b>   | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                    |                   |                |                       |
|                             | <b>4</b>   | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                     |                   |                |                       |
|                             | <b>5</b>   | Grants receivable . . . . .                                                                                                                    |                   |                |                       |
|                             | <b>6</b>   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .              |                   |                |                       |
|                             | <b>7</b>   | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                     |                   |                |                       |
|                             | <b>8</b>   | Inventories for sale or use . . . . .                                                                                                          |                   |                |                       |
|                             | <b>9</b>   | Prepaid expenses and deferred charges . . . . .                                                                                                |                   |                |                       |
|                             | <b>10a</b> | Investments—U S and state government obligations (attach schedule)                                                                             | 16,164            | 11,297         | 10,416                |
|                             | <b>b</b>   | Investments—corporate stock (attach schedule) . . . . .                                                                                        |                   |                |                       |
|                             | <b>c</b>   | Investments—corporate bonds (attach schedule) . . . . .                                                                                        |                   |                |                       |
|                             | <b>11</b>  | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                            |                   |                |                       |
|                             | <b>12</b>  | Investments—mortgage loans . . . . .                                                                                                           |                   |                |                       |
|                             | <b>13</b>  | Investments—other (attach schedule) . . . . .                                                                                                  | 2,949,627         | 3,187,132      | 3,231,136             |
|                             | <b>14</b>  | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                                        |                   |                |                       |
|                             | <b>15</b>  | Other assets (describe ▶ _____)                                                                                                                |                   |                |                       |
|                             | <b>16</b>  | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                              | 3,099,530         | 3,335,655      | 3,378,778             |
| Liabilities                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .                                                                                                |                   |                |                       |
|                             | <b>18</b>  | Grants payable . . . . .                                                                                                                       |                   |                |                       |
|                             | <b>19</b>  | Deferred revenue . . . . .                                                                                                                     |                   |                |                       |
|                             | <b>20</b>  | Loans from officers, directors, trustees, and other disqualified persons                                                                       |                   |                |                       |
|                             | <b>21</b>  | Mortgages and other notes payable (attach schedule) . . . . .                                                                                  |                   |                |                       |
|                             | <b>22</b>  | Other liabilities (describe ▶ _____)                                                                                                           |                   |                |                       |
|                             | <b>23</b>  | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                   | 0                 | 0              |                       |
| Net Assets or Fund Balances |            | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                   |                |                       |
|                             | <b>24</b>  | Unrestricted . . . . .                                                                                                                         |                   |                |                       |
|                             | <b>25</b>  | Temporarily restricted . . . . .                                                                                                               |                   |                |                       |
|                             | <b>26</b>  | Permanently restricted . . . . .                                                                                                               |                   |                |                       |
|                             |            | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                   |                |                       |
|                             | <b>27</b>  | Capital stock, trust principal, or current funds . . . . .                                                                                     |                   |                |                       |
|                             | <b>28</b>  | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                                 |                   |                |                       |
|                             | <b>29</b>  | Retained earnings, accumulated income, endowment, or other funds                                                                               | 3,099,530         | 3,335,655      |                       |
|                             | <b>30</b>  | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                          | 3,099,530         | 3,335,655      |                       |
|                             | <b>31</b>  | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                     | 3,099,530         | 3,335,655      |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                          |                    |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b>                                                    | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | <b>1</b> 3,099,530 |
| <b>2</b>                                                    | Enter amount from Part I, line 27a . . . . .                                                                                                             | <b>2</b> 236,125   |
| <b>3</b>                                                    | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | <b>3</b> _____     |
| <b>4</b>                                                    | Add lines 1, 2, and 3 . . . . .                                                                                                                          | <b>4</b> 3,335,655 |
| <b>5</b>                                                    | Decreases not included in line 2 (itemize) ▶ _____                                                                                                       | <b>5</b> _____     |
| <b>6</b>                                                    | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                    | <b>6</b> 3,335,655 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

|                                                                                                                                          |                                                        |                                                |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <b>(a)</b> List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) | <b>(b)</b><br>How acquired<br>P—Purchase<br>D—Donation | <b>(c)</b><br>Date acquired<br>(mo , day, yr ) | <b>(d)</b><br>Date sold<br>(mo , day, yr ) |
| <b>1 a</b> PUBLICLY TRADED SECURITIES                                                                                                    | P                                                      |                                                |                                            |
| <b>b</b> CAPITAL GAIN DIVIDENDS                                                                                                          | P                                                      |                                                |                                            |
| <b>c</b>                                                                                                                                 |                                                        |                                                |                                            |
| <b>d</b>                                                                                                                                 |                                                        |                                                |                                            |
| <b>e</b>                                                                                                                                 |                                                        |                                                |                                            |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 144,867         |                                               | 145,284                                            | -417                                            |
| <b>b</b>                 |                                               |                                                    | 20,791                                          |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | -417                                                                                            |
| <b>b</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>c</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>d</b>                                                                                    |                                         |                                                  |                                                                                                 |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |          |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | <b>2</b> | 20,374 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | <b>3</b> |        |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2017                                                                 | 128,708                                  | 3,120,747                                    | 0 041243                                                  |
| 2016                                                                 | 108,673                                  | 2,675,314                                    | 0 040621                                                  |
| 2015                                                                 | 93,673                                   | 2,312,985                                    | 0 040499                                                  |
| 2014                                                                 | 76,173                                   | 1,882,391                                    | 0 040466                                                  |
| 2013                                                                 | 62,671                                   | 1,568,418                                    | 0 039958                                                  |

  

|                                                                                                                                                                                          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                     | <b>2</b> | 0 202787  |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the<br>number of years the foundation has been in existence if less than 5 years | <b>3</b> | 0 040557  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5                                                                                                    | <b>4</b> | 3,306,738 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                       | <b>5</b> | 134,111   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                      | <b>6</b> | 1,432     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                               | <b>7</b> | 135,543   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                            | <b>8</b> | 156,231   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |       |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                              | <b>1</b>  | 1,432 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |       |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  |       |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 1,432 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  |       |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 1,432 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |       |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                 | <b>6a</b> | 3,080 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |       |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> |       |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> |       |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 3,080 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | <b>8</b>  |       |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶                                                                                                                           | <b>9</b>  |       |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶                                                                                                               | <b>10</b> | 1,648 |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ▶ 1,648 <b>Refunded</b> ▶                                                                                                                                 | <b>11</b> |       |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                         | Yes       | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                                          | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br>If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                          | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____                                                                                                                                                                                    |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____                                                                                                                                                                                                                |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                         | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                                                     | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                         | <b>4a</b> | No  |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                              | <b>4b</b> |     |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                   | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .                    | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .                                                                                                                                                                                                                     | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ WV                                                                                                                                                                                                                                                    |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .                                                                                                                                                  | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .                                                                                              | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .                                                                                                                                                                                                                  | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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. . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> N/A                                                 | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>▶</b> DIANE W STRONG-TREISTER Telephone no <b>▶</b> (304) 346-9617                                                                                                   |           |            |           |

Located at **▶** 503 PENNSYLVANIA AVENUE CHARLESTON WV ZIP+4 **▶** 25302

|           |                                                                                                                                                                                                     |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/>                                               |           |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>                                                                                        |           |            |           |
| <b>16</b> | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b> | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>                                                           |           |            |           |

**Part 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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                            |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                             |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the 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). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                             | <b>1b</b> |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>  | 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                         |           |            |           |
|           | If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                          |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or 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 foundation had excess business holdings in 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</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?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                               |                                                                     |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                 |                                                                     | <b>Yes</b> | <b>No</b> |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (2)       | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. |                                                                     | <b>5b</b>  |           |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                           | <input type="checkbox"/>                                            |            |           |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |           |
|           | If "Yes," attach the statement required by Regulations section 53.4945–5(d)                                                                                                                                                   |                                                                     |            |           |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
|           | If "Yes" to 6b, file Form 8870                                                                                                                                                                                                |                                                                     |            |           |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b>  |           |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |           |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

| (a) Name and address                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| DIANE W STRONG-TREISTER<br>503 PENNSYLVANIA AVENUE<br>CHARLESTON, WV 25302 | PRES & TR<br>1 0                                          | 0                                         | 0                                                                     | 0                                     |
| DONLEY STRONG<br>503 PENNSYLVANIA AVENUE<br>CHARLESTON, WV 25302           | V P & SEC<br>1 0                                          | 0                                         | 0                                                                     | 0                                     |

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

**Total** number of other employees paid over \$50,000. ▶

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

| (a) Name and address of each person paid more than \$50,000               | (b) Type of service | (c) Compensation |
|---------------------------------------------------------------------------|---------------------|------------------|
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
|                                                                           |                     |                  |
| Total number of others receiving over \$50,000 for professional services. |                     |                  |

|                  |                                                |
|------------------|------------------------------------------------|
| <b>Part IX-A</b> | <b>Summary of Direct Charitable Activities</b> |
|------------------|------------------------------------------------|

|                                                                                                                                                                                                                                                        |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|

| Organizations and other beneficiaries served/ conferences attended/ research papers produced, etc. |  |
|----------------------------------------------------------------------------------------------------|--|
| 1                                                                                                  |  |
| 2                                                                                                  |  |
| 3                                                                                                  |  |
| 4                                                                                                  |  |

|                  |                                                                  |
|------------------|------------------------------------------------------------------|
| <b>Part IX-B</b> | <b>Summary of Program-Related Investments</b> (see instructions) |
|------------------|------------------------------------------------------------------|

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments See instructions                                                           |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>Total.</b> Add lines 1 through 3                                                                              |        |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                              |           |           |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |           |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 2,655,645 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 228,580   |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 472,869   |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 3,357,094 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> |           |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0         |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 3,357,094 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 50,356    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 3,306,738 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 165,337   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                            |           |         |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 165,337 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.                                                    | <b>2a</b> | 1,432   |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).                                          | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 1,432   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 163,905 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 163,905 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 163,905 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                         | <b>1a</b> | 156,231 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                    | <b>1b</b> | 0       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                           | <b>2</b>  | 0       |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |         |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                      | <b>3a</b> | 0       |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                               | <b>3b</b> | 0       |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | <b>4</b>  | 156,231 |
| <b>5</b> | 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. | <b>5</b>  | 1,432   |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                               | <b>6</b>  | 154,799 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7                                                                                                                                |               |                            |             | 163,905     |
| <b>2</b> Undistributed income, if any, as of the end of 2018                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .                                                                                                                                               |               |                            | 151,429     |             |
| <b>b</b> Total for prior years 2016, 2015, 2014                                                                                                                                            |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2013. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>b</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2015. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>d</b> From 2016. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2017. . . . .                                                                                                                                                                | 0             |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .                                                                                                                                              | 0             |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>156,231</u>                                                                                                       |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a                                                                                                                                        |               |                            | 151,429     |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .                                                                                                                                     |               |                            |             | 4,802       |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 0             |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 0             |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .                                                                                                          |               |                            |             |             |
| <b>c</b> 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. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .                                                                                                            |               |                            |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .                                                                              |               |                            |             |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. . . . .                                                                |               |                            |             | 159,103     |
| <b>7</b> 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). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a. . . . .                                                                                              | 0             |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2015. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>c</b> Excess from 2016. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2017. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>e</b> Excess from 2018. . . . .                                                                                                                                                         | 0             |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

|                                                                                                                                                                                                    |          |               |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| <b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶ |          |               |          |          |           |
| <b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)          |          |               |          |          |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                                      | Tax year | Prior 3 years |          |          | (e) Total |
|                                                                                                                                                                                                    | (a) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .                                                                    |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .                                   |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .                                                                         |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

|                                                                                                                                                                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information Regarding Foundation Managers:</b>                                                                                                                                                                                                                                                                                         |  |
| <b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )<br>DIANE W STRONG-TREISTER                                                             |  |
| <b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest                                                                                                        |  |
| <b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>                                                                                                                                                                                                                                                |  |
| Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. |  |
| <b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed                                                                                                                                                                                                                    |  |
| <b>b</b> The form in which applications should be submitted and information and materials they should include                                                                                                                                                                                                                               |  |
| <b>c</b> Any submission deadlines                                                                                                                                                                                                                                                                                                           |  |
| <b>d</b> 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 the Year or Approved for Future Payment**

| Recipient                                   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)         |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i>        |                                                                                                                    |                                      |                                     |        |
| See Additional Data Table                   |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                      |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i> |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                      |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

|                      |                                                                                                                                                                                                                                                  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Line No.</b><br>▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions ) |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Form **990-PF** (2018)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                                    |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                          |              |            |           |
| <b>(1)</b> Cash.                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets.                                                                                                                                                                                                                                                                                                                                                                                            | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                         |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization.                                                                                                                                                                                                                                                                                                                                                  | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization.                                                                                                                                                                                                                                                                                                                                            | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets.                                                                                                                                                                                                                                                                                                                                                        | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements.                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees.                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations.                                                                                                                                                                                                                                                                                                                                      | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.                                                                                                                                                                                                                                                                                                                          | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |              |            |           |

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|                  |                                 |            |       |                                                                                                                                                     |
|------------------|---------------------------------|------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | *****                           | 2019-11-04 | ***** | May the IRS discuss this return with the preparer shown below?<br>(see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                  | Signature of officer or trustee | Date       | Title |                                                                                                                                                     |

|                               |                                                                                                                  |                      |      |                                                 |           |
|-------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|------|-------------------------------------------------|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                                                       | Preparer's Signature | Date | Check if self-employed <input type="checkbox"/> | PTIN      |
|                               | BARRY L BURGESS CPA                                                                                              |                      |      |                                                 | P00416685 |
|                               | Firm's name <b>▶</b> SOMERVILLE & COMPANY PLLC<br>Firm's address <b>▶</b> 501 5TH AVENUE<br>HUNTINGTON, WV 25701 |                      |      |                                                 |           |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| READ ALOUDPO BOX 1784<br>CHARLESTON, WV 25326                                                            | NONE                                                                                                      | PC                             | PROMOTE LITERACY                 | 1,000   |
| WEST VIRGINIA MANUFACTURER'S ASSOC EDUCATION FD<br>2001 QUARRIER STREET<br>CHARLESTON, WV 25311          | NONE                                                                                                      | PC                             | EDUCATIONAL                      | 1,000   |
| CHRIST CHURCH UNITED METHODIST<br>1221 QUARRIER STREET<br>CHARLESTON, WV 25301                           | NONE                                                                                                      | PC                             | RELIGIOUS                        | 67,500  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 155,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |         |
| HOSPICE CARE1606 KANAWHA BLVD W<br>CHARLESTON, WV 25387                                                  | NONE                                                                                                      | PC                             | CARE FOR LIFE-LIMITING ILLNESS AND THEIR FAMILIES | 3,000   |
| KANAWHA COUNTY LIBRARY FOUNDATION<br>123 CAPITAL STREET<br>CHARLESTON, WV 25301                          | NONE                                                                                                      | PC                             | EDUCATIONAL                                       | 65,000  |
| MOUNTWEST COMMUNITY AND TECHNICAL FOUNDATION<br>ONE MOUNTWEST WAY<br>HUNTINGTON, WV 25701                | NONE                                                                                                      | PC                             | EDUCATIONAL                                       | 1,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                   | 155,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                     |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                    | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                     |         |
| BETH GUTHIE FOUNDATION<br>ELK RIVER NAZARENE CHURCH<br>143 DUTCH ROAD<br>CHARLESTON, WV 25302            | NONE                                                                                                      | PC                             | MEDICAL RESEARCH                                    | 500     |
| DEVELOPMENTAL THERAPY CENTER<br>803 7TH AVENUE<br>HUNTINGTON, WV 25701                                   | NONE                                                                                                      | PC                             | PROVIDE SERVICES FOR INDIVIDUALS WITH SPECIAL NEEDS | 3,000   |
| BUCKSKIN COUNCIL-BOY SCOUTS OF AMERICA<br>2829 KANAWHA BLVD E<br>CHARLESTON, WV 25311                    | NONE                                                                                                      | PC                             | INSTILL ETHICAL STANDARDS                           | 3,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                     | 155,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| CHILDREN'S HOME SOCIETY<br>1145 GREENBRIER STREET<br>CHARLESTON, WV 25302                                | NONE                                                                                                      | PC                             | CHILD ADVOCACY SERVICES          | 1,000   |
| FUND FOR THE ARTS<br>803 QUARRIER STREET SUITE 100<br>CHARLESTON, WV 25301                               | NONE                                                                                                      | PC                             | CULTURAL EVENTS                  | 1,500   |
| CLARKSBURG MISSION<br>312 NORTH 4TH STREET<br>CLARKSBURG, WV 26301                                       | NONE                                                                                                      | PC                             | RELIGIOUS                        | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 155,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| WESTSIDE SOCCER ASSOCIATION<br>1415 SUMMIT LANE<br>CHARLESTON, WV 25302                                  | NONE                                                                                                      | PC                             | YOUTH ACTIVITIES                 | 3,000   |
| YMCA OF KANAWHA VALLEY<br>100 YMCA DRIVE<br>CHARLESTON, WV 25311                                         | NONE                                                                                                      | PC                             | EMPOWERING MEN                   | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 155,000 |

**TY 2018 Accounting Fees Schedule****Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC**EIN:** 55-0755503

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEES | 2,410         | 1,205                            |                                | 1,205                                                |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2018 Depreciation Schedule**

**Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC

**EIN:** 55-0755503

**TY 2018 Investments Government Obligations Schedule****Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC**EIN:** 55-0755503**US Government Securities - End  
of Year Book Value:**

11,297

**US Government Securities - End  
of Year Fair Market Value:**

10,416

**State & Local Government  
Securities - End of Year Book  
Value:****State & Local Government  
Securities - End of Year Fair  
Market Value:**

**TY 2018 Investments - Other Schedule**

**Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC  
**EIN:** 55-0755503

**Investments Other Schedule 2**

| Category/ Item                 | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|--------------------------------|-----------------------|------------|-------------------------------|
| AMFO INS CO LTD PREFERRED STK  | AT COST               | 472,869    | 472,869                       |
| DFA INTL REAL ESTATE SEC PORT  |                       | 32,840     | 31,684                        |
| DFA INTL CORE EQUITY           |                       | 60,990     | 62,191                        |
| DFA US CORE EQUITY II          |                       | 222,190    | 277,339                       |
| DFA EMERGING MRKTS CORE EQU    | AT COST               | 100,290    | 101,295                       |
| DFA US TARGETED VALUE PRTF     | AT COST               | 267,215    | 257,113                       |
| DFA INT'L SMALL CAP VALUE      | AT COST               | 134,190    | 120,759                       |
| DFA REAL ESTATE SEC PRTF INSTL | AT COST               | 44,240     | 53,474                        |
| DFA INTERL VALUE PORT III      | AT COST               | 125,715    | 115,787                       |
| DFA US LARGE CAP VALUE         | AT COST               | 82,090     | 80,907                        |
| AMERICAN EXPRESS CENTRN CD     | AT COST               | 39,940     | 39,972                        |
| AMERICAN EXPRESS CENTRN CD     | AT COST               | 59,630     | 59,996                        |
| BMW BK NORTH AMER SALT LAKE CD | AT COST               | 39,639     | 40,034                        |
| BMW BK NORTH AMER SALT LAKE CD | AT COST               | 49,820     | 50,596                        |
| CAPITAL ONE BK USA NATL ASSN   | AT COST               | 114,675    | 115,020                       |
| CAPITAL ONE BK USA NATL ASSN   |                       | 98,903     | 98,491                        |
| CAPITAL ONE BK USA NATL ASSN   | AT COST               | 59,840     | 59,690                        |
| CIT BK SALT LAKE CITY UT       | AT COST               | 80,412     | 80,747                        |
| CITIBANK NATIONAL ASSOC CD     | AT COST               | 60,868     | 62,532                        |
| DISCOVER BK CD                 | AT COST               |            |                               |
| DISCOVER BK CD                 | AT COST               | 49,680     | 50,074                        |
| DISCOVER BK CD                 | AT COST               | 39,960     | 39,376                        |
| DISCOVER BK CD                 | AT COST               | 39,920     | 40,338                        |
| GOLDMAN SACHS BK USA GE        | AT COST               | 20,000     | 20,301                        |
| GOLDMAN SACHS BK USA GE        | AT COST               | 87,360     | 88,322                        |
| GOLDMAN SACHS BK USA NY        | AT COST               | 30,000     | 30,346                        |
| GOLDMAN SACHS BK USA NY        | AT COST               | 90,013     | 90,035                        |
| GOLDMAN SACHS BK USA NY        | AT COST               |            |                               |
| MORGAN STANLEY PVT BK          | AT COST               | 98,377     | 101,085                       |
| SALLIE MAE BK SLT LAKE CITY UT | AT COST               | 59,720     | 61,516                        |

**Investments Other Schedule 2**

| <b>Category/ Item</b>         | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|-------------------------------|------------------------------|-------------------|--------------------------------------|
| STATE BK INDIA NEW YORK NY CD | AT COST                      | 77,474            | 77,785                               |
| SYNCHRONY BK RETAIL CD        | AT COST                      | 50,018            | 50,401                               |
| SYNCHRONY BK RETAIL CD        | AT COST                      | 134,244           | 135,123                              |
| SYNCHRONY BK RETAIL CD        | AT COST                      | 49,770            | 49,928                               |
| WELLS FARGO BK NATL ASSN      | AT COST                      | 99,680            | 100,819                              |
| WELLS FARGO BK NATL ASSN      | AT COST                      | 114,560           | 115,191                              |

**TY 2018 Other Expenses Schedule****Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC**EIN:** 55-0755503**Other Expenses Schedule**

| Description     | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-----------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| INVESTMENT FEES | 16,155                               | 16,155                   |                        |                                             |

**TY 2018 Other Income Schedule****Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC**EIN:** 55-0755503**Other Income Schedule**

| Description                              | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|------------------------------------------|-----------------------------------|--------------------------|---------------------|
| AMFO INSURANCE CO,LTD PREFERRED DIVIDEND | 75,510                            | 75,510                   |                     |

**TY 2018 Taxes Schedule****Name:** THE STRONG-TREISTER FAMILY FOUNDATION INC**EIN:** 55-0755503

| Category           | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|--------------------|--------|--------------------------|------------------------|---------------------------------------------|
| TAXES AND LICENSES | 882    |                          |                        | 26                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | As Filed Data -                                                                                                                                                                                   |  | DLN: 93491316007569                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <div>Schedule B<br/>(Form 990, 990-EZ, or 990-PF)<br/><small>Department of the Treasury<br/>Internal Revenue Service</small></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information</div> |  |                                                 | <div>OMB No 1545-0047</div> <div>2018</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| Name of the organization<br>THE STRONG-TREISTER FAMILY FOUNDATION INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                   |  | Employer identification number<br>55-0755503    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| Organization type (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                   |  |                                                 |                                             | <div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div> |  |  |  |  |  |
| Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <b>Note.</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <input checked="" type="checkbox"/> 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| Special Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % 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.                                                                                                                                                                 |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ |  |                                                                                                                                                                                                   |  |                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| <b>Caution.</b> 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 <b>must</b> 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 990PF, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Cat No 30613X                                                                                                                                                                                     |  | Schedule B (Form 990, 990-EZ, or 990-PF) (2018) |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |

|                                                                          |                                                     |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE STRONG-TREISTER FAMILY FOUNDATION INC | <b>Employer identification number</b><br>55-0755503 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

| <b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed |                                                                            |                            |                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| 1                                                                                                                 | DIANE W STRONG-TREISTER<br>1001 EDGEWOOD DRIVE<br><br>CHARLESTON, WV 25302 | <br><br>\$ 250,000         | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small> |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |
| (a)<br>No.                                                                                                        | (b)<br>Name, address, and ZIP + 4                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                             |
| -                                                                                                                 | <br><br>                                                                   | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br><small>(Complete Part II for noncash contributions )</small>            |

Employer identification number

55-0755503

| Part II | Noncash Property |
|---------|------------------|
|---------|------------------|

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

|                                                                          |                                                     |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>THE STRONG-TREISTER FAMILY FOUNDATION INC | <b>Employer identification number</b><br>55-0755503 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____</b><br>Use duplicate copies of Part III if additional space is needed |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|------------------------|---------------------------------------|-------------------------|------------------------------------------|
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |

Form **5471**

(Rev. December 2015)

Department of the Treasury  
Internal Revenue Service**Information Return of U.S. Persons With Respect  
To Certain Foreign Corporations**► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)

OMB No. 1545-0704

Information furnished for the foreign corporation's annual accounting period (tax year required by  
section 898) beginning 03/01/2017, and ending 02/28/2018Attachment  
Sequence No **121**

|                                                                                                                                         |  |                                                                                                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of person filing this return<br><b>THE STRONG TREISTER FAMILY FOUNDATION</b>                                                       |  | A Identifying number<br><b>55-0755503</b>                                                                                                                                                                          |  |
| Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)<br><b>503 PENNSYLVANIA AVENUE</b> |  | B Category of filer (See instructions. Check applicable box(es))<br>1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> |  |
| City or town, state, and ZIP code<br><b>CHARLESTON WV 25302</b>                                                                         |  | C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>0.00%</b>                                                                           |  |
| Filer's tax year beginning <b>7/1/2018</b> , and ending <b>6/30/2019</b>                                                                |  |                                                                                                                                                                                                                    |  |
| D Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/>        |  |                                                                                                                                                                                                                    |  |

E Person(s) on whose behalf this information return is filed

| (1) Name | (2) Address | (3) Identifying number | (4) Check applicable box(es) |         |          |
|----------|-------------|------------------------|------------------------------|---------|----------|
|          |             |                        | Shareholder                  | Officer | Director |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |
|          |             |                        |                              |         |          |

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

|                                                                                                                                                                                            |                                                        |                                                                  |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| 1a Name and address of foreign corporation<br><br><b>COLUMBUS INSURANCE, LTD.<br/>C/O MARSH MANAGEMENT SERVICES CAYMAN LTD.<br/>P.O. BOX 1051<br/>GRAND CAYMAN KY1-1102 CAYMAN ISLANDS</b> |                                                        | b(1) Employer identification number, if any<br><b>98-0171631</b> |                                                   |
|                                                                                                                                                                                            |                                                        | b(2) Reference ID number (see instructions)                      |                                                   |
|                                                                                                                                                                                            |                                                        | c Country under whose laws incorporated<br><b>CAYMAN ISLANDS</b> |                                                   |
| d Date of incorporation<br><b>9/20/1994</b>                                                                                                                                                | e Principal place of business<br><b>CAYMAN ISLANDS</b> | f Principal business activity code number<br><b>524290</b>       | g Principal business activity<br><b>INSURANCE</b> |
|                                                                                                                                                                                            |                                                        | h Functional currency<br><b>U.S. DOLLAR</b>                      |                                                   |

2 Provide the following information for the foreign corporation's accounting period stated above

|                                                                                                                                                                                                                    |                                                |                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a Name, address, and identifying number of branch office or agent (if any) in the United States<br><br><b>N/A</b>                                                                                                  | b If a U.S. income tax return was filed, enter |                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                    | (i) Taxable income or (loss)                   | (ii) U.S. income tax paid (after all credits)                                                                                                                                                                                                 |
|                                                                                                                                                                                                                    | <b>N/A</b>                                     | <b>N/A</b>                                                                                                                                                                                                                                    |
| c Name and address of foreign corporation's statutory or resident agent in country of incorporation<br><br><b>MARSH MANAGEMENT SERVICES CAYMAN LTD.<br/>P.O. BOX 1051<br/>GRAND CAYMAN CAYMAN ISLANDS KY1-1102</b> |                                                | d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different<br><br><b>SAME AS 2C</b> |

**Schedule A Stock of the Foreign Corporation**

| (a) Description of each class of stock | (b) Number of shares issued and outstanding |                                      |
|----------------------------------------|---------------------------------------------|--------------------------------------|
|                                        | (i) Beginning of annual accounting period   | (ii) End of annual accounting period |
| COMMON                                 | 126                                         | 133                                  |
| PREFERRED                              | 126                                         | 133                                  |
|                                        |                                             |                                      |
|                                        |                                             |                                      |



**Schedule E** Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

| (a)<br>Name of country or U.S. possession | Amount of tax              |                        |                        |
|-------------------------------------------|----------------------------|------------------------|------------------------|
|                                           | (b)<br>In foreign currency | (c)<br>Conversion rate | (d)<br>In U.S. dollars |
| 1 U.S.                                    |                            |                        |                        |
| 2                                         |                            |                        |                        |
| 3                                         |                            |                        |                        |
| 4                                         |                            |                        |                        |
| 5                                         |                            |                        |                        |
| 6                                         |                            |                        |                        |
| 7                                         |                            |                        |                        |
| 8 Total                                   |                            |                        | 0                      |

**Schedule F** Balance Sheet

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

| Assets                                                  |     | (a)<br>Beginning of annual<br>accounting period | (b)<br>End of annual<br>accounting period |
|---------------------------------------------------------|-----|-------------------------------------------------|-------------------------------------------|
|                                                         |     |                                                 |                                           |
| 1 Cash                                                  | 1   | 4,200,830                                       | 9,795,816                                 |
| 2 a Trade notes and accounts receivable                 | 2a  |                                                 |                                           |
| b Less allowance for bad debts                          | 2b  |                                                 |                                           |
| 3 Inventories                                           | 3   |                                                 |                                           |
| 4 Other current assets (attach statement)               | 4   | 16,760,200                                      | 8,255,962                                 |
| 5 Loans to shareholders and other related persons       | 5   |                                                 |                                           |
| 6 Investment in subsidiaries (attach statement)         | 6   |                                                 |                                           |
| 7 Other investments (attach statement)                  | 7   | 195,737,670                                     | 221,821,870                               |
| 8 a Buildings and other depreciable assets              | 8a  |                                                 |                                           |
| b Less accumulated depreciation                         | 8b  |                                                 |                                           |
| 9 a Depletable assets                                   | 9a  |                                                 |                                           |
| b Less accumulated depletion                            | 9b  |                                                 |                                           |
| 10 Land (net of any amortization)                       | 10  |                                                 |                                           |
| 11 Intangible assets                                    |     |                                                 |                                           |
| a Goodwill                                              | 11a |                                                 |                                           |
| b Organization costs                                    | 11b |                                                 |                                           |
| c Patents, trademarks, and other intangible assets      | 11c |                                                 |                                           |
| d Less accumulated amortization for lines 11a, b, and c | 11d |                                                 |                                           |
| 12 Other assets (attach statement)                      | 12  | 38,946,654                                      | 40,697,095                                |
| 13 Total assets                                         | 13  | 255,645,354                                     | 280,570,743                               |
| <b>Liabilities and Shareholders' Equity</b>             |     |                                                 |                                           |
| 14 Accounts payable                                     | 14  |                                                 |                                           |
| 15 Other current liabilities (attach statement)         | 15  | 3,942,407                                       | 4,447,057                                 |
| 16 Loans from shareholders and other related persons    | 16  |                                                 |                                           |
| 17 Other liabilities (attach statement)                 | 17  | 104,496,942                                     | 109,766,258                               |
| 18 Capital stock                                        |     |                                                 |                                           |
| a Preferred stock                                       | 18a | 1                                               | 1                                         |
| b Common stock                                          | 18b | 1                                               | 1                                         |
| 19 Paid-in or capital surplus (attach reconciliation)   | 19  | 57,148,322                                      | 61,999,311                                |
| 20 Retained earnings                                    | 20  | 90,057,681                                      | 104,358,115                               |
| 21 Less cost of treasury stock                          | 21  |                                                 |                                           |
| 22 Total liabilities and shareholders' equity           | 22  | 255,645,354                                     | 280,570,743                               |

**Schedule G Other Information**

Yes No

- 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? ☐ ☒
- If "Yes," see the instructions for required statement
- 2 During the tax year, did the foreign corporation own an interest in any trust? ☐ ☒
- 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? ☐ ☒
- If "Yes," you are generally required to attach Form 8858 for each entity (see instructions)
- 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? ☐ ☒
- 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? ☐ ☒
- 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ☐ ☒
- If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G)
- 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? ☐ ☒
- 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? ☐ ☒

**Schedule H Current Earnings and Profits** (see instructions)**Important:** Enter the amounts on lines 1 through 5c in **functional** currency

|    |                                                                                                                                                                               |                      |                         |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| 1  | Current year net income or (loss) per foreign books of account                                                                                                                | 1                    | 27,878,581              |
| 2  | Net adjustments made to line 1 to determine current earnings and profits according to U S financial and tax accounting standards (see instructions)                           |                      |                         |
|    |                                                                                                                                                                               | <b>Net Additions</b> | <b>Net Subtractions</b> |
| a  | Capital gains or losses                                                                                                                                                       |                      |                         |
| b  | Depreciation and amortization                                                                                                                                                 |                      |                         |
| c  | Depletion                                                                                                                                                                     |                      |                         |
| d  | Investment or incentive allowance                                                                                                                                             |                      |                         |
| e  | Charges to statutory reserves                                                                                                                                                 |                      |                         |
| f  | Inventory adjustments                                                                                                                                                         |                      |                         |
| g  | Taxes                                                                                                                                                                         |                      |                         |
| h  | Other (attach statement)                                                                                                                                                      |                      | 17,290,586              |
| 3  | Total net additions                                                                                                                                                           | 0                    |                         |
| 4  | Total net subtractions                                                                                                                                                        |                      | 17,290,586              |
| 5a | Current earnings and profits (line 1 plus line 3 minus line 4)                                                                                                                | 5a                   | 10,587,995              |
| b  | DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)                                                                                               | 5b                   |                         |
| c  | Combine lines 5a and 5b                                                                                                                                                       | 5c                   | 10,587,995              |
| d  | Current earnings and profits in U S dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions)) | 5d                   | 10,587,995              |
|    | Enter exchange rate used for line 5d                                                                                                                                          |                      | 1.00                    |

**Schedule I Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for

Name of U S shareholder **THE STRONG TREISTER FAMILY FOUNDAT** Identifying number

|   |                                                                                                                                     |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1 | Subpart F income (line 38b, Worksheet A in the instructions)                                                                        | 1 | 0 |
| 2 | Earnings invested in U S property (line 17, Worksheet B in the instructions)                                                        | 2 |   |
| 3 | Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)                | 3 |   |
| 4 | Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) | 4 |   |
| 5 | Factoring income                                                                                                                    | 5 |   |
| 6 | Total of lines 1 through 5. Enter here and on your income tax return. See instructions.                                             | 6 | 0 |
| 7 | Dividends received (translated at spot rate on payment date under section 989(b)(1))                                                | 7 | 0 |
| 8 | Exchange gain or (loss) on a distribution of previously taxed income                                                                | 8 |   |

Yes No

- Was any income of the foreign corporation blocked? ☐ ☒
- Did any such income become unblocked during the tax year (see section 964(b))? ☐ ☒

If the answer to either question is "Yes," attach an explanation

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
▶ Attach to Form 5471.

OMB No 1545-0704

|                                                                                                               |                                                                                 |                                                                                              |                                                        |                                                                             |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------|
| Name of person filing Form 5471<br><b>SAME AS FORM 5471</b>                                                   |                                                                                 | Identifying number<br><b>SAME AS FORM 5471</b>                                               |                                                        |                                                                             |
| Name of foreign corporation<br><b>COLUMBUS INSURANCE, LTD. C/O MARSH MANAGEMENT SERVICES CAYMAN LTD.</b>      |                                                                                 | Reference ID number (see instructions)                                                       |                                                        |                                                                             |
| EIN (if any)<br><b>98-0171631</b>                                                                             |                                                                                 |                                                                                              |                                                        |                                                                             |
| <b>Important:</b> Enter amounts in functional currency.                                                       | <b>(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)</b> | <b>(c) Previously Taxed E&amp;P (see instructions) (sections 959(c)(1) and (2) balances)</b> |                                                        | <b>(d) Total Section 964(a) E&amp;P (combine columns (a), (b), and (c))</b> |
|                                                                                                               |                                                                                 | <b>(i) Earnings Invested in U S Property</b>                                                 | <b>(ii) Earnings Invested in Excess Passive Assets</b> |                                                                             |
| <b>1</b> Balance at beginning of year                                                                         | -189,755                                                                        |                                                                                              | 14,306,779                                             | 14,117,024                                                                  |
| <b>2 a</b> Current year E&P                                                                                   | 10,587,995                                                                      |                                                                                              |                                                        |                                                                             |
| <b>b</b> Current year deficit in E&P                                                                          |                                                                                 |                                                                                              |                                                        |                                                                             |
| <b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b) | 10,398,240                                                                      |                                                                                              |                                                        |                                                                             |
| <b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year           | 10,587,995                                                                      |                                                                                              | 10,587,995                                             |                                                                             |
| <b>5 a</b> Actual distributions or reclassifications of previously taxed E&P                                  |                                                                                 |                                                                                              | 13,578,147                                             |                                                                             |
| <b>b</b> Actual distributions of nonpreviously taxed E&P                                                      |                                                                                 |                                                                                              |                                                        |                                                                             |
| <b>6 a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)                 |                                                                                 |                                                                                              | 11,316,627                                             |                                                                             |
| <b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)              | -189,755                                                                        |                                                                                              |                                                        |                                                                             |
| <b>7</b> Balance at end of year (Enter amount from line 6a or line 6b, whichever is applicable )              | -189,755                                                                        | 0                                                                                            | 11,316,627                                             | 11,126,872                                                                  |

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HTA

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE O**  
**(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign  
Corporation, and Acquisitions and  
Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)  
Attach to Form 5471.

OMB No. 1545-0704

|                                                                                               |                            |                                        |
|-----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|
| Name of person filing Form 5471<br>SAME AS FORM 5471                                          |                            | Identifying number                     |
| Name of foreign corporation<br>COLUMBUS INSURANCE, LTD C/O MARSH MANAGEMENT SERVICES CAYMAN I | EIN (if any)<br>98-0171631 | Reference ID number (see instructions) |

**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported

**Part I To Be Completed by U.S. Officers and Directors**

| (a)<br>Name of shareholder for whom<br>acquisition information is reported | (b)<br>Address of shareholder | (c)<br>Identifying number<br>of shareholder | (d)<br>Date of original<br>10% acquisition | (e)<br>Date of additional<br>10% acquisition |
|----------------------------------------------------------------------------|-------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------------|
|                                                                            |                               |                                             |                                            |                                              |
|                                                                            |                               |                                             |                                            |                                              |
|                                                                            |                               |                                             |                                            |                                              |
|                                                                            |                               |                                             |                                            |                                              |

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U S persons, attach a list showing the names of such persons and the date each became a U S person

**Section A—General Shareholder Information**

| (a)<br>Name, address, and identifying number of<br>shareholder(s) filing this schedule | (b)<br>For shareholder's latest U S income tax return filed, indicate |                          |                                                       | (c)<br>Date (if any) shareholder<br>last filed information<br>return under section 6046<br>for the foreign corporation |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|                                                                                        | (1)<br>Type of return<br>(enter form number)                          | (2)<br>Date return filed | (3)<br>Internal Revenue Service<br>Center where filed |                                                                                                                        |
| SAME AS PERSON FILING 5471                                                             | 990PF                                                                 | 11/15/19                 | OGDEN, UT                                             |                                                                                                                        |
|                                                                                        |                                                                       |                          |                                                       |                                                                                                                        |
|                                                                                        |                                                                       |                          |                                                       |                                                                                                                        |

**Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

| (a)<br>Name of U S officer or director | (b)<br>Address | (c)<br>Social security number | (d)<br>Check appropriate<br>box(es) |          |
|----------------------------------------|----------------|-------------------------------|-------------------------------------|----------|
|                                        |                |                               | Officer                             | Director |
| SEE STATEMENT                          |                |                               |                                     |          |
|                                        |                |                               |                                     |          |
|                                        |                |                               |                                     |          |

**Section C—Acquisition of Stock**

| (a)<br>Name of shareholder(s) filing this schedule | (b)<br>Class of stock<br>acquired | (c)<br>Date of<br>acquisition | (d)<br>Method of<br>acquisition | (e)<br>Number of shares acquired |                   |                       |
|----------------------------------------------------|-----------------------------------|-------------------------------|---------------------------------|----------------------------------|-------------------|-----------------------|
|                                                    |                                   |                               |                                 | (1)<br>Directly                  | (2)<br>Indirectly | (3)<br>Constructively |
| SEE STATEMENT                                      |                                   |                               |                                 |                                  |                   |                       |
|                                                    |                                   |                               |                                 |                                  |                   |                       |
|                                                    |                                   |                               |                                 |                                  |                   |                       |

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Schedule O (Form 5471) (12-2012)

| (f)<br>Amount paid or value given | (g)<br>Name and address of person from whom shares were acquired |
|-----------------------------------|------------------------------------------------------------------|
|                                   |                                                                  |
|                                   |                                                                  |
|                                   |                                                                  |

**Section D—Disposition of Stock**

| (a)<br>Name of shareholder disposing of stock | (b)<br>Class of stock                                                   | (c)<br>Date of disposition | (d)<br>Method of disposition | (e)<br>Number of shares disposed of |                   |                       |
|-----------------------------------------------|-------------------------------------------------------------------------|----------------------------|------------------------------|-------------------------------------|-------------------|-----------------------|
|                                               |                                                                         |                            |                              | (1)<br>Directly                     | (2)<br>Indirectly | (3)<br>Constructively |
| <b>SEE STATEMENT</b>                          |                                                                         |                            |                              |                                     |                   |                       |
|                                               |                                                                         |                            |                              |                                     |                   |                       |
|                                               |                                                                         |                            |                              |                                     |                   |                       |
|                                               |                                                                         |                            |                              |                                     |                   |                       |
| (f)<br>Amount received                        | (g)<br>Name and address of person to whom disposition of stock was made |                            |                              |                                     |                   |                       |
|                                               |                                                                         |                            |                              |                                     |                   |                       |
|                                               |                                                                         |                            |                              |                                     |                   |                       |
|                                               |                                                                         |                            |                              |                                     |                   |                       |

**Section E—Organization or Reorganization of Foreign Corporation**

| (a)<br>Name and address of transferor            |                          | (b)<br>Identifying number (if any)                    | (c)<br>Date of transfer                                                                            |
|--------------------------------------------------|--------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|
|                                                  |                          |                                                       |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |
| (d)<br>Assets transferred to foreign corporation |                          |                                                       | (e)<br>Description of assets transferred by, or notes or securities issued by, foreign corporation |
| (1)<br>Description of assets                     | (2)<br>Fair market value | (3)<br>Adjusted basis (if transferor was U.S. person) |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |

**Section F—Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits) **SEE STATEMENT**

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example)

**LINE 8, SCH C (FORM 5471) - OTHER INCOME**

|   |                                     |   |            |
|---|-------------------------------------|---|------------|
| 1 | UNREALIZED GAIN ON SECURITIES       | 1 | 15,084,200 |
| 2 | PROVISIONAL CLAIMS INDEMNIFICATIONS | 2 | 1,682,760  |
| 3 | CLAIMS INDEMNIFICATIONS             | 3 | 5,006,934  |
| 4 |                                     | 4 |            |
|   | TOTAL OTHER INCOME                  |   | 21,773,894 |

**LINE 16, SCH C (FORM 5471) - OTHER DEDUCTIONS**

|   |                                             |   |            |
|---|---------------------------------------------|---|------------|
| 1 | REINSURANCE PREMIUM                         | 1 | 11,319,400 |
| 2 | LOSSES INCURRED                             | 2 | 53,659,371 |
| 3 | POLICY ISSUANCE AND PROGRAM OPERATING COSTS | 3 | 16,627,453 |
| 4 | ADMINISTRATIVE COSTS                        | 4 | 2,503,508  |
| 5 |                                             | 5 |            |
|   | TOTAL OTHER DEDUCTIONS                      |   | 84,109,732 |

**LINE 4, SCH F (FORM 5471) - OTHER CURRENT ASSETS**

|   |                                            | BEGINNING  | END       |
|---|--------------------------------------------|------------|-----------|
| 1 | INSURANCE BALANCES RECEIVABLE - SHORT-TERM | 3,957,570  | 4,373,399 |
| 2 | PREMIUMS DUE FROM CEDING INSURER           | 12,736,180 | 3,773,812 |
| 3 | PREPAID EXPENSES AND OTHER A/R             | 66,450     | 108,751   |
| 4 |                                            |            |           |
| 5 |                                            |            |           |
| 6 |                                            |            |           |
| 7 |                                            |            |           |
|   | TOTAL OTHER CURRENT ASSETS                 | 16,760,200 | 8,255,962 |

**LINE 7, SCH F (FORM 5471) - OTHER INVESTMENTS**

|   |                            | BEGINNING   | END         |
|---|----------------------------|-------------|-------------|
| 1 | THE CAPTIVE INVESTORS FUND | 195,737,670 | 221,821,870 |
|   | TOTAL OTHER INVESTMENTS    | 195,737,670 | 221,821,870 |

**LINE 12, SCH F (FORM 5471) - OTHER ASSETS**

|   |                                                | BEGINNING  | END        |
|---|------------------------------------------------|------------|------------|
| 1 | PROVISIONAL CLAIMS INDEMNIFICATIONS RECEIVABLE | 33,005,852 | 34,688,612 |
| 2 | LOSS ESCROW FUNDS WITHHELD                     | 4,300,000  | 4,300,000  |
| 3 | LOSSES DUE FROM CEDING INSURER                 | 505,828    | 125,970    |
| 4 | DEFERRED CASH FLOW PREMIUMS RECEIVABLE         | 401,837    | 737,289    |
| 5 | INSURANCE BALANCES RECEIVABLE - LONG-TERM      | 733,137    | 845,224    |
| 6 |                                                |            |            |
| 7 |                                                |            |            |
|   | TOTAL OTHER ASSETS                             | 38,946,654 | 40,697,095 |

**LINE 15, SCH F (FORM 5471) - OTHER CURRENT LIABILITIES**

|   |                                        | BEGINNING | END       |
|---|----------------------------------------|-----------|-----------|
| 1 | ACCOUNTS PAYABLE AND OTHER LIABILITIES | 415,950   | 320,509   |
| 2 | DIVIDENDS PAYABLE                      | 19,857    | 198,013   |
| 3 | LOSSES PAYABLE                         | 3,506,600 | 3,928,535 |
| 4 |                                        |           |           |
|   | TOTAL OTHER CURRENT LIABILITIES        | 3,942,407 | 4,447,057 |

**LINE 17, SCH F (FORM 5471) - OTHER LIABILITIES**

|                         |                                    | BEGINNING | END         |             |
|-------------------------|------------------------------------|-----------|-------------|-------------|
| 1                       | LOSS RESERVES                      | 1         | 32,493,995  | 35,476,288  |
| 2                       | INCURRED BUT NOT REPORTED RESERVES | 2         | 72,002,947  | 74,289,970  |
| 3                       |                                    | 3         |             |             |
| TOTAL OTHER LIABILITIES |                                    |           | 104,496,942 | 109,766,258 |

**LINE 2H, SCH H (FORM 5471) - OTHER**

|             |                                     | ADDITIONS | SUBTRACTIONS |
|-------------|-------------------------------------|-----------|--------------|
| 1           | PROVISIONAL CLAIMS INDEMNIFICATIONS | 1         | 1,682,762    |
| 2           | UNREALIZED GAIN ON SECURITIES       | 2         | 15,084,200   |
| 3           | LOSS RESERVE DISCOUNTING            | 3         | 523,624      |
| TOTAL OTHER |                                     | 0         | 17,290,586   |

Columbus Insurance Ltd.  
Fiscal Year Ending February 28, 2018

Schedule O - Section B - Persons Who Are Officers of the Foreign Corporation

| <u>Officer Name</u> | <u>Office</u>  | <u>Street Address</u>             | <u>City</u> | <u>State</u> | <u>Zip Code</u> |
|---------------------|----------------|-----------------------------------|-------------|--------------|-----------------|
| Wayne Hauge         | President      | 213 Vandale Drive                 | Houston     | PA           | 15342           |
| Neil Jenkins        | Vice President | 8770 W Bryn Mawr Ave              | Chicago     | IL           | 60631-3515      |
| Tony Allen          | Treasurer      | 101 Bullitt Lane, Suite 450       | Louisville  | KY           | 40222           |
| William Gex         | Secretary      | 1000 Washington Pike, P O Box 339 | Bridgeville | PA           | 15017           |

The officers and/or directors of the foreign corporation file Form 5471 as Category 2 filers in accordance with Treasury Regulation Section 1.6046-1(a)(2)(i)(c). There were no 10% acquisitions by United States persons during the current year. Due to security concerns, the officers' social security numbers may be obtained from the offices of Columbus Insurance Ltd.

**Columbus Insurance Ltd**  
**Fiscal Year Ending February 28, 2018**

Schedule O - Section B - Persons Who Are Directors of the Foreign Corporation

| <u>Director Name</u>     | <u>Street Address</u>                                                         | <u>City, State &amp; Zip Code</u> |
|--------------------------|-------------------------------------------------------------------------------|-----------------------------------|
| Michelle Lynn Behrenwald | 600 44th St S W                                                               | Grand Rapids, MI 49548            |
| Willis E Tupper          | 2500 Bishop Circle East                                                       | Dexter, MI 48130                  |
| Juli Dupras              | 309 S Front Street                                                            | Marquette, MI 49855               |
| Robert Tate              | 1941 Lansdowne Road                                                           | Baltimore, MD 21227               |
| Carol Folkert            | 1115 E Broadway                                                               | Muskegon, MI 49444                |
| Tony Allen               | 101 Bullitt Lane, Suite 450                                                   | Louisville, KY 40222              |
| John E. Wilson           | 1000 Warren Ave , P O Box 269                                                 | Niles, OH 44446                   |
| John Burke               | P O Box 30558, 550 N 31st Street, Fourth Floor                                | Billings, MT 59101- 59114         |
| Annette Eckerle          | 999 Executive Parkway, Suite 202                                              | St Louis, MO 63141                |
| Wilson G Persinger       | 4400 S Lewis Blvd , P O Box 6300                                              | Sioux City, IA 51106-0616         |
| David McClain            | One PPG Place                                                                 | Pittsburgh, OH 45801              |
| John Pillman             | 450 Old Brickyard Road, P O Box 5001                                          | Greenwood, SC 29648               |
| Kevin Urbani             | 6555 W Good Hope Road                                                         | Milwaukee, WI 53223               |
| Edmund N Nakano          | 702 South Beretania St                                                        | Honolulu, HI 96813                |
| Kimra Golden             | 100 Fluor Daniel Drive                                                        | Greenville, TN 37040              |
| Duane Polodna            | 1314 Douglas Street, Suite 1500                                               | Omaha, NE 68102                   |
| David Quade              | 1051 W 7th Ave                                                                | Monroe, WI 53566                  |
| Richard Vatinelle        | 2835 Kemet Way                                                                | Simpsonville, SC 29681            |
| Robert Foster            | 22631 North 18th Avenue                                                       | Phoenix, AZ 85080-3168            |
| Larry W Hines            | 1218 East Pontaluna Road, Suite B                                             | Spring Lake, MI 49456             |
| Victor Hansen            | 1340 Monroe N W                                                               | Grand Rapids, MI 49505            |
| Nelson Martinez          | 7510 Montevideo Road, P O Box 278                                             | Jessup, MD 20794                  |
| Jim Rodgers              | 1500 Bush Street                                                              | Baltimore, MD 21230               |
| William Downs            | 935 Mearns Rd                                                                 | Warminster, PA 18974              |
| William Gex              | 1000 Washington Pike, P O Box 339                                             | Bridgeville, PA 15017             |
| Jamey LeBlanc            | 3332 Partridge Lane, Bldg A                                                   | Baton Rouge, LA 70809             |
| Cory Brusman             | 105 Kuhlman Drive                                                             | Versailles, KY 40383              |
| Tina Schmitz             | 5800 7th Ave                                                                  | Kenosha, WI 53140-4136            |
| Chantal Gebhard          | 3801 E Sunshine, P O Box 4087                                                 | Springfield, MO 65808             |
| Mary Sumner              | 6717 Waldemar Avenue                                                          | St Louis, MO 63139                |
| Gordie Beittenmiller     | 10 South Broadway, Suite 200                                                  | St Louis, MO 63102                |
| Thomas Strunk            | 60 Weldon Parkway                                                             | Maryland Heights, MO 63043        |
| Robert Fetter            | 5350 NE Dawson Cr Drive                                                       | Hillsboro, OR 97124               |
| Frank Celmer             | 3703 South Route 31                                                           | Crystal Lake, IL 60012- 1412      |
| James Phillips           | 812 Huron Rd , Ste 880                                                        | Cleveland, OH 44115               |
| Scott Borlinghaus        | One Fabick Drive                                                              | Fenton, MO 63026                  |
| James Mahoney            | 200 South 108th Avenue                                                        | Omaha, NE 68154                   |
| Anthony Powell           | 9201 West Belmont Ave                                                         | Franklin Park, IL 60131           |
| Quay Youngblood          | 4355 Golf Acres Drive, P O Box 669388                                         | Charlotte, NC 28208               |
| Tom Gigliotti            | 1161 SW 69th Ave                                                              | Plantation, FL 33317              |
| Daniel Kaplan            | 401 Douglas Street, Suite 406                                                 | Sioux City, IA 51101              |
| David Bernstein          | 214 Court Street, P O Box 3224                                                | Sioux City, IA 51102              |
| Wayne Hauge              | 213 Vandale Drive                                                             | Houston, PA 15342                 |
| Stanton Eigenbrodt       | 15601 Dallas Parkway #600                                                     | Addison, TX 75001                 |
| John Jacob               | One Highland Road                                                             | Stoystown, PA 15563-0338          |
| Michael Brennan          | 1801 Watterson Trail, P O Box 32230                                           | Louisville, KY 40232-2230         |
| Ken Andersen             | 1001 Gallup Drive                                                             | Omaha, NE 68102                   |
| Teri Grup                | 800 Stevens Port Drive, Suite DD836                                           | Dakota Dunes, SD 57049            |
| Eric Glover              | 2100 N New York Ave                                                           | Evansville, IN 47711              |
| Timothy John Masserant   | 21200 Telegraph Road                                                          | Southfield, MI 48033              |
| Neil Jenkins             | 8770 W Bryn Mawr Ave                                                          | Chicago, IL 60631- 3515           |
| Jay Bruce                | 930 Cass Street                                                               | New Castle, PA 16101              |
| Joseph Massaro           | 120 Delta Drive                                                               | Pittsburgh, PA 15238              |
| Tom Sinnott              | 3921 Vero Road                                                                | Baltimore, MD 21227               |
| Craig Espevik            | 2121 Norman Drive South                                                       | Waukegan, IL 60085                |
| Scott A Bringmann        | 6770 Arctic Spur Road                                                         | Anchorage, AK 99518               |
| David McHugh             | 450 Plymouth Road, Suite 300                                                  | Plymouth Meeting, PA 19103        |
| Billy Moore              | 1901 South Meyers Road, Suite 455                                             | Oak Brook Terrace, IL 60181-5243  |
| Dan McManamon            | 3993 East Royalton Road                                                       | Broadview Heights, OH 44147       |
| Kathleen S Hildreth      | 300 North Elm Street, Suite 101                                               | Denton, TX 76201                  |
| Zachary Rudman           | 4800 Main Street, Suite 300                                                   | Kansas City, MO 64105             |
| Michael Fitzpatrick      | 13850 Diplomat Drive                                                          | Dallas, TX 75234                  |
| Jeff Betzoldt            | 3120 Wall Street, Suite 100                                                   | Lexington, KY 40513               |
| Marec E Edgar            | 1420 Kensington Road, Suite 220                                               | Oakbrook, IL 60523                |
| Randall Jordan Pape      | 355 Goodpasture Island Road                                                   | Eugene, OR 97440-0407             |
| Mike Kain                | c/o Kensington Management Group, Ltd, 2nd Flr, Genesis Building, Dr Roy Drive | PO Box KY1-1001, Georgetown       |
| Monte Griffin            | 1417 NW Everett St                                                            | Portland, OR 97209                |
| Fritz Mehler             | 10343 - B Kings Acres Rd                                                      | Ashland, VA 23005                 |
| Bradley Smith            | 9201 Oak Hill Road                                                            | Evansville, IN 47712              |

**Columbus Insurance Ltd**  
**Fiscal Year Ending February 28, 2018**

Schedule O - Section B - Persons Who Are Directors of the Foreign Corporation

| <u>Director Name</u>  | <u>Street Address</u>                | <u>City, State &amp; Zip Code</u> |
|-----------------------|--------------------------------------|-----------------------------------|
| Carlo Vezza           | 725 Summerhill Dr                    | Deland, FL 32724                  |
| David Barron          | One West Mayflower Ave               | North Las Vegas, NV 89030         |
| Jeffrey Mulzer        | 534 Mozart Street                    | Tell City, IN 47586-0249          |
| Kurt Imig             | 8540 Dimond D Circle                 | Anchorage, AK 99515-1938          |
| Elizabeth McGee       | 164 Wind Chime Court                 | Raleigh, NC 27615                 |
| Nathan Hoffman        | 9300 Ashton Rd                       | Philadelphia, PA 19114            |
| Craig Loeffler        | 2651 East Ten Mile Road              | Warren, MI 48091                  |
| Darrell Rogers        | 5013 Davis Boulevard                 | North Richland Hills, TX 76180    |
| Donna Robinson        | 4300 B St, #308                      | Anchorage, AK 99503               |
| Justin Douglas        | 815 W Weed St                        | Chicago, IL 60642                 |
| Dave Fletcher         | 1029 North Royal Street              | Alexandria, VA 22314              |
| Les Williams          | 1585 Gulf Shores Parkway             | Gulf Shores, AL 36542             |
| Ronald Owens          | 134 Columbus St                      | Charleston, SC 29403              |
| Frank Cobia           | 2499 Florence Harlee Boulevard       | Florence, SC 29506                |
| Kurt Lindsey          | 2101 East 63rd Avenue                | Anchorage, AK 99507               |
| Craig Kingery         | 1654 High Hill Road                  | Swedesboro, NJ 08085-0099         |
| Dixie Retherford      | 3201 C Street #700                   | Anchorage, AK 99503               |
| Chad Kerner           | 222 Merchandise Mart, Suite 2014     | Chicago, IL 60654                 |
| Denis Hurley          | One North Dearborn                   | Chicago, IL 60602                 |
| Michael Smith         | 64 E Midland Avenue, Suite 7         | Paramus, NJ 07652                 |
| Charles Strickland    | 3302 South W W White Rd              | San Antonio, TX 78222             |
| James Oden            | 164 American Drive                   | Oakboro, NC 28129                 |
| Stephen Ehrhardt      | 103 St Robert Plaza                  | St Robert, MO 65584               |
| David Honner          | 4301 West 12th Street                | Sioux Falls, SD 57106             |
| Sandi Lawson          | 9741 Carlson Rd                      | Anchorage, AK 99507               |
| Sherrie Ferguson      | 2531 Highway 78 West                 | Summerville, SC 29483             |
| Elizabeth Boyce       | 1851-1881 Wisconsin Dells Pkwy       | Wisconsin Dells, WI 53965         |
| Stephen Williams      | 7777 Brewster Ave                    | Philadelphia, PA 19153            |
| Jack Poindexter       | 301 Spring Street                    | East Jordan, MI 49727             |
| B Scott Kern          | 1717 East 12th Street                | Errie, PA 16511                   |
| Zach Snyder           | 4609 E Boonville New Harmony Rd      | Evansville, IN 47725              |
| Quetta Fritsch        | P O Box 103                          | Lawton, OK 735502-0103            |
| Robert Bean           | 178 Conservation Way                 | Sunderland, VT 05250              |
| William A Wood        | 1025 W 8th Street                    | Kansas City, MO 64101             |
| H Andrew Batty, Jr    | 1-11 Travis Avenue                   | Binghamton, NY 13904              |
| Ray Hammons           | 1172 Industrial Boulevard            | Louisville, KY 40219              |
| Joesph W Works        | 1216 Hawaii Road                     | Humboldt, KY 66748                |
| Robert Spaedy         | 7901 NW 107th Terrace                | Kansas City, MO 64153             |
| David Houchin         | 3131 Custer Dr , #8                  | Lexington, KY 40517               |
| Ronald Gregory Kincer | 1600 Royal Street                    | Jasper , IN 47549                 |
| Daniel S Donovan      | 1566 Putney Road                     | Brattleboro, VT 05301             |
| Shirley Braunstein    | 86776 McVay Highway                  | Eugene , OR 97405                 |
| Brain Anstiss         | 222 S Riverside Plaza, Suite 2120    | Chicago, IL 60606                 |
| William King          | 1900 Avenue of the Stars, Suite 2600 | Los Angeles, CA 90067             |
| Kent Johnson          | 155 E Algonquin Road                 | Arlington Heights, IL 60005       |
| Adam W Smith          | 1205 Kimball Blvd                    | Jasper, IN 47546                  |
| Richard Maser         | 331 Newman Springs Road, Suite 203   | Red Bank, NJ 07701                |
| James Kauker          | 1041 N Pacificcenter Drive           | Anaheim, CA 92806                 |
| Randal L Brink        | 206 Plum Street                      | Syracuse, NY 13204-2310           |
| Greg Turnage          | 5676 Thompson Chapel Church Road     | Wilson, NC 27896                  |
| John Calderon         | 116 West 32nd Street, 8th Floor      | New York, NY 10001                |
| William D Grote IV    | 2600 Lanier Drive                    | Madison , IN 47250                |
| Gary Wyatt            | 803 E Broadway Boulevard             | Jefferson City, TN 37760          |
| Matthew Glover        | 4493 US 301 Highway                  | Pleasant Hill, NC 27866           |
| William Newman        | 1121 Brevard Road                    | Asheville, NC 28806               |

The officers and/or directors of the foreign corporation file Form 5471 as Category 2 filers in accordance with Treasury Regulation Section 1.6046-1(a)(2)(i)(c). There were no 10% acquisitions by United States persons during the current year. Due to security concerns, the directors' social security numbers may be obtained from the offices of Columbus Insurance Ltd.

COLUMBUS INSURANCE, LTD.

FEBRUARY 28, 2018

EIN: 98-0171631

**FORM 5471, SCHEDULE O, PART II, SECTION C & D - ACQUISITIONS AND DISPOSITIONS:**

THE FILER IS A CATEGORY 3 FILER FOR FORM 5471 PURPOSES BECAUSE IT IS A UNITED STATES SHAREHOLDER OF THE FOREIGN CORPORATION UNDER IRC §953(c). THEREFORE, THE FILER IS REQUIRED TO COMPLETE SCHEDULE O EVEN IF IT NEITHER ACQUIRED NOR DISPOSED OF STOCK IN THE FOREIGN CORPORATION.

**FORM 5471, SCHEDULE O, PART II, SECTION F - ADDITIONAL INFORMATION:**

THE FOREIGN CORPORATION FILED FORM 1120-F, U.S. INCOME TAX RETURN OF A FOREIGN CORPORATION, FOR ITS TAX YEARS ENDED FEBRUARY 28, 2015, 2016, 2017. THE FOREIGN CORPORATION HAD NO TAXABLE INCOME AND NO TAX DUE ON THE RETURN.

**ADDITIONAL FILING REQUIREMENTS FOR CATEGORY 3 FILERS:**

- 1 THE AMOUNT AND TYPE OF ANY INDEBTEDNESS THE FOREIGN CORPORATION HAS WITH THE RELATED PERSONS DESCRIBED IN REGULATIONS § 1.6046-1(b)(11).

N/A

- 2 THE NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE FOREIGN CORPORATION'S STOCK.

N/A

Form **5471**

(Rev. December 2018)

Department of the Treasury  
Internal Revenue Service**Information Return of U.S. Persons With Respect  
to Certain Foreign Corporations**► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information

OMB No. 1545-0123

Information furnished for the foreign corporation's annual accounting period (tax year required by  
section 898) (see instructions) beginning 01/01/2018, and ending 12/31/2018Attachment  
Sequence  
No **121**

|                                                                                                                                         |  |                                                                                                                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of person filing this return<br><b>THE STRONG TREISTER FAMILY FOUNDATION</b>                                                       |  | A Identifying number<br><b>55-0755503</b>                                                                                                                                                                                         |  |
| Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)<br><b>503 PENNSYLVANIA AVENUE</b> |  | B Category of filer (See instructions. Check applicable box(es)).<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> |  |
| City or town, state, and ZIP code<br><b>CHARLESTON WV 25302</b>                                                                         |  | C Enter the total percentage of the foreign corporation's voting<br>stock you owned at the end of its annual accounting period <b>0.00%</b>                                                                                       |  |
| Filer's tax year beginning <b>7/1/2018</b> , and ending <b>6/30/2019</b>                                                                |  |                                                                                                                                                                                                                                   |  |
| D Check box if this is a final Form 5471 for the foreign corporation <input type="checkbox"/>                                           |  |                                                                                                                                                                                                                                   |  |
| E Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/>        |  |                                                                                                                                                                                                                                   |  |

| F Person(s) on whose behalf this information return is filed |             |                        |                              |         |          |
|--------------------------------------------------------------|-------------|------------------------|------------------------------|---------|----------|
| (1) Name                                                     | (2) Address | (3) Identifying number | (4) Check applicable box(es) |         |          |
|                                                              |             |                        | Shareholder                  | Officer | Director |
|                                                              |             |                        |                              |         |          |
|                                                              |             |                        |                              |         |          |
|                                                              |             |                        |                              |         |          |
|                                                              |             |                        |                              |         |          |

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

|                                                                                                                                                                                                     |                                                        |                                                                  |                                                   |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| 1a Name and address of foreign corporation<br><br><b>AMFO MEMBERS INSURANCE COMPANY, LTD.<br/>C/O KENSINGTON MANAGEMENT GROUP, LTD.<br/>P.O. BOX 10027<br/>GRAND CAYMAN KY1-1001 CAYMAN ISLANDS</b> |                                                        | b(1) Employer identification number, if any<br><b>98-0210730</b> |                                                   |                                             |
|                                                                                                                                                                                                     |                                                        | b(2) Reference ID number (see instructions)                      |                                                   |                                             |
|                                                                                                                                                                                                     |                                                        | c Country under whose laws incorporated<br><b>CAYMAN ISLANDS</b> |                                                   |                                             |
| d Date of incorporation<br><b>12/13/1996</b>                                                                                                                                                        | e Principal place of business<br><b>CAYMAN ISLANDS</b> | f Principal business activity<br>code number<br><b>524150</b>    | g Principal business activity<br><b>INSURANCE</b> | h Functional currency<br><b>U.S. DOLLAR</b> |

**2 Provide the following information for the foreign corporation's accounting period stated above**

|                                                                                                                                                                                                                                                          |                                                |                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a Name, address, and identifying number of branch office or agent (if any) in the<br>United States<br><br><b>N/A</b>                                                                                                                                     | b If a U.S. income tax return was filed, enter |                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                          | (i) Taxable income or (loss)                   | (ii) U.S. income tax paid<br>(after all credits)                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                          | <b>N/A</b>                                     | <b>N/A</b>                                                                                                                                                                                                                                          |
| c Name and address of foreign corporation's statutory or resident agent in<br>country of incorporation<br><br><b>KENSINGTON MANAGEMENT GROUP, LTD.<br/>KENSINGTON HOUSE, DR. ROY'S DRIVE<br/>P.O. BOX 10027 GRAND CAYMAN<br/>KY1-1001 CAYMAN ISLANDS</b> |                                                | d Name and address (including corporate department, if applicable) of person (or<br>persons) with custody of the books and records of the foreign corporation, and<br>the location of such books and records, if different<br><br><b>SAME AS 2C</b> |

**Schedule A Stock of the Foreign Corporation**

| (a) Description of each class of stock | (b) Number of shares issued and outstanding  |                                         |
|----------------------------------------|----------------------------------------------|-----------------------------------------|
|                                        | (i) Beginning of annual<br>accounting period | (ii) End of annual<br>accounting period |
| COMMON                                 | 295                                          | 295                                     |
| PREFERRED                              | 27                                           | 27                                      |
|                                        |                                              |                                         |
|                                        |                                              |                                         |



**Schedule C** **Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U S GAAP. Also, report each amount in U S dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U S dollar, complete only the U S Dollars column. See instructions for special rules for DASTM corporations.

|                                                                               |                                                                                                                                          | Functional Currency | U S Dollars |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|
| Income                                                                        | 1 a Gross receipts or sales                                                                                                              | 1a                  | 1,186,391   |
|                                                                               | b Returns and allowances                                                                                                                 | 1b                  |             |
|                                                                               | c Subtract line 1b from line 1a                                                                                                          | 1c                  | 1,186,391   |
|                                                                               | 2 Cost of goods sold                                                                                                                     | 2                   |             |
|                                                                               | 3 Gross profit (subtract line 2 from line 1c)                                                                                            | 3                   | 1,186,391   |
|                                                                               | 4 Dividends                                                                                                                              | 4                   |             |
|                                                                               | 5 Interest                                                                                                                               | 5                   |             |
|                                                                               | 6 a Gross rents                                                                                                                          | 6a                  |             |
|                                                                               | b Gross royalties and license fees                                                                                                       | 6b                  |             |
|                                                                               | 7 Net gain or (loss) on sale of capital assets                                                                                           | 7                   |             |
| Income                                                                        | 8 a Foreign currency transaction gain or loss - unrealized                                                                               | 8a                  |             |
|                                                                               | b Foreign currency transaction gain or loss - realized                                                                                   | 8b                  |             |
|                                                                               | 9 Other income (attach statement)                                                                                                        | 9                   | 284,391     |
|                                                                               | 10 Total income (add lines 3 through 9)                                                                                                  | 10                  | 1,470,782   |
| Deductions                                                                    | 11 Compensation not deducted elsewhere                                                                                                   | 11                  |             |
|                                                                               | 12 a Rents                                                                                                                               | 12a                 |             |
|                                                                               | b Royalties and license fees                                                                                                             | 12b                 |             |
|                                                                               | 13 Interest                                                                                                                              | 13                  |             |
|                                                                               | 14 Depreciation not deducted elsewhere                                                                                                   | 14                  |             |
|                                                                               | 15 Depletion                                                                                                                             | 15                  |             |
|                                                                               | 16 Taxes (exclude income tax expense (benefit))                                                                                          | 16                  |             |
|                                                                               | 17 Other deductions (attach statement—exclude income tax expense, (benefit))                                                             | 17                  | -321,708    |
| 18 Total deductions (add lines 11 through 17)                                 | 18                                                                                                                                       | -321,708            |             |
| Net Income                                                                    | 19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) | 19                  | 1,792,490   |
|                                                                               | 20 Unusual or infrequently occurring items                                                                                               | 20                  |             |
|                                                                               | 21 a Income tax expense (benefit) - current                                                                                              | 21a                 |             |
|                                                                               | b Income tax expense (benefit) - deferred                                                                                                | 21b                 |             |
| 22 Current year net income or (loss) per books (combine lines 19 through 21b) | 22                                                                                                                                       | 1,792,490           |             |
| Other Comprehensive Income                                                    | 23 a Foreign currency translation adjustments                                                                                            | 23a                 |             |
|                                                                               | b Other                                                                                                                                  | 23b                 |             |
|                                                                               | c Income tax expense (benefit) related to other comprehensive income                                                                     | 23c                 |             |
|                                                                               | 24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)                                                  | 24                  |             |

**Schedule F Balance Sheet**

**Important:** Report all amounts in U S dollars prepared and translated in accordance with U S GAAP See instructions for an exception for DASTM corporations

| Assets                                      |                                                           | (a)<br>Beginning of annual<br>accounting period | (b)<br>End of annual<br>accounting period |
|---------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| 1                                           | Cash                                                      | 465,882                                         | 350,601                                   |
| 2 a                                         | Trade notes and accounts receivable                       |                                                 |                                           |
| b                                           | Less allowance for bad debts                              |                                                 |                                           |
| 3                                           | Derivatives                                               |                                                 |                                           |
| 4                                           | Inventories                                               |                                                 |                                           |
| 5                                           | Other current assets (attach statement)                   | 13,506,423                                      | 12,965,037                                |
| 6                                           | Loans to shareholders and other related persons           |                                                 |                                           |
| 7                                           | Investment in subsidiaries (attach statement)             |                                                 |                                           |
| 8                                           | Other investments (attach statement)                      | 36,000                                          | 36,000                                    |
| 9 a                                         | Buildings and other depreciable assets                    |                                                 |                                           |
| b                                           | Less accumulated depreciation                             |                                                 |                                           |
| 10 a                                        | Depletable assets                                         |                                                 |                                           |
| b                                           | Less accumulated depletion                                |                                                 |                                           |
| 11                                          | Land (net of any amortization)                            |                                                 |                                           |
| 12                                          | Intangible assets                                         |                                                 |                                           |
| a                                           | Goodwill                                                  |                                                 |                                           |
| b                                           | Organization costs                                        |                                                 |                                           |
| c                                           | Patents, trademarks, and other intangible assets          |                                                 |                                           |
| d                                           | Less accumulated amortization for lines 12a, 12b, and 12c |                                                 |                                           |
| 13                                          | Other assets (attach statement)                           |                                                 |                                           |
| 14                                          | Total assets                                              | 14,008,305                                      | 13,351,638                                |
| <b>Liabilities and Shareholders' Equity</b> |                                                           |                                                 |                                           |
| 15                                          | Accounts payable                                          | 882,729                                         | 735,603                                   |
| 16                                          | Other current liabilities (attach statement)              |                                                 |                                           |
| 17                                          | Derivatives                                               |                                                 |                                           |
| 18                                          | Loans from shareholders and other related persons         |                                                 |                                           |
| 19                                          | Other liabilities (attach statement)                      | 1,629,376                                       | 1,255,573                                 |
| 20                                          | Capital stock                                             |                                                 |                                           |
| a                                           | Preferred stock                                           | 1                                               | 1                                         |
| b                                           | Common stock                                              | 3                                               | 3                                         |
| 21                                          | Paid-in or capital surplus (attach reconciliation)        | 10,323,167                                      | 10,465,721                                |
| 22                                          | Retained earnings                                         | 1,173,029                                       | 894,737                                   |
| 23                                          | Less cost of treasury stock                               |                                                 |                                           |
| 24                                          | Total liabilities and shareholders equity                 | 14,008,305                                      | 13,351,638                                |

**Schedule G Other Information**

|                                                                                                                                                                                                                                                                                                                                                                      | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?<br>If "Yes," see the instructions for required statement                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust?                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from its owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branch (see instructions)?<br>If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)?<br>If "Yes," complete lines 4b and 4c                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Enter the total amount of the base erosion payments                                                                                                                                                                                                                                                                                                                | ▶ \$ _____               |                                     |
| c Enter the total amount of the base erosion tax benefit                                                                                                                                                                                                                                                                                                             | ▶ \$ _____               |                                     |
| 5 a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?<br>If "Yes," complete line 5b                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b Enter the total amount of the disallowed deductions (see instructions)                                                                                                                                                                                                                                                                                             | ▶ \$ _____               |                                     |

**Schedule G Other Information (continued)**

Yes No

- 6 a** Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? ☐ ☒
- If "Yes," complete lines 6b, 6c, and 6d
- b** Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ▶ \$ \_\_\_\_\_
- c** Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ \$ \_\_\_\_\_
- d** Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ \$ \_\_\_\_\_
- 7** During the tax year, was the foreign corporation a participant in any cost sharing arrangement? ☐ ☒
- 8** During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? ☐ ☒
- 9** If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009? ☐ ☐
- 10** If the answer to question 7 is "Yes," did a U S taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year? ☐ ☐
- 11** If the answer to question 10 is "Yes," enter the present value of the platform contributions in U S dollars ▶ \$ \_\_\_\_\_
- 12** If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s)
- ☐ Comparable uncontrolled transaction method ☐ Income method ☐ Acquisition price method
- ☐ Market capitalization method ☐ Residual profit split method ☐ Unspecified methods
- 13** From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? ☐ ☒
- 14 a** Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U S transferor is required to report a section 367(d) annual income inclusion for the taxable year? ☐ ☒
- If "Yes," go to line 14b
- b** Enter the amount of the earnings and profits reduction pursuant to section 367 (d)(2)(B) for the taxable year ▶ \$ \_\_\_\_\_
- 15** During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? ☐ ☒
- If "Yes," see instructions and attach statement
- 16** During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ☐ ☒
- If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G)
- 17** During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? ☐ ☒
- 18** During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? ☐ ☒
- 19** Did you answer "Yes" to any of the questions in the instructions for line 19? ☐ ☒
- If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) ▶

**Schedule I** **Summary of Shareholder's Income From Foreign Corporation** (see instructions)

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for

Name of U.S. shareholder ► SAME AS 5471

Identifying number ►

|            |                                                                                                                                                  |           |        |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1 a</b> | Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)                        | <b>1a</b> |        |
| <b>b</b>   | Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)                                              | <b>1b</b> |        |
| <b>c</b>   | Other Subpart F income (enter the result from Worksheet A in the instructions)                                                                   | <b>1c</b> | 75,510 |
| <b>2</b>   | Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)                                                       | <b>2</b>  |        |
| <b>3</b>   | Previously excluded export trade income withdrawn from investment in export trade assets (enter the result from Worksheet C in the instructions) | <b>3</b>  |        |
| <b>4</b>   | Factoring income                                                                                                                                 | <b>4</b>  |        |
|            | See instructions for reporting amounts on lines 1 through 4 on your income tax return                                                            |           |        |
| <b>5</b>   | Dividends received (translated at spot rate on payment date under section 989(b)(1))                                                             | <b>5</b>  | 0      |
| <b>6</b>   | Exchange gain or (loss) on a distribution of previously taxed income                                                                             | <b>6</b>  |        |

Yes No

- Was any income of the foreign corporation blocked?

☐ Yes ☒ No

- Did any such income become unblocked during the tax year (see section 964(b))?

☐ Yes ☒ No

If the answer to either question is "Yes," attach an explanation

**SCHEDULE I-1**  
**(Form 5471)**

(December 2018)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

► Attach to Form 5471.

► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No 1545-0123

|                                                 |                    |
|-------------------------------------------------|--------------------|
| Name of person filing Form 5471<br>SAME AS 5471 | Identifying number |
|-------------------------------------------------|--------------------|

|                                                                     |                            |                                        |
|---------------------------------------------------------------------|----------------------------|----------------------------------------|
| Name of foreign corporation<br>AMFO MEMBERS INSURANCE COMPANY, LTD. | EIN (if any)<br>98-0210730 | Reference ID number (see instructions) |
|---------------------------------------------------------------------|----------------------------|----------------------------------------|

| Separate Category (enter code - see instructions) ► |                                                                          | GEN | Functional<br>Currency | Conversion<br>Rate | U S Dollars |
|-----------------------------------------------------|--------------------------------------------------------------------------|-----|------------------------|--------------------|-------------|
| 1                                                   | Gross income                                                             |     | 1                      | 1,470,782          |             |
| 2                                                   | Exclusions                                                               |     |                        |                    |             |
| a                                                   | Effectively connected income                                             | 2a  |                        |                    |             |
| b                                                   | Subpart F income                                                         | 2b  | 1,470,782              |                    |             |
| c                                                   | High-tax exception income per section 954(b)(4)                          | 2c  |                        |                    |             |
| d                                                   | Related party dividends                                                  | 2d  |                        |                    |             |
| e                                                   | Foreign oil and gas extraction income                                    | 2e  |                        |                    |             |
| 3                                                   | Total exclusions (total of lines 2a-2e)                                  | 3   | 1,470,782              |                    |             |
| 4                                                   | Gross income less total exclusions (line 1 minus line 3)                 | 4   | 0                      |                    |             |
| 5                                                   | Deductions properly allocable to amount on line 4                        | 5   | 0                      |                    |             |
| 6                                                   | Tested income (loss) (line 4 minus line 5) (see instructions for line 6) | 6   |                        | 1.00               |             |
|                                                     | Other Amounts (see instructions)                                         |     |                        |                    |             |
| 7                                                   | Tested foreign income taxes                                              | 7   |                        | 1.00               |             |
| 8                                                   | Qualified business asset investment (QBAI)                               | 8   |                        | 1.00               |             |
| 9                                                   | Interest expense                                                         | 9   |                        | 1.00               |             |

For Paperwork Reduction Act Notice, see instructions.

Cat No 71400M

Form **5471** (Rev 12-2018)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

OMB No 1545-0123

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

SAME AS 5471

Name of foreign corporation

AMFO MEMBERS INSURANCE COMPANY, LTD.

a Separate Category (Enter code - see instructions)

b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)

Identifying number

Reference ID number (see instructions)

EIN (if any)  
98-0210730

GEN

Part I Taxes for Which a Foreign Tax Credit is Allowed

|   | (a)<br>Name of Payor Entity                                                              | (b)<br>EIN or Reference<br>ID Number of<br>Payor Entity | (c)<br>Country or U.S. Possession<br>to Which Tax is Paid<br>(Enter code - see instructions<br>Use a separate line for each) | (d)<br>Foreign Tax Year of Foreign Corporation<br>to Which Tax Relates<br>(Year/Month/Day) | (e)<br>U.S. Tax Year of Foreign Corporation<br>to Which Tax Relates<br>(Year/Month/Day) |
|---|------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1 | SEE STATEMENT                                                                            |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 2 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 3 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 4 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 5 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 6 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 7 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
|   | (f)<br>Income Subject to Tax<br>in the Foreign Jurisdiction<br>(see instructions)        | (g)<br>Currency in Which Tax is Payable                 | (h)<br>Conversion Rate to U.S. Dollars                                                                                       | (i)<br>In U.S. Dollars<br>(divide column (g) by column (h))                                | (j)<br>In Functional Currency<br>of Foreign Corporation                                 |
| 1 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 2 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 3 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 4 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 5 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 6 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 7 |                                                                                          |                                                         |                                                                                                                              |                                                                                            |                                                                                         |
| 8 | Total (combine lines 1 through 7 of column (f)) Report amount on Schedule E-1, line 4    |                                                         |                                                                                                                              | 0                                                                                          |                                                                                         |
| 9 | Total (combine lines 1 through 7 of column (j)) See instructions for Schedule H, line 2g |                                                         |                                                                                                                              | 0                                                                                          |                                                                                         |

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

|   | (a)<br>Name of Payor Entity                                                                                                           | (b)<br>EIN or Reference ID<br>Number of Payor<br>Entity | (c)<br>Section 901 (j) | (d)<br>Section 901 (k) and (l) | (e)<br>Section 901 (m) | (f)<br>U.S. Taxes | (g)<br>Other | (h)<br>Total |
|---|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------|--------------------------------|------------------------|-------------------|--------------|--------------|
| 1 |                                                                                                                                       |                                                         |                        |                                |                        |                   |              |              |
| 2 |                                                                                                                                       |                                                         |                        |                                |                        |                   |              |              |
| 3 | In functional currency (combine lines 1 and 2)                                                                                        |                                                         |                        |                                |                        |                   |              |              |
| 4 | In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) |                                                         |                        |                                |                        |                   |              |              |
|   |                                                                                                                                       |                                                         |                        |                                |                        |                   |              | 0            |

For Paperwork Reduction Act Notice, see instructions

Cat No 71397A

Schedule E (Form 5471) (Rev. 12-2018)

**Schedule E-1** Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation

Taxes related to

**IMPORTANT:** Enter amounts in

U.S. dollars unless otherwise noted

(see instructions)

|            | (a)<br>Post-2017 E&P Not<br>Previously Taxed (post-2017<br>section 959(c)(3) balance)   | (b)<br>Post-1986 Undistributed<br>Earnings (post-1986<br>and pre-2018<br>section 959(c)(3) balance) | (c)<br>Pre-1987 E&P Not<br>Previously Taxed (pre-1987<br>section 959(c)(3) balance)<br>(in functional currency) | (d)<br>Hovering Deficit and<br>Suspended Taxes |
|------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>1 a</b> | Balance at beginning of year (as reported in prior year Schedule E-1)                   |                                                                                                     |                                                                                                                 |                                                |
| <b>b</b>   | Beginning balance adjustments (attach statement)                                        |                                                                                                     |                                                                                                                 |                                                |
| <b>c</b>   | Adjusted beginning balance (combine lines 1a and 1b)                                    |                                                                                                     |                                                                                                                 |                                                |
| <b>2</b>   | Adjustment for redetermination of prior year U.S. tax liability                         |                                                                                                     |                                                                                                                 |                                                |
| <b>3 a</b> | Taxes unsuspended under anti-splitter rules                                             |                                                                                                     |                                                                                                                 |                                                |
| <b>b</b>   | Taxes suspended under anti-splitter rules                                               |                                                                                                     |                                                                                                                 |                                                |
| <b>4</b>   | Taxes reported on Schedule E, Part I, line 8, column (i)                                |                                                                                                     |                                                                                                                 |                                                |
| <b>5 a</b> | Taxes carried over in nonrecognition transactions                                       |                                                                                                     |                                                                                                                 |                                                |
| <b>b</b>   | Taxes reclassified as related to hovering deficit after nonrecognition transaction      |                                                                                                     |                                                                                                                 |                                                |
| <b>6</b>   | Other adjustments (attach statement)                                                    |                                                                                                     |                                                                                                                 |                                                |
| <b>7</b>   | Taxes paid or accrued on accumulated E&P (combine lines 1c through 6)                   |                                                                                                     |                                                                                                                 |                                                |
| <b>8</b>   | Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions) |                                                                                                     |                                                                                                                 |                                                |
| <b>9</b>   | Taxes deemed paid with respect to inclusions under section 951A (see instructions)      |                                                                                                     |                                                                                                                 |                                                |
| <b>10</b>  | Taxes deemed paid with respect to actual distributions                                  |                                                                                                     |                                                                                                                 |                                                |
| <b>11</b>  | Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P       |                                                                                                     |                                                                                                                 |                                                |
| <b>12</b>  | Other (attach statement)                                                                |                                                                                                     |                                                                                                                 |                                                |
| <b>13</b>  | Taxes related to hovering deficit offset of undistributed post-transaction E&P          |                                                                                                     |                                                                                                                 |                                                |
| <b>14</b>  | Balance at beginning of next year (combine lines 7 through 13)                          |                                                                                                     |                                                                                                                 |                                                |

**(e) Taxes related to previously taxed E&P (see instructions)**

|            | (i)<br>Earnings invested in<br>U.S. Property<br>(section 959(c)(1)(A)) | (ii)<br>Section 965(a)<br>Inclusion (section<br>959(c)(1)(A)) | (iii)<br>Section 965(b)(4)(A)<br>(section 959(c)(1)(A)) | (iv)<br>Section 951A<br>Inclusion (section<br>959(c)(1)(A)) | (v)<br>Earnings Invested<br>in Excess Passive<br>Assets (section<br>959(c)(1)(B)) | (vi)<br>Subpart F Income<br>(section 959(c)(2)) | (vii)<br>Section 965(a)<br>Inclusion<br>(section 959(c)(2)) | (viii)<br>Section 965(b)(4)(A)<br>(section 959(c)(2)) | (ix)<br>Section 951A Inclusion<br>(section 959(c)(2)) |
|------------|------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <b>1 a</b> |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>b</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>c</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>2</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>3 a</b> |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>b</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>4</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>5 a</b> |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>b</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>6</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>7</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>8</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>9</b>   |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>10</b>  |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>11</b>  |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>12</b>  |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>13</b>  |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |
| <b>14</b>  |                                                                        |                                                               |                                                         |                                                             |                                                                                   |                                                 |                                                             |                                                       |                                                       |

**SCHEDULE H****(Form 5471)**

(December 2018)

Department of the Treasury  
Internal Revenue Service**Current Earnings and Profits**

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No 1545-0123

Name of person filing Form 5471

SAME AS 5471

Identifying number

Name of foreign corporation

AMFO MEMBERS INSURANCE COMPANY, LTD.

EIN (if any)

98-0210730

Reference ID number (see instructions)

**a** Separate Category (Enter code - see instructions)

▶ GEN

**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶**IMPORTANT** Enter the amounts on lines 1 through 5c in **functional** currency

|                                        |                                                                                                                                                                                   |                      |                         |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
| <b>1</b>                               | Current year net income or (loss) per foreign books of account                                                                                                                    | <b>1</b>             | 1,792,490               |
| <b>2</b>                               | Net adjustments made to line 1 to determine current earnings and profits according to U S financial and tax accounting standards (see instructions)                               | <b>Net Additions</b> | <b>Net Subtractions</b> |
| <b>a</b>                               | Capital gains or losses                                                                                                                                                           | <b>2a</b>            |                         |
| <b>b</b>                               | Depreciation and amortization                                                                                                                                                     | <b>2b</b>            |                         |
| <b>c</b>                               | Depletion                                                                                                                                                                         | <b>2c</b>            |                         |
| <b>d</b>                               | Investment or incentive allowance                                                                                                                                                 | <b>2d</b>            |                         |
| <b>e</b>                               | Charges to statutory reserves                                                                                                                                                     | <b>2e</b>            | 63,934                  |
| <b>f</b>                               | Inventory adjustments                                                                                                                                                             | <b>2f</b>            |                         |
| <b>g</b>                               | Income taxes (see Schedule E, Part I, line 9, column (j))                                                                                                                         | <b>2g</b>            |                         |
| <b>h</b>                               | Foreign currency gains or losses                                                                                                                                                  | <b>2h</b>            |                         |
| <b>i</b>                               | Other (attach statement)                                                                                                                                                          | <b>2i</b>            |                         |
| <b>3</b>                               | Total net additions                                                                                                                                                               | <b>3</b>             | 0                       |
| <b>4</b>                               | Total net subtractions                                                                                                                                                            | <b>4</b>             | 63,934                  |
| <b>5 a</b>                             | Current earnings and profits (line 1 plus line 3 minus line 4)                                                                                                                    | <b>5a</b>            | 1,728,556               |
| <b>b</b>                               | DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)                                                                                                   | <b>5b</b>            |                         |
| <b>c</b>                               | Combine lines 5a and 5b                                                                                                                                                           | <b>5c</b>            | 1,728,556               |
| <b>d</b>                               | Current earnings and profits in U S dollars (line 5c translated at the appropriate exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)) | <b>5d</b>            | 1,728,556               |
| Enter exchange rate used for line 5d ▶ |                                                                                                                                                                                   |                      | 1.00                    |

**SCHEDULE J  
(Form 5471)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation**

OMB No. 1545-0123

► Attach to Form 5471  
► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information

Name of person filing Form 5471

SAME AS 5471

Identifying number

Name of foreign corporation

AMFO MEMBERS INSURANCE COMPANY, LTD.

EIN (if any)

98-0210730

Reference ID number (see instructions)

GEN

a Separate Category (Enter code - see instructions)

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)

**Part I Accumulated E&P of Controlled Foreign Corporation**

☐ Check the box if person filing return does not have all U S Shareholders' information to complete amount for columns (e)(i)-(e)(iv) and (e)(vii)-(ix) (see instructions)

**Important:** Enter amounts in functional currency

|                                                                                                                              | (a)<br>Post-2017 E&P Not<br>Previously Taxed<br>(post-2017 section<br>959(c)(3) balance) | (b)<br>Post-1986 Undistributed<br>Earnings (post-1986 and<br>pre-2018 section<br>959(c)(3) balance) | (c)<br>Pre-1987 E&P Not<br>Previously Taxed<br>(pre-1987 section<br>959(c)(3) balance) | (d)<br>Hovering Deficit<br>and Deduction<br>for Suspended<br>Taxes | (e) Previously Taxed E&P (see instructions)<br>(i) Earnings Invested<br>in U S Property<br>(section 959(c)(1)(A))<br>(ii) Section 965(a)<br>Inclusion<br>(section 959(c)(1)(A)) |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 a</b> Balance at beginning of year (as reported on prior year Schedule J)                                               |                                                                                          | -255,357                                                                                            |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>1 b</b> Beginning balance adjustments (attach statement)                                                                  |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>1 c</b> Adjusted beginning balance (combine lines 1a and 1b)                                                              |                                                                                          | -255,357                                                                                            |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>2 a</b> Reduction for taxes unpaid under anti-splitter rules                                                              |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>2 b</b> Disallowed deduction for taxes suspended under anti-splitter rules                                                |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>3</b> Current year E&P (or deficit in E&P)                                                                                | 1,728,556                                                                                |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation                       |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>5 a</b> E&P carried over in nonrecognition transaction                                                                    |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>5 b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction                                    |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>6</b> Other adjustments (attach statement)                                                                                |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>7</b> Total current and accumulated E&P (combine lines 1c through 6)                                                      | 1,728,556                                                                                | -255,357                                                                                            |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P                                            | 1,728,556                                                                                |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>9</b> Actual distributions                                                                                                |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P                                           |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>11</b> Amounts included as earnings invested in U S property and reclassified to section 959(c)(1) E&P (see instructions) |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>12</b> Other adjustments (attach statement)                                                                               |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>13</b> Hovering deficit offset of undistributed posttransaction E&P (see instructions)                                    |                                                                                          |                                                                                                     |                                                                                        |                                                                    |                                                                                                                                                                                 |
| <b>14</b> Balance at beginning of next year (combine lines 7 through 13)                                                     |                                                                                          | -255,357                                                                                            |                                                                                        |                                                                    |                                                                                                                                                                                 |

For Paperwork Reduction Act Notice, see the Instructions for Form 5471

Cat No 21111K

Schedule J (Form 5471) (Rev. 12-2018)

**Part I Accumulated E&P of Controlled Foreign Corporation (continued)**

|            |  | (e) Previously Taxed E&P (see instructions)          |                                                          |                                                                             |                                              | (f)                                                      |                                                    |                                                       |                                                                                            |
|------------|--|------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|
|            |  | (iii) Section 965(b)(4)(A)<br>(section 959(c)(1)(A)) | (iv) Section 951A<br>Inclusion<br>(section 959(c)(1)(A)) | (v) Earnings Invested in<br>Excess Passive Assets<br>(section 959(c)(1)(B)) | (vi) Subpart F Income<br>(section 959(c)(2)) | (vii) Section 965(a)<br>Inclusion<br>(section 959(c)(2)) | (viii) Section 965(b)(4)(A)<br>(section 959(c)(2)) | (ix) Section 951A<br>Inclusion<br>(section 959(c)(2)) | Total Section 964(a) E&P<br>(combine columns (a), (b),<br>(c), and (e)(i) through (e)(ix)) |
| <b>1 a</b> |  |                                                      |                                                          |                                                                             | 8,259,974                                    |                                                          |                                                    |                                                       | 8,004,617                                                                                  |
| <b>1 b</b> |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>1 c</b> |  |                                                      |                                                          |                                                                             | 8,259,974                                    |                                                          |                                                    |                                                       | 8,004,617                                                                                  |
| <b>2 a</b> |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>2 b</b> |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>3</b>   |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>4</b>   |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>5 a</b> |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>5 b</b> |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>6</b>   |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>7</b>   |  |                                                      |                                                          |                                                                             | 8,259,974                                    |                                                          |                                                    |                                                       |                                                                                            |
| <b>8</b>   |  |                                                      |                                                          |                                                                             | 1,728,556                                    |                                                          |                                                    |                                                       |                                                                                            |
| <b>9</b>   |  |                                                      |                                                          |                                                                             | -600,000                                     |                                                          |                                                    |                                                       |                                                                                            |
| <b>10</b>  |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>11</b>  |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>12</b>  |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>13</b>  |  |                                                      |                                                          |                                                                             |                                              |                                                          |                                                    |                                                       |                                                                                            |
| <b>14</b>  |  |                                                      |                                                          |                                                                             | 9,388,530                                    |                                                          |                                                    |                                                       | 9,133,173                                                                                  |

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Enter amounts in functional currency

- 1** Balance at beginning of year
- 2** Additions (amounts subject to future recapture)
- 3** Subtractions (amounts recaptured in current year)
- 4** Balance at end of year (combine lines 1 through 3)

|   |      |
|---|------|
| ▲ | NONE |
| ▲ | NONE |
| ▲ | NONE |
| ▲ | NONE |

**SCHEDULE O**  
**(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign  
Corporation, and Acquisitions and  
Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)  
▶ Attach to Form 5471.

OMB No. 1545-0704

|                                                                     |                            |                                        |
|---------------------------------------------------------------------|----------------------------|----------------------------------------|
| Name of person filing Form 5471<br>SAME AS 5471                     |                            | Identifying number                     |
| Name of foreign corporation<br>AMFO MEMBERS INSURANCE COMPANY, LTD. | EIN (if any)<br>98-0210730 | Reference ID number (see instructions) |

**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported

**Part I To Be Completed by U.S. Officers and Directors**

| (a)<br>Name of shareholder for whom<br>acquisition information is reported | (b)<br>Address of shareholder | (c)<br>Identifying number<br>of shareholder | (d)<br>Date of original<br>10% acquisition | (e)<br>Date of additional<br>10% acquisition |
|----------------------------------------------------------------------------|-------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------------|
| SEE STATEMENT                                                              |                               |                                             |                                            |                                              |
|                                                                            |                               |                                             |                                            |                                              |
|                                                                            |                               |                                             |                                            |                                              |
|                                                                            |                               |                                             |                                            |                                              |

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person

**Section A—General Shareholder Information**

| (a)<br>Name, address, and identifying number of<br>shareholder(s) filing this schedule | (b)<br>For shareholder's latest U.S. income tax return filed, indicate |                          |                                                       | (c)<br>Date (if any) shareholder<br>last filed information<br>return under section 6046<br>for the foreign corporation |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|                                                                                        | (1)<br>Type of return<br>(enter form number)                           | (2)<br>Date return filed | (3)<br>Internal Revenue Service<br>Center where filed |                                                                                                                        |
| SAME AS 5471                                                                           | 990PF                                                                  | 11/15/19                 | OGDEN, UT                                             |                                                                                                                        |
|                                                                                        |                                                                        |                          |                                                       |                                                                                                                        |
|                                                                                        |                                                                        |                          |                                                       |                                                                                                                        |

**Section B—U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

| (a)<br>Name of U.S. officer or director | (b)<br>Address | (c)<br>Social security number | (d)<br>Check appropriate<br>box(es) |          |
|-----------------------------------------|----------------|-------------------------------|-------------------------------------|----------|
|                                         |                |                               | Officer                             | Director |
| SEE STATEMENT                           |                |                               |                                     |          |
|                                         |                |                               |                                     |          |
|                                         |                |                               |                                     |          |

**Section C—Acquisition of Stock**

| (a)<br>Name of shareholder(s) filing this schedule | (b)<br>Class of stock<br>acquired | (c)<br>Date of<br>acquisition | (d)<br>Method of<br>acquisition | (e)<br>Number of shares acquired |                   |                       |
|----------------------------------------------------|-----------------------------------|-------------------------------|---------------------------------|----------------------------------|-------------------|-----------------------|
|                                                    |                                   |                               |                                 | (1)<br>Directly                  | (2)<br>Indirectly | (3)<br>Constructively |
| SEE STATEMENT                                      |                                   |                               |                                 |                                  |                   |                       |
|                                                    |                                   |                               |                                 |                                  |                   |                       |
|                                                    |                                   |                               |                                 |                                  |                   |                       |

| (f)<br>Amount paid or value given | (g)<br>Name and address of person from whom shares were acquired |
|-----------------------------------|------------------------------------------------------------------|
|                                   |                                                                  |
|                                   |                                                                  |
|                                   |                                                                  |

**Section D—Disposition of Stock**

| (a)<br>Name of shareholder disposing of stock | (b)<br>Class of stock | (c)<br>Date of disposition | (d)<br>Method of disposition | (e)<br>Number of shares disposed of |                   |                       |
|-----------------------------------------------|-----------------------|----------------------------|------------------------------|-------------------------------------|-------------------|-----------------------|
|                                               |                       |                            |                              | (1)<br>Directly                     | (2)<br>Indirectly | (3)<br>Constructively |
| SEE STATEMENT                                 |                       |                            |                              |                                     |                   |                       |
|                                               |                       |                            |                              |                                     |                   |                       |
|                                               |                       |                            |                              |                                     |                   |                       |

| (f)<br>Amount received | (g)<br>Name and address of person to whom disposition of stock was made |
|------------------------|-------------------------------------------------------------------------|
|                        |                                                                         |
|                        |                                                                         |
|                        |                                                                         |

**Section E—Organization or Reorganization of Foreign Corporation**

| (a)<br>Name and address of transferor | (b)<br>Identifying number (if any) | (c)<br>Date of transfer |
|---------------------------------------|------------------------------------|-------------------------|
|                                       |                                    |                         |
|                                       |                                    |                         |
|                                       |                                    |                         |

| (d)<br>Assets transferred to foreign corporation |                          |                                                       | (e)<br>Description of assets transferred by, or notes or securities issued by, foreign corporation |
|--------------------------------------------------|--------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| (1)<br>Description of assets                     | (2)<br>Fair market value | (3)<br>Adjusted basis (if transferor was U.S. person) |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |
|                                                  |                          |                                                       |                                                                                                    |

**Section F—Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits) **SEE STATEMENT**

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example)

**SCHEDULE P**  
**(Form 5471)**

(December 2018)  
Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations**

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No 1545-0123

Name of person filing Form 5471

SAME AS 5471

Identifying number

Name of foreign corporation

AMFO MEMBERS INSURANCE COMPANY, LTD.

EIN (if any)

98-0210730

Reference ID number (see instructions)

GEN

**a** Separate Category (Enter code - see instructions)

**b** If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)

**Previously Taxed E&P (see instructions)**

|                                                                                                        | (a)<br>Earnings<br>invested in<br>U S Property<br>(section<br>959(c)(1)(A)) | (b)<br>Section 965(a)<br>Inclusion (section<br>959(c)(1)(A)) | (c)<br>Section<br>965(b)(4)(A)<br>(section<br>959(c)(1)(A)) | (d)<br>Section 951A<br>Inclusion<br>(section<br>959(c)(1)(A)) | (e)<br>Earnings<br>Invested in<br>Excess Passive<br>Assets (section<br>959(c)(1)(B)) | (f)<br>Subpart F<br>Income<br>(section<br>959(c)(2)) | (g)<br>Section 965(a)<br>Inclusion<br>(section<br>959(c)(2)) | (h)<br>Section<br>965(b)(4)(A)<br>(section<br>959(c)(2)) | (i)<br>Section<br>951A<br>Inclusion<br>(section<br>959(c)(2)) | (j)<br>Total |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|--------------|
| <b>1 a</b> Balance at beginning of year (see instructions)                                             |                                                                             |                                                              |                                                             |                                                               |                                                                                      | 228,410                                              |                                                              |                                                          |                                                               | 228,410      |
| <b>1 b</b> Beginning balance adjustments (attach statement)                                            |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>1 c</b> Adjusted beginning balance (combine lines 1a and 1b)                                        |                                                                             |                                                              |                                                             |                                                               |                                                                                      | 228,410                                              |                                                              |                                                          |                                                               | 228,410      |
| <b>2</b> Reduction for taxes unpaid under anti-splitter rules                                          |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>3</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>4</b> E&P carried over in nonrecognition transaction                                                |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>5</b> Other adjustments (attach statement)                                                          |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>6</b> Total current and accumulated E&P (combine lines 1c through 5)                                |                                                                             |                                                              |                                                             |                                                               |                                                                                      | 228,410                                              |                                                              |                                                          |                                                               |              |
| <b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P                      |                                                                             |                                                              |                                                             |                                                               |                                                                                      | 75,510                                               |                                                              |                                                          |                                                               |              |
| <b>8</b> Actual distributions of previously taxed income                                               |                                                                             |                                                              |                                                             |                                                               |                                                                                      | -81,701                                              |                                                              |                                                          |                                                               |              |
| <b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P                      |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |

For Paperwork Reduction Act Notice, see instructions.

Cat No 49203F

Schedule P (Form 5471) (Rev. 12-2018)

**Previously Taxed E&P (see instructions) (continued)**

|                                                                                                                              | (a)<br>Earnings<br>Invested in<br>U S Property<br>(section<br>959(c)(1)(A)) | (b)<br>Section 965(a)<br>Inclusion (section<br>959(c)(1)(A)) | (c)<br>Section<br>965(b)(4)(A)<br>(section<br>959(c)(1)(A)) | (d)<br>Section 951A<br>Inclusion<br>(section<br>959(c)(1)(A)) | (e)<br>Earnings<br>Invested in<br>Excess Passive<br>Assets (section<br>959(c)(1)(B)) | (f)<br>Subpart F<br>Income<br>(section<br>959(c)(2)) | (g)<br>Section 965(a)<br>Inclusion<br>(section<br>959(c)(2)) | (h)<br>Section<br>965(b)(4)(A)<br>(section<br>959(c)(2)) | (i)<br>Section<br>951A<br>Inclusion<br>(section<br>959(c)(2)) | (j)<br>Total |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|--------------|
| <b>10</b> Amounts included as earnings invested in U S property and reclassified to section 959(c)(1) E&P (see instructions) |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>11</b> Other adjustments (attach statement)                                                                               |                                                                             |                                                              |                                                             |                                                               |                                                                                      |                                                      |                                                              |                                                          |                                                               |              |
| <b>12</b> Balance at beginning of next year (combine lines 6 through 11)                                                     |                                                                             |                                                              |                                                             |                                                               |                                                                                      | 222,219                                              |                                                              |                                                          |                                                               | 222,219      |

**LINE 9, SCH C (FORM 5471) - OTHER INCOME**

|                    |   |         |
|--------------------|---|---------|
| 1 OTHER INCOME     | 1 | 284,391 |
| TOTAL OTHER INCOME |   | 284,391 |

**LINE 17, SCH C (FORM 5471) - OTHER DEDUCTIONS**

|                           |   |           |
|---------------------------|---|-----------|
| 1 LOSS RESERVES           | 1 | (373,803) |
| 2 LOSSES RECOVERED        | 2 | (2,197)   |
| 3 ADMINISTRATION EXPENSES | 3 | 54,292    |
| TOTAL OTHER DEDUCTIONS    |   | (321,708) |

**LINE 5, SCH F (FORM 5471) - OTHER CURRENT ASSETS**

|                                       |   | BEGINNING  | END        |
|---------------------------------------|---|------------|------------|
| 1 FUNDS WITHHELD BY CEDING INSURER    | 1 | 75,000     | 75,000     |
| 2 ESCROW FUNDS IN COLUMBUS            | 2 | 13,285,465 | 12,691,331 |
| 3 LOSSES RECOVERABLE                  | 3 | 73,280     | 75,477     |
| 4 PREPAYMENTS AND ACCOUNTS RECEIVABLE | 4 | 72,678     | 123,229    |
| 5                                     | 5 |            |            |
| 6                                     | 6 |            |            |
| 7                                     | 7 |            |            |
| TOTAL OTHER CURRENT ASSETS            |   | 13,506,423 | 12,965,037 |

**LINE 8, SCH F (FORM 5471) - OTHER INVESTMENTS**

|                                          |   | BEGINNING | END    |
|------------------------------------------|---|-----------|--------|
| 1 INVESTMENT IN COLUMBUS INSURANCE, LTD. | 1 | 36,000    | 36,000 |
| 2                                        | 2 |           |        |
| 3                                        | 3 |           |        |
| 4                                        | 4 |           |        |
| 5                                        | 5 |           |        |
| 6                                        | 6 |           |        |
| 7                                        | 7 |           |        |
| TOTAL OTHER INVESTMENTS                  |   | 36,000    | 36,000 |

**LINE 19, SCH F (FORM 5471) - OTHER LIABILITIES**

|                                        |   | BEGINNING | END       |
|----------------------------------------|---|-----------|-----------|
| 1 RESERVE FOR LOSSES AND LOSS EXPENSES | 1 | 1,629,376 | 1,255,573 |
| 2                                      | 2 |           |           |
| 3                                      | 3 |           |           |
| 4                                      | 4 |           |           |
| 5                                      | 5 |           |           |
| 6                                      | 6 |           |           |
| TOTAL OTHER LIABILITIES                |   | 1,629,376 | 1,255,573 |

**LINE 21, SCH F (FORM 5471) - PAID-IN OR CAPITAL SURPLUS**

|                                                       |   |            |
|-------------------------------------------------------|---|------------|
| 1 PAID-IN CAPITAL RECONCILIATION                      | 1 |            |
| 2 BALANCE AT DECEMBER 31, 2017                        | 2 | 10,323,167 |
| 3 INCREASE IN CASH SECURITY RECEIVED FROM MEMBERS     | 3 | 142,554    |
| 4                                                     | 4 |            |
| TOTAL PAID-IN OR CAPITAL SURPLUS AT DECEMBER 31, 2018 |   | 10,465,721 |

AMFO MEMBERS INSURANCE COMPANY, LTD.  
FORM 5471  
SCHEDULE O, PART II, SECTION B  
FOR THE YEAR ENDED DECEMBER 31, 2018

| (a)                                | (b)                                                        | (c)                       | (d)     |          |
|------------------------------------|------------------------------------------------------------|---------------------------|---------|----------|
| NAME OF U S<br>OFFICER OR DIRECTOR | ADDRESS                                                    | SOCIAL SECURITY<br>NUMBER | OFFICER | DIRECTOR |
| MICHAEL KAIN                       | 741 N. CEDAR STREET, SUITE 200<br>LANSING, MI 48906        |                           | X       | X        |
| DAVID FREDERIKSON                  | 1119 REGIS COURT, SUITE 260<br>EAU CLAIRE, WI 54701        |                           | X       | X        |
| CHARLES STANLEY MAHER              | 3075 GOVERNOR'S PLACE BLVD., SUITE 200<br>DAYTON, OH 45409 |                           | X       | X        |
| PHILIP CRAIG BLAIR                 | 1855 FIRST AVENUE<br>SAN DIEGO, CA 92101-8286              |                           |         | X        |
| ROBERT CHARLES JEFFERS             | 106 WESTERN MARYLAND PARKWAY<br>HAGERSTOWN, MD 21740       |                           |         | X        |
| ALEXANDER A. COURTNEY, JR.         | 117 GREAT OAKS BLVD.<br>ALBANY, NY 12203                   |                           |         | X        |

AMFO MEMBERS INSURANCE COMPANY, LTD.

DECEMBER 31, 2018

EIN: 98-0210730

**FORM 5471, SCHEDULE E, PART I THROUGH III; AND SCHEDULE E-1:**

THE CONTROLLED FOREIGN CORPORATION FOR WHICH THIS INFORMATIONAL RETURN IS BEING FILED IS A TAX RESIDENT IN THE CAYMAN ISLANDS AND AS A CORPORATION ORGANIZED UNDER THE LAWS OF THE CAYMAN ISLANDS, THE CONTROLLED FOREIGN CORPORATION IS NOT SUBJECT TO TAXATION AS THE CAYMAN ISLANDS DOES NOT IMPOSE ANY FORM OF TAXATION ON RECEIPTS, DIVIDENDS, CAPITAL GAINS, GIFTS OR NET INCOME. SCHEDULE E, WHICH REPORTS FOREIGN TAXES PAID OR ACCRUED AND IS REQUIRED TO BE ATTACHED TO THIS RETURN, IS BEING FILED BUT DOES NOT HAVE ANY AMOUNTS SHOWN BECAUSE NO FOREIGN TAXES WERE PAID OR ACCRUED.

**FORM 5471, SCHEDULE O, PART I:**

THE OFFICERS AND/OR DIRECTORS OF THE FOREIGN CORPORATION FILE FORM 5471 AS CATEGORY 2 FILERS IN ACCORDANCE WITH TREASURY REGULATION SECTION 1.6046-1(a)(2)(i)(c). THERE WERE NO 10% ACQUISITIONS BY UNITED STATES PERSONS DURING THE CURRENT YEAR. EACH SHAREHOLDER WITH RESPECT TO WHOM THE CATEGORY 2 FORMS ARE FILED IS A UNITED STATES SHAREHOLDER UNDER SECTION 953(c) AND HAS PROVIDED THE INFORMATION REQUIRED BY TREASURY REGULATION SECTION 1.6046-1(a)(2)(ii)(a) TO THE IRS ON FORM 5471 ATTACHED TO THEIR RESPECTIVE INCOME TAX RETURN.

**FORM 5471, SCHEDULE O, PART II, SECTION C & D - ACQUISITIONS AND DISPOSITIONS:**

THE FILER IS A CATEGORY 3 FILER FOR FORM 5471 PURPOSES BECAUSE IT IS A UNITED STATES SHAREHOLDER OF THE FOREIGN CORPORATION UNDER IRC §953(c). THEREFORE, THE FILER IS REQUIRED TO COMPLETE SCHEDULE O EVEN IF IT NEITHER ACQUIRED NOR DISPOSED OF STOCK IN THE FOREIGN CORPORATION.

**FORM 5471, SCHEDULE O, PART II, SECTION F - ADDITIONAL INFORMATION:**

THE FOREIGN CORPORATION FILED FORM 1120-F, U.S. INCOME TAX RETURN OF A FOREIGN CORPORATION, FOR ITS TAX YEARS ENDED DECEMBER 31, 2015, 2016, 2017. THE FOREIGN CORPORATION HAD NO TAXABLE INCOME AND NO TAX DUE ON THE RETURN.

**ADDITIONAL FILING REQUIREMENTS FOR CATEGORY 3 FILERS:**

- 1 THE AMOUNT AND TYPE OF ANY INDEBTEDNESS THE FOREIGN CORPORATION HAS WITH THE RELATED PERSONS DESCRIBED IN REGULATIONS § 1.6046-1(b)(11).

N/A

- 2 THE NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE FOREIGN CORPORATION'S STOCK.

N/A