Form 990-PF

Return of Private Foundation

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

OMB No 1545-0047
2019

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

Open to Public Inspection

F	or calen	dar year 2019 or tax year beginning		, a	nd ending				
	ame of fou				A Employer	identification number			
		vord Foundation]				
N	umber and	street (or P O box number if mail is not delivered to street address)		Room/suite	e	27-6603609			
11	127 Flora	al Parkway		200	B Telephone	number (see instruction	ns)		
C	ity or town.	state or province, country, and ZIP or foreign postal code							
W	/ilmingto	n NC	2840	3-6240		(910) 791-334	3		
F	oreign coul	ntry name Foreign province/state/county	Foreig	n postal cod	de C If exempti	on application is pendin	g, check here 🕨		
G	Check	all that apply Initial return Initial return	of a former pu	blic chari	ty D 1 Foreign	organizations, check h	ere 🕨 🗌		
		☐ Final return ☐ Amended ret			· 1	organizations meeting	the 85% test		
		Address change Name chang	e		_	nere and attach compute			
H	Check	type of organization X Section 501(c)(3) exempt pri		on O	E If private f	oundation status was te	rminated under		
		n 4947(a)(1) nonexempt charitable trust Other taxa		U		section 507(b)(1)(A), check here			
-		arket value of all assets at J Accounting method			ıol				
'			[Δ] Casii	Accir	P il the loun	dation is in a 60-month			
		year (from Part II, col (c), Other (specify)			under sec	tion 507(b)(1)(B), check	nere		
		1,173,998 (Part I, column (d), must b	e on cash bash)		 -			
U	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue		Net investment	(c) Adjusted net	(d) Disbursements for chantable		
		amounts in columns (b), (c), and (d) may not necessarily	expenses po books	er '5'	income	income	purposes		
レー	1 -	equal the amounts in column (a) (see instructions))	200,13			<u>, </u>	(cash basis only)		
1	1	Contributions, gifts, grants, etc , received (attach schedule)							
	2	Check ► ☐ if the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments		127	127	127			
	4	Dividends and interest from securities	26	,156	26,156	26,156			
	5a	Gross rents				····			
	b	Net rental income or (loss)			<u>.</u>				
ä	6a	Net gain or (loss) from sale of assets not on line 10	———	,381		,			
Revenue	b	Gross sales price for all assets on line 6a 237,130							
6	7	Capital gain net income (from Part IV, line 2)			81,381				
œ	' I "	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	C	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
_	12	Total. Add lines 1 through 11		,664	107,664	26,283			
es	13	Compensation of officers, directors, trustees, etc RRES							
Š	14	Other employee salaries and wages - OSC - 13							
De	15	rension plans, employee belients	_						
Expenses	16a	Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule)	3	,000	3,000	3,000	3,000		
		Accounting fees (attach schedule)							
=======================================	с	Other professional fees (attach schedule)		_					
72	17	Interest Taxes (attach schedule) (see instructions) Description (of the bashedule) and dealers a							
<u>:</u>	18	Taxes (attach schedule) (see instructions)	2	,320	2,320	2,320			
- =	19	Depreciation (attach schedule) and depletion							
9	20	Occupancy							
Q 10	21	Travel, conferences, and meetings	2	,149	2,149	2,149	2,149		
Ĕ	22	Printing and publications							
0	23	Other expenses (attach schedule)		42	42	42			
Operating and Administrative	24	Total operating and administrative expenses.	_						
G		Add lines 13 through 23		',511	7,511	7,511	5,149		
Ö	25	Contributions, gifts, grants paid .	60	,500			60,500		
0	26	Total expenses and disbursements. Add lines 24 and 25	68	3,011	7,511	7,511	65,649		
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	39	,653					
	b	Net investment income (if negative, enter -0-)			100,153				
		Adjusted net income (if negative, enter -0-)				18,772			

Form **990-PF** (2019)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year			
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash—non-interest-bearing	364	482	482			
	2	Savings and temporary cash investments	48,011	31,353	31,353			
	3	Accounts receivable						
		Less allowance for doubtful accounts						
	4	Pledges receivable						
		Less allowance for doubtful accounts						
	5	Grants receivable .						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less allowance for doubtful accounts						
ssets	8	Inventories for sale or use						
Se	9	Prepaid expenses and deferred charges .						
Ä	10a	Investments—U S and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)	146,348	143,391	223,662			
	С	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment basis			<u></u>			
		Less accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans .		* **				
	13	Investments—other (attach schedule)	624,916	744,210	918,501			
	14	Land, buildings, and equipment basis						
		Less accumulated depreciation (attach schedule)						
	15	Other assets (describe)						
	16	Total assets (to be completed by all filers—see the		242.42	4 470 000			
	47	instructions Also, see page 1, item I)	819,639	919,436	1,173,998			
	17	Accounts payable and accrued expenses						
es	18	Grants payable Deferred revenue						
Liabilities	19							
abi	20 21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule)						
Ï	22							
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0	0				
·s		Foundations that follow FASB ASC 958, check here	, and the second					
Balances		and complete lines 24, 25, 29, and 30.						
lan	24	Net assets without donor restrictions						
Ba	25	Net assets with donor restrictions						
nuq		Foundations that do not follow FASB ASC 958, check here						
퍒		and complete lines 26 through 30.		ļ				
ō	26	Capital stock, trust principal, or current funds						
ŝ	27	Paid-in or capital surplus, or land, bldg, and equipment fund						
Se	28	Retained earnings, accumulated income, endowment, or other funds	819,639	919,436				
As	29	Total net assets or fund balances (see instructions)	819,639	919,436				
Net Assets	30	Total liabilities and net assets/fund balances (see						
		instructions)	819,639	919,436	ļ			
	rt III	Analysis of Changes in Net Assets or Fund Balances	1 00/	., 1 - 1				
1		net assets or fund balances at beginning of year—Part II, column (a),	, line 29 (must agree		040.000			
_		of-year figure reported on prior year's return)		1	819,639			
	Enter amount from Part I, line 27a							
	3 Other increases not included in line 2 (itemize)							
_				. 4	919,436			
5 6	Total	eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5)—Part	Il column (b) line 20		919,436			
	· Juan	not access or faile balances at one of year (into 4 finites line of all	, Jonanni (b), inte 2	<u> </u>	313,730			

	a) List and describe the kir	nd(s) of property sold (for example, real esta	ient Income	(b) How acquired	(c) Date	acquired	(d) Date sold
	2-story brick warehou	se, or common stock, 200 shs MLC Co)		P—Purchase D—Donation		ay, yr)	(mo , day, yr)
<u>1a</u>	See Attached Statement		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
<u></u> с				 			
d	-					-	
e							-
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	r other basis ense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
<u>a</u>							
<u>b</u>	· · · · · · · · · · · · · · · · · · ·		···				
d							
e							
	Complete only for assets sh	owing gain in column (h) and owned	by the foundation	n on 12/31/69	(I) Gains (Co	(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ssofcol(ı) l(ı),ıfany		(k), but no	t less than -0-) or rom col (h))
<u>a</u>							
<u> </u>							
c							
<u>u</u>							
2	Capital gain net income or	(net capital loss)	also enter in Pa enter -0- in Pai	· · · · · · · · · · · · · · · · · · ·	2		81,381
3	Net short-term capital gain	or (loss) as defined in sections 12		,			0.,00.
	If gain, also enter in Part I,	line 8, column (c) See instruction	s If (loss), ente	er-0- in }			
	Part I, line 8			ſ	3		352
Part		er Section 4940(e) for Redu					
(For o	ptional use by domestic priv	ate foundations subject to the sec	tion 4940(a) ta	x on net investmer	nt income)	
If sect	ion 4940(d)(2) applies, leave	e this part blank					
Was tl	he foundation liable for the s	ection 4942 tax on the distributab	le amount of ar	ny vear in the base	period?		☐ Yes 🛛 No
If "Yes	s," the foundation doesn't qu	alify under section 4940(e) Do no	t complete this	part	•		
1		unt in each column for each year,	see the instruct	tions before makin	g any ent	ries	
	(a) Base penod years	(b) Adjusted qualifying distributions	Not value	(c) of nonchantable-use as	sats	Dis	(d) Inbution ratio
Cale	endar year (or tax year beginning in)	, , , , , ,		 		(col (b)	divided by col (c))
	2018 2017		,364 ,704	1,154 1,185			0 047078 0 052037
	2016		.500	1,183			0 032037
	2015		,789	1,206			0 043757
	2014		,480	1,271			0 049944
2	Total of line 1, column (d)				2		0 240398
3		or the 5-year base period—divide				1	
	the number of years the for	undation has been in existence if l	ess than 5 year	rs	3	1	0 048080
4	Enter the net value of nonc	hantable-use assets for 2019 from	n Part X, line 5		4	ļ	1,147,871
5	Multiply line 4 by line 3				5		55,190
6	Enter 1% of net investment	income (1% of Part I, line 27b)			6		1,002
7	Add lines 5 and 6		7		56,192		
					l		

Form 990-PF (2019) Loweth-Alvord Foundation 27-6603609 Page 4 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 2/26/2011 (attach copy of letter if necessary—see instructions) Date of ruling or determination letter b Domestic foundations that meet the section 4940(e) requirements in Part V, check 1 1,002 here ► X and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 3 Add lines 1 and 2 1.002 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-5 1,002 2019 estimated tax payments and 2018 overpayment credited to 2019 800 6a 6b Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) С 6c Backup withholding erroneously withheld 6d 800 7 Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached 8 8 3 205 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 10 0 Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded ▶ 11 11 0 **Statements Regarding Activities** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it Yes No participate or intervene in any political campaign? Х 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b X If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities Х 1c c Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (2) On foundation managers ►\$ (1) On the foundation ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes." attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles Х 3 of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Х N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 Х If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either · By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that Х conflict with the state law remain in the governing instrument? 6 7 Χ 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Х 8b (or designate) of each state as required by General Instruction G? If "No," attach explanation 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their 10 names and addresses 10

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Page 5

Statements Regarding Activities for Which Form 4720 May Be Required (continued) Statements expanded the quarter of the content of the statement of the statement required by Regulation (section 4945(e))? Yes No Yes No Yes No Yes Yes No Yes Yes No Yes	Form 99	90-PF (2019)	Loweth-Alvord Foundation		.					27-66	03609	Р	age 6
(2) Inflamence the outcome of any specific public election (see section 4945), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide a grant to an individual for travel, study, or other similar purposes? (6) Provide a grant to an individual for travel, study, or other similar purposes? (7) Provide a grant to an individual for travel, study, or other similar purposes? (8) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (9) Provide a grant to an individual for travel, study, or other similar purposes? (1) Provide for any purpose of the than a chantable, etc., organization described in section 4945(d)(4)(A)? See instructions (1) Provide for any purpose of the provided for any purpose of the purpose of the provided for any purpose	Part					4720 I	lay Be R	equire	d (contin	ued)	, -		
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc. organization described in section 495(0)4(A)? See instructions (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, of for the prevention of cruelly to children or animals? (5) If any answer is "Yes" (S) No 1 If any answer is "Yes" (S) To destinate the scientific organization of cruelly to children or animals? 1 Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions 2 Organizations relying on a current notice regarding disaster assistance? See instructions 3 Organizations relying on a current notice regarding disaster assistance? See instructions 3 Organizations relying on a current notice regarding disaster assistance? See instructions 3 If "Yes," statish the statement required by Regulations section 53 4945–5(d) 4 Dut the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5 Dut the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? 5 Dut the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? 6 Dut the foundation subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractule paymentify, during the year? 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address of each engloyee pad more than \$50,000 (b) Tide, and average hours per week englation payment of the pasting payment of the discovered to pasting payment of the pasting payment of the pasting payme	5a					section	4945(e))?		☐ Yes	X No		Yes	No
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(d)(4)(A)(A) restributions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to \$61/\(-\)(-\)(-\)(-\)(-\)(-\)(-\)(-\)(-\)(-\					see section 4	955), oı	to carry on	,	Yes	X No			
section 495(6)(4)(A)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)–(5), did any 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 Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to Question 53(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? T At any immediuming the tax year, was the foundation a party to a prohibited tax shelter transaction? To NA If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? To NA If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? To NA Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address, deach employee pad more than \$50,000 [In Tituste] (b) Titus, and average that the provided to position and deferred compensation (efficiency plans and deferred compensation of five highest-paid employees (other than those included on l		(3) Provid	le a grant to an individual for travel, study	dy, or other similar purposes?					Yes	X No	·		
purposes, or for the prevention of crueity to children or animals? b If any answer is "Yes" to \$6.1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here				i charitable, etc , organization described in					☐ Yes	X No			
Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here I the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes" attach the statement required by Regulations section 53 4945—5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Take the statement required by Regulations section 53 4945—5(d) b If "Yes" to 6b, file Form 8870 Take the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Take the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year? Part VIIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions to remuneration or excess parachule payment(s) during the year? Trustee (a) Name and address (b) Tile, and average for compensation. See instructions to employee benefit plans and deterred compensation. (c) Expense account, other allowances and their compensation of the 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) Tile, and average for the payment of the position of									☐ Yes	X No			
c 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? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Xin No bid frages," did file foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (fill roll paid, efforted compensation) (a) Name and address of each employee paid more than \$50,000 Trustee 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 Did Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit pains and deferred compensation of the employee paid more than \$50,000 Did Title, and average hours per week devoted to position (e) Compensation (e) Expense account, other allowances of each employee paid more than \$50,000 Did Title, and average hours per week devoted to position (e) Compensation (e) Expense account, other allowances of each employee benefit pains and deferred compensation (e) Expense account, other allowances of each emplo	b	•	, , , , .			•		•		d in	5b	N/A	
Old the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Total number of other employees paid over \$50,000	с	If the ans	wer is "Yes" to question 5a(4), does the f	oundatı	on claim exer			:	☐ Yes	► □ No			
Trustee Compensation of five highest-paid employees (other than those included on line 1—see instructions). If "Yes" to 6b, file Form 8870 If "Yes", with the foundation receive any proceeds or have any net income attributable to the transaction? Yes No	6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Trile, and average hours per week devoted to position Trustee 1127 Floral Parkway, Suite 200 Wilmington, NC 28403 Trustee 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) Trile, and average hours per week devoted to position (c) Compensation (d) Contributions to employee to deferred compensation (e) Expense account, other allowances (f) Compensation (g)	b										6b		X
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (c) 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 of the position of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position of the position of the allowances of each employee paid more than \$50,000 (c) Title, and average hours per week devoted to position of the allowances of each employee paid more than \$50,000 (c) Title, and average hours per week devoted to position of the allowances of each employee paid more than \$50,000 (c) Title, and average hours per week devoted to position of the employees pendit plans and deferred compensation of the allowances.		-		-	•			e trans	_	X No		N/A	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (If not paid, e	8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in									X No			
1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position (c) Compensation (d) Contributions to engloyee benefit plans and deferred compensation (e) Expense account, other allowances	Part	VIII	nformation About Officers, Direct	ors, T	rustees, Fo	undat	ion Mana	gers, I	lighly P	aid En	ploye	es,	
(a) Name and address (b) Title, and average hours per week devoted to position Robert P Loweth 1127 Floral Parkway, Suite 200 Wilmington, NC 28403 3 0 0 0 1,276 William A Loweth 262 Crosswinds Drive Noank, CT 06340 1 50 0 873 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 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (e) Compensation (f) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Compensation (h) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Compensation (h) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee plant pla													
Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (e) Compensation of the employee paid more than \$50,000 (e) Expense account, other allowances of each employee paid more than \$50,000 (e) Compensation (e) Compensation (e) Expense account, other allowances and deferred compensation of the paid to position (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense acc	_1_	List all of	ficers, directors, trustees, and foundar										
1127 Floral Parkway, Suite 200 Wilmington, NC 28403 3 00 0 1,276 William A Loweth 262 Crosswinds Drive Noank, CT 06340 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 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances (e) Expense account, other allowances Total number of other employees paid over \$50,000				hours per week (If not paid, en devoted to position enter -0-) and			empl	oyee benefit	plans				
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 NONE Total number of other employees paid over \$50,000	1127	Floral Park	way, Suite 200 Wilmington, NC 28403		3 00		0					1	,276
"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 (nother allowances) Total number of other employees paid over \$50,000				Truste			0						873
"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 (nother allowances) Total number of other employees paid over \$50,000													
"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 (nother allowances) Total number of other employees paid over \$50,000						<u> </u>							
(a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000			sation of five highest-paid employees (otner t	nan those in	ciuded	on line 1—	see ins		· ·	ne, ent	er 	
Total number of other employees paid over \$50,000		(a) Name an	d address of each employee paid more than \$50,000	ı	hours per w	/eek	(c) Comper	isation	employee plans and o	benefit deferred			
	NONE												
						•							

All other program-related investments. See instructions

Total. Add lines 1 through 3

0

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n founda	ations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	1,107,620
b	Average of monthly cash balances	1b	57,731
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,165,351
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,165,351
4	Cash deemed held for charitable activities. Finter 1½ % of line 3 (for greater amount, see		
	instructions)	4	17,480
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,147,871
6	Minimum investment return. Enter 5% of line 5	6	57,394
Part,		ns	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	57,394
2a	Tax on investment income for 2019 from Part VI, line 5 2a 1,002]	
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b .	2c	1,002
3	Distributable amount before adjustments Subtract line 2c from line 1	3	56,392
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	56,392
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	56,392
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	65,649
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,649
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	1,002
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	64,647
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the fo	oundation
	qualifies for the section 4940(e) reduction of tax in those years		

Page **9**

art	XIII Undistributed Income (see II	nstructions)			
			(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part X line 7	CI,				56,392
2	Undistributed income, if any, as of the end of	2019				55,552
а	Enter amount for 2018 only				o	
b	Total for prior years 20, 20	, 20				1
3	Excess distributions carryover, if any, to 2					
а	From 2014		i			
b	From 2015					
С	From 2016					
d	From 2017	2,159				
е	From 2018					
f	Total of lines 3a through e		2,159			
4	Qualifying distributions for 2019 from Par	t XII,				
	line 4 ▶ \$65,649					
	Applied to 2018, but not more than line 2a					
ь	Applied to undistributed income of prior ye	ears				
_	(Election required—see instructions) Treated as distributions out of corpus (Ele	action				
C	required—see instructions)	ection				
А	Applied to 2019 distributable amount	ŀ				56,392
	Remaining amount distributed out of corp	ous	9,257			00,002
5	Excess distributions carryover applied to		5,257			
	(If an amount appears in column (d), the					
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
	Corpus Add lines 3f, 4c, and 4e Subtrac		11,416			
b	Prior years' undistributed income Subtrac	ct		_		·
	line 4b from line 2b			0		
С	Enter the amount of prior years' undistribu					
	income for which a notice of deficiency has been regard, or an which the section 494					
	been issued, or on which the section 494: tax has been previously assessed	^{2(a)}				
А	Subtract line 6c from line 6b Taxable	•				
ŭ	amount—see instructions					
е	Undistributed income for 2018 Subtract li	ine				
	4a from line 2a Taxable amount—see		İ			
	instructions				0	
f	Undistributed income for 2019 Subtract li	ınes				
	4d and 5 from line 1 This amount must b	e				
	distributed in 2020					0
7	Amounts treated as distributions out of co					
	to satisfy requirements imposed by section	l l				
	170(b)(1)(F) or 4942(g)(3) (Election may	be j				
	required—see instructions)					
8	Excess distributions carryover from 2014					ı
9	applied on line 5 or line 7 (see instruction Excess distributions carryover to 2020	r				
3	Subtract lines 7 and 8 from line 6a	.	11,416			
10	Analysis of line 9	}	11,410			
	Excess from 2015					
	Excess from 2016					
C	Excess from 2017	2,159				
d	Excess from 2018					
e	Excess from 2019	9 257				

	90-PF (2019) Loweth-Alvord Founda				27-660	
<u>Part</u>						<u>N/A′</u>
1a	If the foundation has received a ruling of			ate operating		
_	foundation, and the ruling is effective fo					, <u> </u>
	Check box to indicate whether the foundation		ating foundation des	cribed in section	4942(j)(i	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed					0
b	85% of line 2a		-			0
С	Qualifying distributions from Part XII, line 4, for each year listed					0
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter			/	}	
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed					0
С	"Support" alternative test—enter		//			<u>~</u>
•	(1) Total support other than gross		<i>Y</i>			
	investment income (interest,		/			
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public					<u> </u>
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income					0
Part		n (Complete th	is part only if the	ne foundation ha	d \$5 000 or mor	
<u></u> u	any time during the year—		•	ne roundation na	a 40,000 or mor	c iii ussets at
1	Information Regarding Foundation M		1101)			
	List any managers of the foundation wh	_	ed more than 2% of	the total contribution	ns received by the t	foundation
_	before the close of any tax year (but onl					
	, , , , , , , , , , , , , , , , , , ,	, .,		, , , , , , , , , , , , , , , , , , , ,		
	List any managers of the foundation wh	0.0Wn 10% or me	ore of the stock of s	corporation (or an e	aually large portion	n of the
	ownership of a partnership or other entit					ii oi tiic
	owner own parameters por owner owner	.,,		, or greater interest		
2	Information Regarding Contribution,	Grant Gift Loar	Scholarshin etc	Programs:		
_	Check here ► ☐ if the foundation on		•	_	ations and doos no	it accont
	unsolicited requests for funds. If the fou					
	conditions, complete items 2a, b, c, and					
	The name, address, and telephone num			to whom application	s should be address	end
а	rne name, address, and telephone num	ibei oi eiliäli a00	ress or the person	to whom application	s anouid be addres	acu
Dak -	+ D. Laurath 1107 Floral Dadinian C. 1	400 \A6!	NIC 20402 (040) 70	11 2242		
	rt P Loweth 1127 Floral Parkway, Suite 4					
D	The form in which applications should b	e submitted and	information and ma	iteriais they should it	iciuae	
_						
	orm will do					
С	Any submission deadlines					
none						
d	Any restrictions or limitations on awards	s, such as by geo	graphical areas, ch	aritable fields, kinds	of institutions, or o	ther
	factors					
none						

Total

Form 990-PF (2019) Page **11** Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Always Home Public General Purposes 500 Charity 119 High Street Mystic, CT 06355 Angel Flight NE Public General Purposes 250 Charity 492 Sutton Street North Andover, MA 01845 Brigade Boys and Girls Club Public General Purposes 1,000 Charity 2759 Vance Street Wilmington, NC 28413 **BSA Cape Fear Council** Public General Purposes 1,000 Charity 110 Longstreet Drive Wilmington, NC 28412 Cape Fear Community College Public General Purposes 6,000 Charity 411 N Front Street Wilmington, NC 28401 Carolina Canines Public General Purposes 1,000 Charity P O Box 12643 Wilmington, NC 28405 Cazenova College Public General Purposes 250 Charity 22 Sullivan St Cazenovia, NY 13055 Columbia University Public General Purposes 500 Charity 622 West 112th Street New York, NY 10025 Columbia University, School of Engineering Public General Purposes 1,000 622 West 112th Street Charity New York, NY 10025 Community Foundation of Eastern CT Public General Purposes 2,500 Charity 68 Federal Street New London, CT 06320 Community Speaks Out, Inc. Public General Purposes 500 Charity 214B Thames Street Groton, CT 06340 See Attached Statement Total За 60,500 b Approved for future payment

Pa	t XVI	I-A Analysis of Income-Producing A	ctivities				
		ss amounts unless otherwise indicated		usiness income	Excluded by sect	ion 512, 513, or 514	
	-		(a) Business code	(b)	(c) Exclusion code	(d)	(e) Related or exempt function income (See instructions)
1	•	ram service revenue	}				
	a _						
				<u>_</u>			
	Ċ						
	d _						·
	e _						
	f _						
	-	Fees and contracts from government agencies					
2		bership dues and assessments .					
3		est on savings and temporary cash investments	ļ				
4		dends and interest from securities	<u> </u>				
5		rental income or (loss) from real estate		•			
		Debt-financed property					
_		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue a	<u> </u>				
	c _						
	d _						
	e _			_			· · · · · · · · · · · · · · · · · · ·
		otal Add columns (b), (d), and (e)		0		0	
		I. Add line 12, columns (b), (d), and (e)				13	0
		sheet in line 13 instructions to verify calculations		 			
201				ent of Exemni	: Purposes		
		-B Relationship of Activities to the A					
Lin	t XV e No. ▼	-B Relationship of Activities to the A Explain below how each activity for which incom accomplishment of the foundation's exempt pur	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the les) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)
Lin	e No.	Explain below how each activity for which incom	ie is reported in c	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	ons)

Part	XVII		Regarding Trans	fers to and Transaction	s and Rel	ationship	s With N	loncharit	table		go 1 0
1	Did t			gage in any of the following v	vith any oth	er organiza	tion descri	bed		Yes	No
				(3) organizations) or in section							
		nizations?	, ,	,	•	•					•
а	_		orting foundation to a	noncharitable exempt organ	ization of						
	(1) C								1a(1)		X
		Other assets .					• •		1a(2)		X
ь	• •	r transactions			•		• •	•	10(2)		
-			a noncharitable exem	not organization					1b(1)		×
				le exempt organization .	•		• •	• •	1b(2)		X
			equipment, or other		•			• •	1b(3)		X
		Reimbursement ar	• •		• •			•	1b(4)		X
		oans or loan gua	•						1b(5)		$\hat{\mathbf{x}}$
		_		o or fundraising solicitations			•	•	1b(6)		$\frac{\hat{x}}{x}$
С				s, other assets, or paid emplo			•	•	1c		$\frac{\hat{x}}{x}$
				plete the following schedule. C				air market			_^_
	value value	of the goods, other in any transaction	er assets, or services gi or sharing arrangemer	ven by the reporting foundation nt, show in column (d) the value	. If the found of the good	lation receiv s, other ass	ed less tha ets, or serv	n fair marki ices receivi	ed.		
(a) Line	по	(b) Amount involved	(c) Name of nonch	nantable exempt organization	(d) Desc	ption of transf	ers, transacti	ons, and shar	ппд аптаг	ngemen	its
*****	-+				-						
	-+				 						
	_				-						
	-	-			-						
	-										
							-				
	_										
	\dashv			· · · · · · · · · · · · · · · · · · ·							
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		· - ·			 						
	-			Little American	<u> </u>						
	desc	ribed in section 5		ed with, or related to, one or ion 501(c)(3)) or in section 52				. 🗆	Yes	ΧN	0
		(a) Name of organ	Ization	(b) Type of organization			(c) Descript	on of relation	ship		
								<u> </u>			
				um, including accompanying schedules and			nowledge and b	ebef, it is true,			
Sign Here		Polat 1 00			istee	eoge.	 	May the IRS with the pre See instruct	parer sho		
	Sigi	nature of officer or trus		Date Title		Losso		1.	TIN.		
Paid		PnnvType preparer	3 ((d))(C	Preparer's signature		Date		ck [X] if [PTIN		
Prepar	rer	Edward M Luna	A1	Edward M Luria		5/8/202			P00548	3137	
Use O		Firm's name	Alvord and Alvord PL				Firm's EIN				
		Firm's address	51 Monroe Street, Si	uite 1205, Rockville, MD 2085	00-2429		Phone no.	202-39) NDE	

Form in which applications should be submitted and information and materials they should include

Telephone

Any submission deadlines

Any restrictions or limitations on awards

500

General Purposes

500

General Purposes

27-6603609

Page 3 of 7

500

Loweth-Alvord Foundation

General Purposes

Continuation of Part XV, L	ine 3a (990-PF)	Gran	ts and Con	tributions Paid		o Voar
Recipient(s) paid during the year	ine 3a (330-1 1) -	Gran	its and Con	ti ibutions r ait	During til	ic i cai
. ,,,						
Name Mystic Seaport Advancement Office						
Street						
75 Greenmanville Avenue			_			
City		State	Zip Code	Foreign Coun	try	
Mystic		СТ	06355			
Relationship	Foundation Status					
Purpose of grant/contribution	Public Charity				Amount	
General Purposes					Amount	1,000
Name					•	· ·
North Carolina Community Foundation	1					
Street	'					_·
4601 Six Forks Rd , Suite 524						
City			Zip Code	Foreign Coun	try	
Raleigh	le 1-4 04-4	NC	27609			
Relationship	Foundation Status Public Charity					
Purpose of grant/contribution	[Fublic Charity				Amount	
General Purposes					Amount	1,500
Name					•	,
North Carolina Symphony						
Street					···············	
Suite 130, 3700 Glenwood Ave						
City		State		Foreign Coun	try	
Raleigh	Ter 1 11 21 1	NC	27612			
Relationship	Foundation Status					
Purpose of grant/contribution	Public Charity				Amount	
General Purposes					Amount	3,500
Name						
Nourish Inc						
Street						••••
601 Greenfield Street						
City			Zip Code	Foreign Coun	try	
Wilmington		NC_	28401			
Relationship	Foundation Status					
Purpose of grant/contribution	Public Charity				Amount	
General Purposes					Amount	500
Name River Legacy Foundation						
Street						
703 NW Green Oaks Blvd						
City		State	Zip Code	Foreign Coun	try	
Arlington		TX	76006			
Relationship	Foundation Status					
Purpose of grant/contribution	Public Charity	·			Amount	-
General Purposes					Amount	250
	· · · · · · · · · · · · · · · · · · ·				-1	
Name Salvation Army of Wilmington NC						
Street						
223 S 3rd Street						
City		State	Zip Code	Foreign Count	try	
Wilmington		NC	28401			
Relationship	Foundation Status					
Purpose of grant/contribution	Public Charity				Amount	
General Purposes					Amount	1,000
Contrar i diposes						1,000

Purpose of grant/contribution					Amount	
General Purposes						1,000
Name						
The Hundred Club						
Street						
P O Box 419						
City		State	Zip Code	Foreign Count	n.	
		CT	06033	Poreign Count	ı y	
Glastonbury	Enumeration Status	<u> </u>	100033			·
Relationship	Foundation Status					
	Public Charity				TA .	
Purpose of grant/contribution					Amount	
General Purposes					<u> </u>	250
Name						
The University of North Carolina at C	hanel Hill					
Street		·				
Oli Col						
			7 0	1		
City		State	IZID Code	I Foreian Count	rv	
City Chapel Hill		State NC		Foreign Count	ry	
Chapel Hill	Foundation Status	NC NC	27599	Foreign Count	ry	-
Chapel Hill	Foundation Status	1		Foreign Count	ry	
Chapel Hill Relationship	Foundation Status Public Charity	1		Foreign Count		
Chapel Hill		1		Foreign Count	Amount	2,500

State Zip Code

Foundation Status

Public Charity

06320

Foreign Country

Amount

1,000

City

New London

Relationship

General Purposes

Purpose of grant/contribution

27-6603609 Page 7 of 7

Loweth-Alvord Foundation

Form 4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

OMB No. 1545-0052

2019

Department of the Treasury

▶ Go to www.irs.gov/Form4720 for instructions and the latest information. Internal Revenue Service For calendar year 2019 or other tax year beginning , 2019, and ending 20 Employer identification number Name of organization or entity 27-6603609 Loweth-Alvord Foundation Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Check box for type of annual return Form 990 Form 990-EZ 1127 Floral Parkway, Room 200 City or town, state or province, country, and ZIP or foreign postal code X Form 990-PF Other Form 5227 Wilmington, NC 28403-6240 Yes No Is the organization a foreign private foundation within the meaning of section 4948(b)? Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction > \$ If "No." (that is, any uncorrected acts or transactions), attach an explanation (see instructions) Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) Tax on undistributed income-Schedule B, line 4 1 Tax on excess business holdings—Schedule C, line 7 2 2 3 Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e) 3 Tax on taxable expenditures—Schedule E, Part I, column (g) 4 4 5 5 Tax on political expenditures—Schedule F, Part I, column (e) 6 Tax on excess lobbying expenditures—Schedule G, line 4 6 7 Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e) 7 8 8 Tax on premiums paid on personal benefit contracts 9 Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) 9 Tax on taxable distributions—Schedule K, Part I, column (f) 10 10 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 11 12 Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2 12 13 Tax on excess executive compensation—Schedule N 13 14 Tax on net investment income of private colleges and universities—Schedule O 14 15 0 Total (add lines 1-14) Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number а b С (d) Tax on investments that jeopardize (c) Tax on self-dealing-Schedule A, (e) Tax on taxable expenditures-(f) Tax on political expenditureschantable purpose-Schedule D, Part II, col (d), and Part III col (d) Schedule E, Part II, col (d) Schedule F, Part II, col (d) Part II, col (d) а b C Total 0 (h) Tax on excess benefit (i) Tax on being a party to prohibited (j) Tax on taxable distributions-(g) Tax on disqualifying lobbying tions-Schedule I, Part II, col tax shelter transactions-Schedule J, expenditures-Schedule H. Part II, col (d) Schedule K. Part II. col (d) (d), and Part III, col (d) Part II, col (d) а b С Total n n (k) Tax on prohibited benefits-Sch L, (i) Total—Add cols (c) through (k) Part II, col (d), and Part III, col (d) 0 а 0 b

0

0

C Total

Form 4720 (2019)

Form 4720 ((2019) Loweth-Alvord	Foundation					27-6603609	Page 2
Part II-E	Summary of Tax	kes (See Tax Pay	ments in the	instructions)				
	ter the taxes listed in Part							
•	rsons, donors, donor advi		ersons who sig	n this form If all sign, ente	er the			
	al amount from Part II-A, o tal tax. Add Part I, line 15		1			-	1 2	
	tal tax. Add Part I, line 15 tal payments including an			structions)			3	0
	x due. If line 2 is larger th	-	•			-	4	0
	erpayment. If line 2 is sm		·			. ⊢-	5	0
				on Self-Dealing (Secti	on 4941)		
Part I	Acts of Self-Dea	ling and Tax Co	mputation					
(a) Act number	(b) Date of act			(c) Description of act				
1								
2	<u> </u>		• • • • • • • • • • • • • • • • • • • •					
3 4								
5	·							
Part VII	ion number from Form 990-PF, -B, or Form 5227, Part VI-B, applicable to the act	(e) Amount invol	ved in act	(f) Initial tax on self-dealer (10% of col. (e))			Tax on foundation manager able) (lesser of \$20,000 or 5 col (e))	
					0			0
					0			0
					0			0
					0	- -		0
Dard II	Commence of Tox	. Linkilita of Colf	. Danlara and	d Proration of Payme	O		· <u>-</u> · · · · · · · · · · · · · · · · · · ·	0
Part II	(a) Names of self-dealers liab		(b) Act no from Part I, col (a)		col (f),		(d) Self-dealer's total liability (add amounts in (see instructions)	col (c))
							(see instructions)	
							1	
								0
							ĺ	
	· · ·		+					0
							}	
								0
							<u> </u>	0
Part III	Summary of Tax	Liability of Fou	ndation Mar	nagers and Proration	of Payr	nent		
(;	a) Names of foundation manager	s liable for tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, or prorated amo			(d) Manager's total tax l (add amounts in col (see instructions)	(c))
								
			}				-	0
			 					
							1	
								0
		- 						_
			ļ					_
	6011	EDITE B. Imitia	LToy on Uni	distributed Income (C	ootion 4	043	<u> </u>	0
1 Un	distributed income for year			distributed Income (S F for 2019 Part XIII, line 6		942) 1	<u></u>	
	distributed income for 20°	•			,	2		
	tal undistributed income a	•		•	ax			
	der section 4942 (add line					3		0
4 Tax	x-Enter 30% of line 3 he	ere and on Part I, line	e 1			4	l	0

etii-Aivoid i dandation		27-0003003	raye .
SCHEDULE C—Initial Tax on Excess	Business Holdings (Section 4943)		

Business	Holdings	and C	Computatio	n of	Tax
-----------------	----------	-------	------------	------	-----

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries

Name and address of business enterprise

Empl	oyer identification number			•	
Form	of enterprise (corporation, partnership, trust, joint vent	ture, sol	e proprietorship, etc)	.	
	•		(a) Voling stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
4	Foundation holdings in hyginess enterprise	1		%	
'	Foundation holdings in business enterprise	+	70	70	
2	Permitted holdings in business enterprise	2	%	%	
3	Value of excess holdings in business enterprise	3			
4	Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)	4			
5	Taxable excess holdings in business enterprise- line 3 minus line 4	5	0	0	0
6	Tax— Enter 10% of line 5	6	0	0	o
7	Total tax—Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2	7	0		

SCHEDULE D-Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I	Investments an	d Tax Computation			
(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col (d))
1				0	C
2				0	<u> </u>
3				0	0
4				0	C
5				0	C
Total— Colu	ımn (e) Enter here	and on Part I, line 3		0	
Total— Colu	ımn (f). Enter total (or prorated amount) here and in Part II, colur	nn (c), below		C

Total— Column (f) Enter total (or prorated amount) here and in Part II, column (c), below 0

Part II Summary of Tax I jability of Foundation Managers and Proration of Payments

I altii	Summary of Tax Elability of Foundation	on managers at	ad i roration of i ayments	
	(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				-
				0
				0
•				
				0

Form 4720 ((2019) Loweth-/	Alvord Foundation					27-6603609	Page 4
		SCHEDULE E-	-Initial Tax	es on Taxable	e Expenditu	res (Section 4945))	
Part I	Expenditure	s and Computat	ion of Tax			-		
(a) Item number	(b) Amount	(c) Date paid or incurred		Name and address of	recipient		n of expenditure and purposes for which made	5
1								
<u>2</u>			ļ		- 		-	
4		·						
5								
	stion number from Form (227, Part VI-B, applicable		(g) Ir	nitial tax imposed on t (20% of col. (b))		managers	ax imposed on foundation (if applicable)—(lesser of 200 or 5% of col. (b))	
			ļ			0		
		******	l			0		
						0		
						0		
Total— C	Column (g) Enter h	ere and on				0		
Total— C	Column (h) Enter to	otal (or prorated amo	ount) here an	d in Part II, colur	mn (c),			
Part II	Summary of	Tax Liability of	Foundation	n Managers a	nd Proration	of Payments		
i		ion managers liable for ta		(b) Item no from Part I, col (a)	(c) Tax fr	om Part I, col (h), or rated amount	(d) Manager's total tax li (add amounts in col (see instructions)	(c))
							-	
			——				ļ	
							- -	
							_	
							-	
		SCHEDULE F-	-Initial Tax	es on Politica	l Expenditu	res (Section 4955))	
Part I	Expenditure	s and Computati			<u> </u>			
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Descripti	on of political expend		Initial tax imposed on anization or foundation (10% of col. (b))	(f) Initial tax imposed managers (if applicable) of \$5,000 or 21/2% of co	(lesser
1						(2	
2		ļ				(}	
<u>3</u>		·) 	
5		·					<u></u>	
Total—C	Column (e) Enter h	ere and on Part I, lir	ne 5					
Part II		tal (or prorated amo		•		on Managers and	 Proration of Paym	ente
raitii	(a) Names of org	anization managers or nagers liable for tax	Organizatio	(b) Item no from Part I, col (a)	(c) Tax fr	om Part I, col (f), or rated amount	(d) Manager's total tax li (add amounts in col (see instructions)	ability (c))
							-	
							-	
-							_	
							-	
				1	•			

Form 472	0 (2019) Lowe	th-Alvord Foundation						27-6603609 P	age 5
		SCHEDULE G-	—Tax on Exc	ess Lobbying I	Expenditu	res (Section 491	1)	1	
	•	ots expenditures ove rt II-A, column (b), l	•		•	•	1_		
		expenditures over l column (b), line 1i)				•	2		
3 Ex	cess lobbying ex	penditures—enter t	he larger of line	1 or line 2			3_		0
4 Ta		line 3 here and on				···	4		0
		HEDULE H—Ta		alifying Lobby	ing Expen	ditures (Section	4912	!)	
Part_l	Expenditu	res and Compu	tation of Tax						
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of	flobbying expenditures		Tax imposed on allow (5% of col. (b))		ax imposed on organiza anagers (if applicable)- (5% of col. (b))	
1						0			0
2						0			0
3						0			0
4	••••		 			0			0
5		<u> </u>	L		_	0			0
Total	Column (a) Est	or hard and an Bart	L line 7			0			
i otai—	Column (e) Ent	er here and on Part	i, iiie /						
Total-	Column (f) Ente	er total (or prorated	amount) here an	id in Part II, colum	n (c) helow				0
Part II		of Tax Liability					<u> </u>		<u>_</u>
r are ii		anization managers liable		(b) Item no from Part I, col (a)	(c) Tax fro	m Part I, col (f), or ated amount	(d) i	Manager's total tax liab add amounts in col. (c) (see instructions)	
-				1					
									0
				 					0
							Ī		_
		ACUEDIU E L	:a: - I T -	<u> </u>	E4 T	4: (C -1 - 1	0.50		0
		CHEDULE I—In			it iransac	tions (Section 4	೨ ೦೮)		
Part I	Excess Be	enefit Transactio	ons and Tax C	omputation					
(a) Transac numbe		nsaction		(c) D	escnption of trar	saction			
1 2									
3 4									
5	(d) Amount of exc	ess benefit	(e) Initial	tax on disqualified per (25% of col (d))	sons	(if ap	plicable	cation managers) (lesser of % of col. (d))	

Form 4720 (2	019) Loweth-Alvord	Foundation			27-6603609 Page 6
				Transactions (Section 495	
Part II	Summary of Tax	Liability of Disqualif	ied Persons a	and Proration of Payments	
	(a) Names of disqualified per	rsons liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
		"			
	<u></u>				0
					0
					
					-
			<u> </u>		0
Part III	Summary of Tax	Liability of 501(c)(3)	, (c)(4) & (c)(2	9) Organization Managers	and Proration of Payments
(a) Names o	of 501(c)(3), (c)(4) & (c)(29) orga	anization managers liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			L		0
					·
	,				
		_			0
			}		
					0
	SCHEDULE J—	Taxes on Being a Pa	rty to Prohibit	ted Tax Shelter Transaction	ns (Section 4965)
Part I	Prohibited Tax She (see instructions)	elter Transactions (P1	ST) and Tax	Imposed on the Tax-Exem	pt Entity
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of trans	action
1					
2					
3					
4					
5					
have reas was a PTS	e tax-exempt entity know or on to know this transaction T when it became a party to action? Answer Yes or No	(f) Net income attribute the PTST	able to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total— C	olumn (h) Enter here ar	I Ind on Part Lline 9			0
· otal— Ct	Marini (n) Enter nere ar	id on i dici, illic o			Form 4720 (2019)

orm 4720 (2019		weth-Alvord Foundation	-h 400E\ C-	mtumus al	27-6603609 Page 7		
Part II		sed on Entity Managers (Se	(b) Transaction number from	(c) Tax—enter \$20,000 for eac transaction listed in col. (b) for ea			
			Part I, col (a)	manager in col (a)	(add amounts in cor (c))		
					\		
		· · · · · · · · · · · · · · · · · · ·			0		
					c		
					l		
				· · · · · · · · · · · · · · · · · · ·			
					c		
;	SCHEDULI	E K—Taxes on Taxable Dist		oonsoring Organization See the instructions	s Maintaining Donor		
Part I	Tayable [Distributions and Tax Comp		See the instructions			
(a)	TUXUBIC E	(b) Name of sponsoring organization		(a) Da	annulus of distribution		
Item number	donor advised fund			(c) Description of distribution			
1							
2							
3							
	-						
4							
(d) Date of	distribution	(e) Amount of distribu	tion	(f) Tax imposed on organization (20% of col (e))	(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)		
				0	0		
	,			0	0		
				0	0		
otal— Colu	mn (f) Enter	here and on Part I, line 10		0			
		total (or prorated amount) here a	nd in Part II, colu	 	0		
Part II	Summary	of Tax Liability of Fund Ma	nagers and Pr	oration of Payments			
	(a) Name of fu	nd managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (g) or prore amount	ated (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)		
			+		0		

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions

Part I	Prohibited Benefits	and Tax Computati	on	
(a) Item number	(b) Date of prohibited benefit		(c) Descrip	tion of benefit
1				
2			·	
3				
4				
5				
(b)	Amount of prohibited benefit		or advisors, or related persons (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)
	•••		0	0
			0	0
			0	0
			0	0
Part II	Summany of Tay Lie	 hility of Donors Do	0 nor Advisors Polated	Persons, and Proration of Payments
Parti	Sullillary Of Tax Lia		MUVISOIS, Relateu	
	es of donors, donor advisors, or lated persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
	•			
				0
				0
				0
				<u> </u>
Part III	Summary of Tax Lial	bility of Fund Mana	gers and Proration of F	Payments
(a) Name	es of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)
				0
				0
				0
				0
			ı	<u> </u>

Total from attachment, if necessary

6

7

Total

orm 4720	(2019) Loweth-	Alvord Foundation	on				27	7-6603609 Page \$
			spital Organization					leeds
Part I		Meet Section (ctions 4959 and 5	01(1)(3)) (3	see instructions		· · · · · · · · · · · · · · · · · · ·
(a) Item number	(b) Name of ho	spital facility	(c) De	scoption of the failure		(d) Tax year hospita facility last conducted CHNA	a	(e) Tax year hospital facility last adopted an implementation strategy
1								
2								
3								
4							\dashv	
5								
art II	Computation							
	•		by the hospital orga		to meet the 0	Community	١.	
		•	ents of section 501(r)	• • •			1	
2 Ta			1 here and on Part I		(0		2	
	SCHEDUL	.E N—⊺ax on	Excess Executiv	e Compensatio	n (Section 4	960) (See Instr	<u>JCTIO</u>	ns.)
(a) Item number	(b) Name of employ		(c) E	xcess remuneration		(d) Excess parachute payment	Đ	(e) Total Add column (c) and (d)
1							\neg	
2			-					
3								
4							\perp	
5							\dashv	
6	Attachment, if ne		structions				\perp	
	(add column (e) ite						+	(
Tax.			re and on Part I, line				\bot	
	SCHEDULI	E O—Excise	Tax on Net Invest		r Private Co	olleges and Uni	vers	sities
		Ι	(S	ection 4968)	(d) Capita	d (e) Administr	rative	
		(a) Name	(b) EIN	investment income (See instructions)	gain net income	expenses allo to income inc in cols (c) ar	cable duded	(f) Net investment income (See instructions)
1	Filing				1			
	Organization							
2	Related							
	Organization							
3	Related							
	Organization			-	ļ			
4	Related							
	Organization			 	 			
						1		i

Excise Tax on Net Investment Income Enter 1 4% of the amount in 6(f) here and on Part I, line 14

0

0

0

Signature of officer or trustee Title Discrete Title Discre	has
advisor, or related person	√202 e
oigii	ate
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	ate
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	ate
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	ate
May the IRS discuss this return with the preparer shown below? (see instructions) Yes	No
Print/Type preparer's name Preparer's signature Date Check X if PTIN	10.10=
Freparer Firm's name Alvord and Alvord PLLC	48137 1612
Use Only Firm's address ► 51 Monroe Street, Suite 1205, Rockville, MD 20850-2429 Phone no 202-393-23	

Form 4720 (2019)

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81,381		Net Gain	or Loss
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| | | Cost or | - 20 | 877 | 1,900 | 97 | 691 | 096 | 730 | 1,143 | 886 | 197
 | 1,250 | 209 | 1,551 | 8 8 | 7,210
 | 20.081 | 19 927 | 801 | 2,461 | 516
 | 18 | 49,983 | 88 | 13/ | 123
 | 136 | 139 | 132 | 395 | 128
 | 5,613 | 350 | 213 | 182 | 203
 | 208 | 199 | 414 | 612 |
| pital Gains/Losses | Other sales | Gross Sales | Рпсе | 1,040 | 1,186 | 100 | 754 | 1,066 | 843 | 1,320 | 1,041 | 200
 | 1,271 | 929 | 1,470 | 25 | 2,099
 | 31 310 | 31070 | 1,032 | 29,583 | 11,833
 | 18 | 49,983 | 8 5 | 13/ | 121
 | 134 | 134 | 127 | 381 | 123
 | 890,0 | 354 | 215 | 184 | 205
 | 210 | 201 | 418 | 619 |
| ొ | | Date | Sold | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019
 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 6102/6// | 6102/6//
 | 7/0/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019 | 7/9/2019
 | 12/12/2019 | 12/12/2019 | 12/12/2019 | 12/12/2019 | 12/12/2019
 | 12/12/2019 | 12/12/2019 | 12/12/2019 | 12/12/2019 | 12/12/2019
 | 6102/21/21 | 12/12/2013 | 12/12/2019 | 12/12/2019 | 12/12/2019
 | 12/12/2019 | 12/12/2019 | 12/12/2019 | 12/12/2019 |
| | | Date | Acquired | 12/21/2018 | 12/21/2018 | 6/13/2019 | 12/27/2013 | 12/29/2014 | 12/24/2015 | 12/24/2015 | 12/23/2016 | 6/15/2017
 | 6/15/2017 | 12/22/2017 | 12/22/2017 | 6/14/2018 | 5107/5018
 | 5/24/2010 | 6/1/2010 | 12/28/2010 | 11/9/1995 | 12/30/1996
 | 6/21/2010 | 6/21/2010 | 6/30/2010 | 0102/01/0 | 8/31/2010
 | 9/30/2010 | 10/29/2010 | 11/30/2010 | 12/31/2010 | 1/31/2011
 | 0102/21/2 | 5/22/2010 | 7/30/2010 | 8/31/2010 | 9/30/2010
 | 10/29/2010 | 11/30/2010 | 12/31/2010 | 12/31/2010 |
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| | 19,286 Capital Gans/Losses 237,130 (155,749) | 19,286 Capital Gains/Losses 237,130 155,749 Other sales 0 0 0 | 19,286 Capital Gains/Losses 237,130 155,749 | 19,286 Capital Gains/Losses Capital Gai | 19,286 Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Cost or Valuation Check "X" if | 19,286 Check "X" if | 19,286 Check "X" if Capital Gans/Losses Capital Gans/Losses Capital Gans/Losses Capital Gans/Losses Cost or Valuation Check "X" if Purchaser P | 19,286 Check "X" if | 19,286 Check "X" if | 19,286 Check "X" Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses Capital Capital Gains/Losses Capital Capi | 9.286 Check "X" Capital Gams/Losse Capital Gams/Losse Capital Gams/Losse Capital Gams/Losse Capital Gams/Losse Check "X" 19,286 Check "X" if Check "X" | 19286 Purchaser Purchase | 19.286 Purchaser Purchas | 19.286 19.286 15.749 | 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,286 19,287 | 19,286 Check "Y" Check " | 19.286 1 | 19.286 19.286 19.286 | 19.286 19.286 19.286 19.286 19.286 19.286 19.286 19.287 19.286 19.287 19.286 19.287 19.2887 | 19,286 Cusp of months Check TX Cambi Gandi Losse Casj of months Cambi Gandi Losse Casj of months Casj of m | Purchaser 19,208 Purchaser Purcha | m. CG Darkulound 15,26b Check "X" I Purchaser Check "X" I Check "X" I Purchaser Discussion of the standard of the | Page Page | Purple P | Mail of Denirolations 19,208 Mail of Denis Annies 19,000 Mail of Denis Annies Mail of Den | Careal Canal Loss 19,288 Cost of case Cos | m. CO Dendvone 15.208 Check Y** Check Y** Check Y** Check Y** Check Sheet of Sheet Sh | Part Part | Colorad National Part Colo | Colora Signature Colora Cliado C | Color Delationary Color of the color of | Colora C | The Control of Contr | Color Decoders Color Deco | m. Controllerium Fig. 2004 Chart Chearline Copy of Chearline Copy of Chearline SST 100 Chart Chearline Copy of Chearline SST 100 Chart Chearline Chart Chearline Chart Chearline Chart Chearline Chart Chear Chearline Chart Chearline Chart Chearline Chart Chear Chea | Colora | Check-Note 15.70 Check-N | Charterine 1938 Char | Colore Name Colore Name |

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Part I, Line 11 (990-PF) - Other Income

		. 0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	losses from partnerships		0	

Part I, Line 16a (990-PF) - Legal Fees

		3,000	3,000	3,000	3,000
Г					Disbursements
		Revenue and			for Charitable
		Expenses per	Net Investment	Adjusted Net	Purposes
	Description	Books	Income	Income	(Cash Basis Only)
	1 Edward M Luria, Esq	3,000	3,000	3,000	3,000

Part I, Line 18 (990-PF) - Taxes

,					
		2,320	2,320	2,320	0
		Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	Purposes
1	Sec. 4940 tax - 2018	1,164	1,164	1,164	
2	Estimated Sec 4940 tax - 2019	800	800	800	
3	Foreign Taxes Paid	356	356	356	

Part I, Line 23 (990-PF) - Other Expenses

		42	42	42	Ō
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Account fees	42	42	42	•

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66,115	50,591	19,988	19,988	1,078	Intel Corp	4
44,902	43,626	20,000	50,000	5,550	FS Investments Corp	က
0	, 29,943	0	2,977	200	CREE Inc	7
21,880	22,080	25,008	25,008	800	Canon Inc	-
End of Year	Beg of Year	End of Year	Beg of Year	Face Value	Description	
223,662	220,336	143,391	146,348	7 - 1 - 1 - 1 - 1 - 1 - 1		

Loweth-Alvord Foundation

Part II, Line 13 (990-PF) - Investments - Other

Ì			624,916	744,210	918,501
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg of Year	End of Year	End of Year
1	American Funds American Mutual Fund	FMV	0	76,428	79,082
2	American Funds Capital World Gr & Inc Fund	FMV	25,004	25,004	27,944
3	American Europacific Growth Fund CI F2	FMV	40,008	0	0
4	American Funds New Perspective CI F2	FMV	80,004	80,004	94,783
2	American Funds New World CI F2	FMV	40,004	0	0
9	American Funds Small-Cap World CI F2	FMV	35,008	35,008	41,914
7	CH Robinson Worldwide Inc	FMV	26,747	26,747	42,659
8	Energy Transfer Equity LP	FMV	117,765	117,765	185,649
6	Fidelity Advisor FI Rate High Inc CI I	FMV	50,001	0	0
10	Harbor Capital Appreciation Fd	FMV	45,014	111,035	156,048
11	Harding Loevner Emerging Mrkts Port	FMV	20,000	20,000	32,504
12	Kinder Morgan, Inc	FMV	111,111	18,111	10,520
13	MPLX LP	FMV	20,487	20,467	17,898
14	14 Pimco Income Fund Class I	FMV	73,613	118,627	118,871
15	Principal Pfd Securities Fd Cl Institutional	FMV	25,014	25,014	37,707
16	T Rowe Price Value Fund	FMV	0	70,000	72,922
17	17 Vanguard Intermediate Tax Exempt Admiral	FMV	8,136	0	0

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Loweth-Alvord Foundation

1	62,095	Gains Minus	Excess FMV Over	163	186	3	63	106	113	177	155	3	21	-31	-81	6-	-111	236	11,229	11,143	231	27,122	11,317	0	0	0	0	0	-2	-2	÷.	ςĊ	-14	-5	99	3	4	2	2	2	2	2	4	7	2
	0	Excess of FMV	Over Admeted Basis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	O	0	O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	Adjusted Basis	as of 12/31/60		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	. 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	FMV	as of		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	62,095		San or Lock		186	3	63	106	113	171	155	3	21	-31	-81	-3	-111	236	11,229	11,143	231	27,122	11,317	0	0	0	0	0	-5	-5	κ'n	ဟု	-14	5	999	3	4	2	2	2	2	2	4	7	2
	155,749	Cost or Other	Basis Plus Exnense of Sale	877	1,000	26	169	960	730	1,143	988	197	1,250	209	1,551	55	2,210	40,004	20,081	19,927	801	2,461	516	18	49,983	39	137	18	123	136	139	132	395	128	5,613	250	350	213	182	203	208	199	414	612	213
•	0		Aduictments																																					:					
	0		Depreciation																																										
	217,844		Gross Sales Pare	1040	1,186	100	754	1,066	843	1,320	1,041	200	1,271	929	1,470	25	2,099	40,240	31,310	31,070	1,032	29,583	11,833	18	49,983	33	137	18	121	134	<u>\$</u>	127	381	123	699'5	253	354	215	184	205	210	201	418	619	215
			Sald	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	1/28/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	7/9/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019	12/12/2019
			Date	12/21/2018	12/21/2018	6/13/2019	12/27/2013	12/29/2014	12/24/2015	12/24/2015	12/23/2016	6/15/2017	6/15/2017	12/22/2017	12/22/2017	6/14/2018	6/14/2018	5/31/2017	5/24/2010	6/1/2010	12/28/2010	11/9/1995	12/30/1996	6/21/2010	6/21/2010	6/30/2010	7/30/2010	8/4/2010	8/31/2010	9/30/2010	10/29/2010	11/30/2010	12/31/2010	1/31/2011	5/13/2010	5/13/2010	5/22/2010	7/30/2010	8/31/2010	9/30/2010	10/29/2010	11/30/2010	12/31/2010	12/31/2010	12/31/2010
-			Acquisition	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase	purchase
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Total Market Communication	Short Term CG Distributions		December of Presenty Sold	AMERICAN EUROPACIFICGRI	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN NEW WORLD FUN	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	AMERICAN EUROPACIFICGR	CREE Inc	CREE Inc	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	FID ADV FLOATING RATE HIG	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	VANGUARD INTERMED TRM	42 VANGUARD INTERMED TRM
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