## Form **990-PF**

Department of the Treasury Internal Revenue Service

SCANNED MAR 2 5 2021

**Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public M2 ► Go to www irs.gov/Form990PFfor instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

		endar year 2019 or tax yea	ir beginning		·	, 2019,	and endin			, 20
		foundation						A Employer		ation number
	OLIVER: & CUNNINGHAM FAM FDN-MAI				4			-		013076
Num	ber	and street (or P U box number if ma	ail is not delivered t	o street ad	dress)		Room/suite	B Telephone	number	(see instructions)
٠,	2.2	ב כ האנאה העו הנגיה כי	TT 200						000	720 4022
		5 S RAINBOW BLVD S'		al code	-				888	3-730-4933
City (	0	or province, country, and a	Lii oi loreigii post	u, couc				C If exemption	application	on is
т.;	א כי	VEGAS, NV 89118						pending, ch	eck here.	
_	_		ial return		Initial return	of a former p	ublic charit	V 2 4 5		
•	,,,,		al return	-	Amended ret	-	abile ellari	, , o. c.g,, c	•	ns, check here PL ns meeting the
		<b>⊢</b>	dress change		Name change			85% test,	check her	e and attach
H C	:he	ck type of organization. X	<del>,</del>	(c)(3) ex	<del></del>		- 11	computat	ion	▶∟
	٦.	ection 4947(a)(1) nonexempt cl	-		her taxable pri		ion 04			tatus was terminated
ĹF		market value of all asset			nethod: X Ca		<u> </u>			
		of year (from Part II, col (c)		ther (sp						a 60-month termination
		► \$ 12,420,180		-	d), must be on ca	ish basis )		-		
		Analysis of Revenue and		T	evenue and			<del>-</del>		(d) Disbursements
		total of amounts in columns (b	b), (c), and (d)	(a) n	enses per	(b) Net inve		(c) Adjusted n		for charitable purposes
		may not necessarily equal the column (a) (see instructions))	arnounts in	}	books	mcom		INTERNAL HE	10.	(cash basis only)
$\top$	1	Contributions, gifts, grants, etc., received	(attach schedule) -		20,250.			INTERNAL RE	ENVE	SERVICE
- 1	2	Check X if the foundation is attach Sch B	s not required to						<del>-174</del> [	<del>)                                    </del>
:	3	Interest on savings and temporary c						D=-		
	4	Dividends and interest from sec			285,984.	28	5,370.	UEC 1	2020	STMT
1	5a	Gross rents						Cat	-2020	
	b	Net rental income or (loss)						CAMPUS S FLORENC MAIL UNI	UPPOR	
ا نو		Net gain or (loss) from sale of asset	s not on line 10	1	,406,113.			MAIL UNI	EKY	
	b	Gross sales price for all assets on line 6a	4,167,539							
Kevenue	7	Capital gain net income (from F	Part IV, line 2)			1,40	6,113.			
ř  į	В	Net short-term capital gain								
	9	Income modifications								
10	)a	Gross sales less returns and allowances								
	b	Less Cost of goods sold .								
	C	Gross profit or (loss) (attach sch	nedule)							
11	1	Other income (attach schedule)			18,139.					<u>STMT</u>
12	2	Total. Add lines 1 through 11	<u> </u>	1	,730,486.	1,69	1,483.			<del></del>
13	3	Compensation of officers, directors,	trustees, etc		42,311.	3	<del>- 7</del>			10,5
<u>ارو</u>	1	Other employee salaries and wa	ages				NONE		ONE	
<b>5</b> 15	5	Pension plans, employee benefit	ıts				NONE_		ONE	
<b>2</b> 16	эa	Legal fees (attach schedule)		L						
비	b	Accounting fees (attach schedu			1,056.		NONE	1	ONE	1,0
اَڃَ	c	Other professional fees (attach	schSaCMAT.4.		3,385.		3,385.			
Administrative Expense	7	Interest		<u> </u>	1					
2 18	3	Taxes (attach schedule) (see ins	struStToMST.5.		30,918.		8 <u>,91</u> 8.			
Ē 19	•	Depreciation (attach schedule)	and depletion .							
20	)	Occupancy	<i>.</i>							
21	l	Travel, conferences, and meetin	-				NONE		ONE	
ē 22	2	Printing and publications					NONE	1	ONE	
23	3	Other expenses (attach schedul	e) STMT.6.		1,073.		1,073.			
23 24 25 25	ļ	Total operating and administra								
3		Add lines 13 through 23			78,743.	4	5,109.	1	ONE	11,63
25	5	Contributions, gifts, grants paid			536,469.					536,4
26	<u>.                                    </u>	Total expenses and disbursements Add	d lines 24 and 25		615,212.	4	5,109.	1	ONE	548,1
27	,	Subtract line 26 from line 12								
		Excess of revenue over expenses as		1	,115,274.	<del></del>			_	
		Net investment income (if nega		<del></del>		1,640	5, 374.			
	r	Adjusted net income (if negative erwork Reduction Act Notice, s	ve, enter -0-).	L						Form <b>990-PF</b> (26

Fo	rm <u>99</u> 0	-PF (2019)	35-	6013076	Page <b>2</b>
P	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End o	f year
		description column 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		10,000.	10,000
	2	Savings and temporary cash investments	836,944.		359,963
	3				
	`	Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
	1				
	5	Grants receivable	<del></del>		
	6	Receivables due from officers, directors, trustees, and other			<del></del>
	"	disqualified persons (attach schedule) (see instructions)			
	7				
	'	Less allowance for doubtful accounts NONE			
S	_		<del></del>		<del></del>
Assets	8	Inventories for sale or use			<del></del>
Ş	9	Prepaid expenses and deferred charges		<del></del>	
•	l	Investments · U S and state government obligations (attach schedule).			
		Investments - corporate stock (attach schedule)			
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule)			
	• •	and equipment basis Less accumulated depreciation			
		(attach schedule)	<del></del>		
	12	Investments - mortgage loans	7 600 754	0.071.000	10.050.017
	13 14	land huldings and			12,050,211
	' -				
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the			
		Instructions Also, see page 1, item i)	8,529,698.	9,641,952.	12,420,180
	17	Accounts payable and accrued expenses			
	18	Grants payable			
abilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
	23_	Total liabilities (add lines 17 through 22)		NONE NONE	<u></u> i
ŝ		Foundations that follow FASB ASC 958, check here			}
5		and complete lines 24, 25, 29, and 30.			}
ē	24	Net assets without donor restrictions			
8	24 25 26	Net assets with donor restrictions			<u> </u>
힏		Foundations that do not follow FASB ASC 958, check here			1
Ī		and complete lines 26 through 30			
5	26	Capital stock, trust principal, or current funds	8,529,698.	9,641,952.	}
Ś	27	Paid-in or capital surplus, or land, bldg , and equipment fund			
S	28	Retained earnings, accumulated income, endowment, or other funds			<u> </u>
AS	27 28 29	Total net assets or fund balances (see instructions)	8,529,698.	9,641,952.	]
ᇷ	30	Total liabilities and net assets/fund balances (see			
Ž		instructions)	8,529,698.	9,641,952.	
P	art III	Analysis of Changes in Net Assets or Fund Balan		- 1 1 - 3 - 1	<del></del>
		net assets or fund balances at beginning of year - Part II		ust agree with	
-		of-year figure reported on prior year's return)		-	<u>8,529,698.</u>
2		er amount from Part I, line 27a			1,115,274.
		er increases not included in line 2 (itemize) > SEE STAT		3	1,547.
		lines 1, 2, and 3			9,646,519.
		reases not included in line 2 (itemize) SEE STAT		5	4,567.
•		Dan Dillia			

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 . .

9,641,952. Form **990-PF** (2019)

6

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			1 age C
		scribe the kind(s) of property sold (for e		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story br	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo,day,yr)	(mo , day, yr )
1 a	PUBLICLY TRADED	SECURITIES				
	<u>)                                    </u>					
c						
c		<del></del>				
e	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	Ì	(h) Gain or (lo ((e) plus (f) mini	
a	4,167,539.		2,761,426.		1,	406,113.
b						
c						
				ļ		
е						
	Complete only for assets sh	owing gain in column (h) and owned b	by the foundation on 12/31/69		Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t Losses (from co	
		as of 12/31/69	over col (j), if any	<b></b>		
a					1,	406,113.
<u>b</u>						
			<del>                                     </del>	<del> </del>		
d				<del></del>		
e	·	( If a	ain, also enter in Part I, line 7	<del>                                     </del>		
2	Capital gain net income	or (net capital loss)	oss), enter -0- in Part I, line 7	2	1	406,113.
3	Net short-term capital da	ain or (loss) as defined in sections	,	<del></del>	<i></i>	400,113.
		art I, line 8, column (c). See ins	_	1 1		
		· · · · · · · · · · · · · · · · · · ·		3		
Pai			uced Tax on Net Investment I			
Was			outable amount of any year in the b	ase perio	d?	Yes X No
1			r; see the instructions before makir	ng any en	tries	
<u>'</u>	(a)			ig ally ell	(d)	<del></del> -
_Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	col (c))
	2018	544,414.	11,422,196.			0.047663
	2017	491,947.	10,918,309.			0.045057
	2016	619,598.	9,978,676.			0.062092
	2015	384,908. 362,830.	10,428,498. 10,436,829.			0.036909
	2014	302,030.	10,436,829.	<del></del> -	·	0.034764
2	Total of line 1 column /	٦/	• • • • • • • • • • • • • • • • • • • •	2		0.226485
2		o for the 5-year base period - divid				0.220403
3	· -		of less than 5 years	3		0.045297
	the number of years the	Touridation has been in existence	il less than 5 years			0.043231
4	Enter the not value of no	ncharitable use accets for 2019 fr	om Part X, line 5	4	11	600,145.
7				<del></del>		000/113.
5	Multiply line 4 by line 3	<b>1</b> 1		5		525,452.
3	widitiply lifte 4 by lifte 5.		• • • • • • • • • • • • • • • • • • • •	-		<u> </u>
6	Enter 1% of net investme	ent income (গি%lor Part I, line 27b)		6		16,464.
7	Add lines 5 and 6			7		541,916.
_		**				E40 100
8			ın Part VI, line 1b, and complete		using a 1% tax	548,103. rate. See the

Earm	990-PF (2019) 35-6013076			Page 4
_	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		
_	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			<del>-</del>
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	_		1
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		16,4	164.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			<b></b>
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		1	NONE
3	Add lines 1 and 2	_	16,4	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		16,4	<u> 164.</u>
6	Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 39, 120.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld		20.	
7	Total credits and payments Add lines 6a through 6d		<u>39, :</u>	120.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		22,6	556
10 11	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			192.
	t VII-A Statements Regarding Activities		0,.	172.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
ıa	participate or intervene in any political campaign <sup>7</sup>	1a	163	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			<del></del>
•	instructions for the definition	1b	<b> </b>	Х
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	}		:
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$		_	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	If "Yes," attach a detailed description of the activities			;
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1		1 1
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<del>  _ ^</del> ;
_	If "Yes," attach the statement required by General Instruction T			, ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or  By chate largeleter, that effectively emends the governing unstrument so that he mandatory directions that	l		
	• 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?	6	X	'
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
O.	IN			
ь	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 <i>General Instruction G</i> ?If "No," attach explanation	8b	X	L_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<u> </u>
	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	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1		
	names and addresses	10		<u> X</u>
		0.0	A DE	

r ar	Statements Regarding Activities (continued)			,
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	<u></u>	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		1
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ SEE STATEMENT 14 Telephone no ▶			
	Located at ▶ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			1
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			·
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4). Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. 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 } Yes X No			
ь	olf any answer is "Yes" to 1a(1)-(6), did any 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	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	l .		
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			-
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?		İ	
	If "Yes," list the years			j
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			
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	_		
		.		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			}
	at any time during the year?		ł	
b	If "Yes," did it have excess business holdings in 2019 as a result of.(1) any purchase by the foundation or		Ì	- }
	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		}	- 1
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	The state of the s		O.DE	

Part	VII-B Statements Regarding Activities f	or Which Form	4720 May Be Rec	quired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						ł
	directly or indirectly, any voter registration drive? Yes X N						į
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? See instructions				,		ĺ
	(5) Provide for any purpose other than religious, cl	naritable, scientific,	literary, or education	al — —		}	1
	purposes, or for the prevention of cruelty to children			·			1
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regar	_	-		<u>5</u> b		<u>X</u>
	Organizations relying on a current notice regarding disas	ster assistance, check	here	▶			[
C	If the answer is "Yes" to question 5a(4), does the		•				i
	because it maintained expenditure responsibility for the	-	15	. X Yes No	·		•
	If "Yes," attach the statement required by Regulations se						1
6a	Did the foundation, during the year, receive any fur	•					
	on a personal benefit contract?						l
Ь	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contri	act/	6b		<u>X</u>
70	If "Yes" to 6b, file Form 8870  At any time during the tax year, was the foundation a pa	ety to a prohibited to	e chaltar transaction?	Yes X No			i
7a b	If "Yes," did the foundation receive any proceeds or have					Y.	1
8	Is the foundation subject to the section 4960 tax on pay	•			75		1
•	remuneration or excess parachute payment(s) during the			. Yes X No	,		1
Pari	VIII Information About Officers, Directo						
1	and Contractors List all officers, directors, trustees, and foundatio	n managers and t	heir compensation	See instructions			
•		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens		
	(a) Name and address	(b) Title, and average hours per week devoted to position			(e) Expens other allo		
WELLS	(a) Name and address FARGO BANK N.A.	(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		owance	<u> </u>
WELLS	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		owance	
WELLS	(a) Name and address FARGO BANK N.A.	(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		owance	<u> </u>
WELLS	(a) Name and address FARGO BANK N.A.	(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		owance	<u> </u>
WELLS	(a) Name and address FARGO BANK N.A.	(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		owance	<u> </u>
WELLS	(a) Name and address FARGO BANK N.A.	(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		owance	<u> </u>
WELLS	(a) Name and address FARGO BANK N.A.	(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		owance	<u> </u>
WELLS 100 N	(a) Name and address FARGO BANK N.A.	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other alle	owances	- 0 -
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those)	(c) Compensation (lf not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit	other allo	one, e	-0-
WELLS 100 N	FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  - 0 -	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (lf not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (lf not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week hours p	(c) Compensation (If not paid, enter -0-) 42,311.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	other allo	one, e	-0-
WELLS 100 N 2 (a)	(a) Name and address  FARGO BANK N.A.  MAIN ST MAC D4001-117, WINSTON SALEM, NC 27101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  TRUSTEE  1  (other than those hours per week devoted to position the per week devoted to per	(c) Compensation (If not paid, enter -0-) 42,311.  se included on lin (c) Compensation  NONE	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  (d) Contributions to employee benefit plans and deferred compensation	ens). If no	one, e	-0-

12

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Pag	 - 4
rau	•

(a) Name and address of each person paid more than \$50,000 (b) Type of service ONE	(c) Compensation
ONE	
ONE	
· · · · · · · · · · · · · · · · · · ·	NON!
otal number of others receiving over \$50,000 for professional services	NON
art IX-A Summary of Direct Charitable Activities	<del></del>
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
1 NONE	
	<u> </u>
2	
3	
4	
art IX-B Summary of Program-Related Investments (see instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3NONE	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign tound	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		11 241 102
_	Average monthly fair market value of securities	1a	11,241,193.
Ь		1b	535,604.
C	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	11,776,797.
е	,		
_	1c (attach detailed explanation)		MONT
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	11,776,797.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	176,652.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u> </u>
6	Minimum investment return. Enter 5% of line 5	6	580,007.
<u>P</u> ar	<b>TXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	580,007.
2 a			
b	Income tax for 2019. (This does not include the tax from Part VI.). 2b		
c	Add lines 2a and 2b	2c	16,464.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	563,543.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	563,543.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	563,543.
Par	t XII Qualifying Distributions (see instructions)	<u> </u>	
1			
-	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		F40 103
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		548,103.
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.,		MONTE
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		27027
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE TO LO SE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	548,103.
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		16,464.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u>531,639.</u>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating v	whether the foundation

Form **990-PF** (2019)

Forn	1 990-PF (2019)				Page <b>9</b>
Pa	rt XIII Undistributed Income (see instr	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				563,543.
2	Undistributed income, if any, as of the end of 2019				l i
а	Enter amount for 2018 only			212,079.	
b	Total for prior years 20,20,20		NONE NONE		<u> </u>
3	Excess distributions carryover, if any, to 2019	TH.T	0.1		"
а	From 2014 NONE				
b	From 2015 NONE				ĺ
c	From 2016 NONE				
d	From 2017 NONE				
е	From 2018 NONE				j
f	Total of lines 3a through e	NONE	· · · · · · · · · · · · · · · · · · ·		,
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$ 548,103.				
а	Applied to 2018, but not more than line 2a			212,079.	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE NONE		
c	Treated as distributions out of corpus (Election				ļ
	required - see instructions)	NONE	 		
d	Applied to 2019 distributable amount				336,024.
	Remaining amount distributed out of corpus	NONE	Indicate a manager	Official state of the state of	ez ratelari menter (
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
ь	Prior years' undistributed income Subtract		<del>-</del>		
	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed				[
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				ĺ
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				]
	amount - see instructions		<u>NONE</u>		<u> </u>
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				1
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be				227 510
	distributed in 2020				227,519.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				i i
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONB			1
	required - see instructions)	NONB			1
8	Excess distributions carryover from 2014 not	NONE			1
	applied on line 5 or line 7 (see instructions)	NONE			<u> </u>
9	Excess distributions carryover to 2020.	NONE	то количаст — Опинального	Distribution apposition exception	ध्यक्तिक व्यवसाय क्रम्मात्र
10	Subtract lines 7 and 8 from line 6a			,	
	Excess from 2015 NONE			·	- 1
	Excess from 2016 NONE				
	Excess from 2017 NONE				
	Excess from 2018 NONE	ana (***********************************	digitativa i sumanni i sum Turni uligitatio i sum	a or to animal care a popul e cre	प्रमुप्तिवर्षण्डः । तुर्वातिविद्यतः । । । ।
	Excess from 2019 MONE				]
<u>-</u> _	And Andrea				

Form **990-PF** (2019)



b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines:

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

Page 11

3 Grants and Contributions Paid Du	If recipient is an individual.	Foundation	ruture rayment	<del> </del>
Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 23			1	536,469.
ODE STATEMENT 25				330,403.
		1		
			1	
			1	
			ļ	
			1	
			1	
			,	
			1	
	•		1	
			1	
			1	
		ļ		
Total				536,469.
<b>b</b> Approved for future payment				
			1	
			}	
			ļ	
Total			▶ 3b	
ivial	<i></i> <u>.</u>			

Part XVI-	A Analysis of Income-Produ	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
_						(occ mstructions.)
				<u> </u>		
f				<u> </u>		
g Fees	and contracts from government agencies	ļ		ļ		<del> </del>
2 Member	ship dues and assessments					
3 Interest o	n savings and temporary cash investments -	<del> </del>		1.4	205 204	
4 Dividend	ds and interest from securities			14	285,984.	<del></del>
	al income or (loss) from real estate	<del></del>		<del> </del>		
	-financed property			<del> </del>	<del>   </del>	
	debt-financed property					
	el income or (loss) from personal property vestment income			<del> </del>		
	oss) from sales of assets other than inventory			18	1,406,113.	<del></del>
	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory					
11 Other re	venue a					
ь <u>FE</u>	DERAL TAX REFUND			1	18,139.	
c	<del></del>					
d		ļ		<u> </u>		
e			<u> </u>		1 710 226	<del> </del>
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				1,710,236.	1,710,236.
	dd line 12, columns (b), (d), and (e) leet in line 13 instructions to verify calci				13	1,710,236.
Part XVI-	<del></del>		ccomplishment of Ex	cempt Puri	ooses	
Line No.						
	Explain below how each activit accomplishment of the foundation					
	accomplishment of the foundation	on a exemp		by providing	Tullus for such purposes	
					<del>_</del>	
-			NOT APPLICABLE	Ξ		
			_ <del>_</del>			
			<del></del>			
	<del></del>				<del></del>	
		<u> </u>				
					<del></del>	
	<del></del>		<del> </del>		<del></del>	
			<u> </u>			
			<del></del>		<del></del>	
						- 000 DE

Form 9	90-PF_(2019)	<u>35-60130</u> 76		Page 13
Part	XVII Information Regarding Transfers to and Trans Organizations	actions and Relationships With No	oncharitable E	Exempt
1	Did the organization directly or indirectly engage in any of the fo	ollowing with any other organization desc	ribed Ye	es No
	504/-\ 504/-\ /-th		424	- 1

		- 3									
1	Did tl	he organization direct	ly or indirectly $\epsilon$	engage in any of the	following	with any o	other organizati	on described		Yes	No
	ın şe	ection 501(c) (other	than section	501(c)(3) organizat	tions) or	in section	527, relating	to political			
	organ	nizations?									
а	Trans	fers from the reporting	g foundation to a	a noncharitable exen	npt organiz	zation of					
	(1) C	ash							1a(1)	_ X	
	(2) 0	ther assets							1a(2)		_ <u>x</u>
b	Other	transactions									
	(1) S	ales of assets to a non	icharitable exem	pt organization					16(1)		X
		urchases of assets froi									$\overline{\mathbf{x}}$
		ental of facilities, equi									X
		eimbursement arrange									X
		pans or loan guarantee									X
		erformance of services									X
c		ng of facilities, equipm									X
		answer to any of th								fair m	
_		of the goods, other									
		in any transaction of									
(a) L	ne no	(b) Amount involved		oncharitable exempt organ				nsactions, and shar		_	
1a(1)		11,000.	MEDLEND ORG	one and one oxempt organ		CASH	tion of transiers, tra	nisactions, and shar	ing unit	- geme	
Ia(I)		11,000.	DAO UNALIDAM			CASH	<del>_</del>				
			<del> </del>								
			<del> </del>								
		<u> </u>	<del> </del>								
			<del> </del>								
			<del> </del>						_		
			<del> </del>								
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_		<del></del>	<del> </del>	<del>_</del>							
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			<del> </del>								
			<del>                                     </del>								
				<del></del>							
								<u></u>			
			<u> </u>								
2a	Is the	foundation directly	or indirectly affi	liated with, or relate	ed to, one	or more to	ax-exempt orga	anizations	_	_	-
	descri	ibed in section 501(c)	(other than sect	ion 501(c)(3)) or in	section 52	7?			Ye	s X	No
<u>b</u>	If "Yes	s," complete the follow	wing schedule.							_	
		(a) Name of organization	n	(b) Type of org	anization		(c) Des	cription of relations	hip		
	Und	er penalties of perjury, I decla	ire that I have examine	ed this return, including acc	ompanying sch	edules and state	ements, and to the 1	est of my knowledge	and b	elief, it	ıs true,
Sign	cor	The and complete Cecial Policy	Tepas V.P. than tax	(payer) is based on all informa	tion of which pr	eparer nas any kr	nowleage			<del></del> -	
-		Wells Fargo Ban	kΝΔ	10/07/20:	20	TRUSTE	E	May the IRS with the pre-	discus: parer s		return elow?
Here	Sig	gnature of officer or trustee	<del>N, 14.//.</del>	Date		Title		See instructions			No
									<u></u>		
	_,	Print/Type preparer's nai	me	Preparer's signature			Date	Check X If P	TIN		
Paid		JOSEPH J. CA			100		10/07/2020	C.166x [35] 11		5160	3
Prep	arer		ICEWATERHOU	JSECOOPERS LLI	•		Firm's				<del>-</del> -
-	Only			REET			- Friance	3 LIN P 43-3		<i></i> - T	
<b>-</b> 50	Jy		TTSBURGH,	PA	152	1 9	DL	e no 412-35	5-6	በበበ	
-		_i	TIDDUKGU,	rn	152	<u> </u>	Phone			000 )-PF (	2010
								Fori	n JJ(	<i>)</i> *FF (	2019)

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

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No 1545-0047

2019

**Employer identification number** 

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization OLIVER & CUNNINGHAM FAM FDN-MAIN Employer identification number 35-6013076

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	JANE WARRINER  122 W JEFFERSON BLVD  SOUTH BEND, IN 46601	\$20,250	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b); Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for

STATEMENT

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

NET INVESTMENT INCOME	7,382. 91,136. 109,205. 10,875. 54,809. 11,963.	
REVENUE AND EXPENSES PER BOOKS	7,382. 91,136. 614. 109,205. 10,875. 54,809. 11,963.	
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS NONQUALIFIED FOREIGN DIVIDENDS SECTION 199A DIVIDENDS	•

FORM 990PF, PART I - OTHER INCOME 

> REVENUE AND

DESCRIPTION

**EXPENSES** PER BOOKS

FEDERAL TAX REFUND

18,139.

TOTALS

18,139.

==========

- ACCOUNTING FEES	
PART I	
990PF, I	
FORM	       

CHARITABLE PURPOSES	1,056. 1,056. 1,056.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,056. 1,056. ============
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

:5

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	3,385.
REVENUE AND EXPENSES PER BOOKS	3,385.
	OTHER EXPENSE (NON-DEDUCTIBLE TOTALS
DESCRIPTION	OTHER EXPENSE

- TAXES
Н
PART
990PF,
FORM

NET INVESTMENT INCOME	6,628. 1,712. 578.  8,918.
REVENUE AND EXPENSES PER BOOKS	6,628. 22,000. 1,712. 578. 30,918.
DESCRIPTION	FOREIGN TAXES FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS

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35-6013076

OTHER EXPENSES	
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	NET	INVESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
REVENUE	AND	EXPENSES	PER BOOKS	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
		ני לייני	DESCRIPTION	1   1   1   1   1   1   1   1   1   1	

1,073.	
1,073.	
TOTALS	

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1. 1,072.

ADR FEES INVESTMENT EXPENSES - ADR FEES

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TNVESTMENTS
OTHER
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PART,
PART

OLIVER & CUNNINGHAM FAM FDN-MAIN

35-6013076

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NOTEGION	FMV OB E	ENDING	ENDING
JUNITALE I		7 4 7	7 IVI 7
	 	ı	
0685710	υ	4,93	,72
01173207 KUBOTA	U	96'0	99'0
0428040	U	7,39	6,41
37545108	Ü	15,890.	19,083.
5494J103	U	1,21	5,32
01491102 PARK24 CO LTD-	U		
0415F101	U	6,636.	8,745.
7974R208 TEMENOS GROUP	บ		
9702310	U	30,305.	206,858.
1324P102	₽ U		
0302171	υ	8,79	5,69
44419106	ت ت	, 25	96'
36375102	D	12,158.	14,020.
5952Q106 FUCHS PETROLU	U	,61	,47
65562106	D	, 87	, 13
18805101	U	, 60	, 83
0052P107	บ		
66140100 JGC C	U		
56752108 BAIDU COM INC	U	25,413.	13,272.
31512209 NASPE	ט		
56210105 DODGE & COX INCOME	U	02,90	29,08
42537236 PRINCIPAL GL MULT	U	8,21	44,40
56206103 DODGE & COX INT'L	Ü	60,00	65,16
8933Y105 MERCK & CO	U	8,93	8,69
64287499 ISHARES TR	U	,41	79,66
41069406 NESTLE S.A	U	2,32	60'0
07305102 FANUC LTD ADR	U	6,57	,31
84P109 SYSMEX CORP-UNSPON	יט	11,042.	9,044.
8025910	υ	0,91	, I9

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING
 	 		1 1
98438408 GRIFOLS SA-ADR	U		
52308109 ILLINOIS T	บ	4,07	66,15
1151C101 ACCENTU	ט	4,	
2828N528 VIRTUS S	ט		
91936187 ISHARES DEVELOPED	บ	40,00	59,67
21943858 VANGUARD EUROPE PA	U	893,006	976,590.
09126202 AIR LIQUIDE ADR	Ü	90	ν, 44
07818108 UNION PACIFIC COR	บ	,492	, 47
9260C703 BLACK	U		
12740303 BROOK	U	9,51	5,25
22465104 CHECK POINT SOFTW	O	20	20
74039100 TAIWA	D	4,52	5,15
3304Y100 DBS G	U	0,15	9,05
03866300 SASOL	บ	,42	3,89
5104G104	U	, 64	2,69
2319V103	บ	1,22	1,17
7275R102	Ü	, 19	14,14
0231G102	U	5,72	5,85
84670702	υ	10,53	71,80
7636Q104 MASTERCARD INC	Ü	0,34	16,50
08887508	Ü		
48596101 WEIBO CORP-S	U		
04767704 UNILEVER PLC	Ü	5,92	87,86
0030N101 COMCAST CORF	U	27,98	9,27
4338V101 LONZA	U	,32	3,12
71195104 ROCHE HOLDINGS LTD	יש	1,03	8,58
5946K101 BANCO BILBAC	ט נט	0	15,791.
O NYMKIN 6 LVIMH M	บบ	ر بی	1,16
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	COST/ FMV	ENDING	ENDING
DESCRIPTION	CORF	BOOK VALUE	FMV
	i ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		1 1
25570	บ	, 18	, 64
70108109	O	6,810.	6,296.
0	D	, 52	, 14
59200101	D		
1708110	ט	, 58	0,45
0287Y109 ABBVIE	D	90′	1,27
4925K581 ROBECO BP	บ	65	166,968.
075W0759 EDGEWOOD (	U	00,	02,21
72730302 BAYER A G	บ		
054204 SAP AG - 1	ט	3,81	6,41
02117203	บ	, 12	,89
15393101	ט	, 75	90
97284108	บ	5,500.	8,568.
5662N103	<sub>0</sub>	, 65	66,
9429L105	บ	, 48	, 50
8031M109	ט		
72743305 BAYERI	บ		
4530Y106	U		
3569C102	บ	00,	99'0
0687A107	U	, 60	3,35
26650100 CVS/C	บ	7,64	2,06
54687106 WAL	O	, 55	, 56
13448108 PEPS	ບ	2,68	7,03
01317205 AIA GRO	ט	2,28	2,56
00458401 KOMATSU LIMITED -	D.	,62	, 67
8032Q109 TENCENT HOLDINGS	บ	, 11	,17
49034109 DENTSU	יט	8,08	6,64
63T	D (	10,605.	10,702.
O480MZO4 ONI CHAMI	ر	5, V4	4,5,4

INVESTMENTS
OTHER
1
II
PART
990PF, PART

OLIVER & CUNNINGHAM FAM FDN-MAIN

35-6013076

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV
3075105 FACTSE	บ	1	, 87
4109104 GRACO INC	υ	6,77	6,84
6281101 HENRY	Ū	,36	, 59
2750109 MANHATTAN	U	,37	, 22
9607107 RLI CORP COM	บ	4,24	5,40
$_{ m SP}$	ָט י	18,531.	22,452.
316A108 ARTISAN PARTNERS AS	ပ (	78,7	04,7
079KIO7 ALPHABE	.) (J	, δ η	<u> </u>
A43Q403 DIAGEO FUC - 8800104 SGS SA ADB	) t	74,00	7,04
786M105 MOELIS	) U	1,78	5,43
278L105 POOL CO	ַט	3,17	6,56
7833100 APPLE	ט	, 30	32,14
9207105 ZEBRA TECHNOLOGIES	Ü	04,40	6,22
1152107 RESMED INC	Ü	9,79	30,17
7204100 RIO TINTO PLC - A	ט	, 33	7,00
941M109 DPS CHINA MOBILE	ט	2,51	0,01
5327103	ט	,80	,47
1092108	ט	5,17	7,12
164M108 PRIMER	U	1,33	2,19
1269103 CHUGAI	U	,20	3,54
343P105 LUKOIL	D	98,	2,83
2717107 CORE LA	U	,48	, 35
8336103 APTARGROUP I	U	, 60	, 01
765110	ບ	90	, 60
907310	U	90	,20
9360105 TELEDYNE TE	บ	1,92	1,18
1511109 PRICES	บ	ω,	60,
051X10	Ũ	•	, 14

OLIVER & CUNNINGHAM FAM FDN-MAIN

OTHER INVESTMENTS ı PART II FORM 990PF,

	COST/ FMV	ENDING	ENDING
DESCRIPTION	C OR F	BOOK VALUE	FMV
	1 1 1 1 1	1 1 1 1 1 1 1	!!!
5278C10	υ	2,7	4,9
679580100 OLD DOMINION FREIGHT	U	9	21,825.
3209510	บ	3,8	8,2
08888847	U	00,00	6,12
9247X101	บ	1,00	3,0
0303M102 FACEBOOK IN	U	27,64	0,33
7060D108	U	,38	,43
5524B104	บ	, 10	0,92
49904105	บ	0,82	,01
2927K102 WABCO HOLD	บ	6,47	6,80
2514G108 CDW	U	1,10	66'6
18204108	D	1,98	8,73
4756710	U	0,18	6,79
92089107 KERINGI	Ū	,42	$\sim$
83556102	D	6,98	6,29
5511150	U	2,75	96′
0687P106 SCHN	บ	, 19	, 69
2341E304 PING AN IN	U	,20	2,85
62037104 DRIL-QUIP	บ	90 ′	, 22
4287200 ISHARES S & P 500	U	, 08	3,65
8658410	U	87,30	06,47
OI	TOTALS	9,271,989.	12,050,217.

FORM 990PF,	PART	III	- OTHER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES	
=========	=====	====	======	=======	===	====	=====	====	====:	=======	
DESCRIPTION										AMOUNT	

MUTUAL FUND TIMING ADJ COST BASIS ADJUSTMENT 1,092. 455.

TOTAL

1,547.

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STATEMENT 12

FEDERAL TAX LOT ADJUSTMENT

FORM 990PF,	PART	TIT	-	OTHER	DECREASES	ΙN	NET	WORTH	OR	FUND	BALANCES	
	=====	====	===	=====	=======	===:	====	=====:	====	:====	=======	
DESCRIPTION											AMOUNT	
PY RETURN OF	CAP	ITAL	ΑI	)J							2,4	44.

TOTAL

4,567.

2,444. 2,123.

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

NAME: WELLS FARGO BANK N.A

ADDRESS: 100 N MAIN ST MAC D4001-117

WINSTON SALEM, NC 27101

TELEPHONE NUMBER: (888)730-4933

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

NAME:

Medlend Org

ADDRESS:

1820 Ogden Drive, 2nd Floor

Burlingame, CA 94010

GRANT DATE: 12/11/2019

GRANT PURPOSE:

GENERAL FUNDING

ANY DIVERSION BY GRANTEE:

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

NO INDEPENDENT VERIFICATION UNDERTAKEN

DATES OF REPORTS BY GRANTEE:

8/25/2020

DATE OF VERIFICATION: 08/25/2020

RECIPIENT NAME: STUDEBAKER NATIONAL MUSEUM, INC. ADDRESS: 201 CHAPIN STREET South Bend, IN 46601 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 5,000. RECIPIENT NAME: UNITED NEGRO COLLEGE FUND INC. ADDRESS: 1805 7TH STREET, NW Washington, DC 20001 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 11,000. RECIPIENT NAME: RONALD MCDONALD HOUSE CHARITIES OF INDIANA - MICHIANA, INC. ADDRESS: 610 N MICHIGAN ST STE 310 South Bend, IN 46601 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

11,000.

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

AMOUNT OF GRANT PAID .....

NONE

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

11,000.

RECIPIENT NAME: JUNIOR ACHIEVEMENT OF NORTHERN INDIANA ADDRESS: 601 NOBLE DRIVE Fort Wayne, IN 46825 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

First Presbyterian Church

ADDRESS:

1400 W RIVERSIDE AVE

Muncie, IN 47303

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

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

RECIPIENT NAME:

NORTHERN IND HISTORICAL SOC FDN

ADDRESS:

COPSHAHOLM FUND

SOUTH BEND, IN 46601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

McLaren Northern Michigan Foundation

ADDRESS:

360 CONNABLE AVE Petoskey, MI 49770

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 25,000.

RECIPIENT NAME:

The Lymphoma Research Foundation

ADDRESS:

88 PINE STREET, SUITE 2400

New York, NY 10005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ................................... 15,000.

RECIPIENT NAME:

RAY BIRD MINISTRIES

ADDRESS:

25765 EDISON RD.

South Bend, IN 46628

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 30,000.

RECIPIENT NAME: INDEPENDENT COLLEGES OF INDIANA - INC ADDRESS: 30 S MERIDIAN ST #800 Indianapolis, IN 46204 RELATIONSHIP: NONE PURPOSE OF GRANT: SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... RECIPIENT NAME: CHILDRENS DISPENSARY & HOSPITAL ASSOCIATION INC. ADDRESS: 812 E LASALLE AVENUE South Bend, IN 46617-2815

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID .....

GOODWILL INDUSTRIES OF MICHIANA INC.

ADDRESS:

1805 W. WESTERN AVE. South Bend, IN 46619

RELATIONSHIP:

NONE PURPOSE OF GRANT:

RECIPIENT NAME:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

PC

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

5,000.

12,000.

RECIPIENT NAME: MEDLEND ORG ADDRESS: 1820 OGDEN DRIVE Burlingame, CA 94010 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 11,000. RECIPIENT NAME: UNITED THEOLOGICAL SEMINARY INC ADDRESS: 4501 DENLINGER RD Dayton, OH 45426 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL OPERATING FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: Little Traverse Conservancy ADDRESS: 3264 POWELL RD Harbor Springs, MI 49740 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING

AMOUNT OF GRANT PAID .....

11 12 1

FOUNDATION STATUS OF RECIPIENT:

11,000.

OLIVER & CUNNINGHAM FAM FDN-MAIN 35-6013076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME: MAYO CLINIC

ADDRESS:

201 W. CENTER ST. Rochester, MN 55902

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 11,000.

RECIPIENT NAME:

UNITED WAY OF ST JOSEPH COUNTY INC.

ADDRESS:

3517 E JEFFERSON BLVD South Bend, IN 46615

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 15,000.

RECIPIENT NAME:

SCHOLARSHIP FOUNDATION OF ST JOSEPH COUN

ADDRESS:

3515 N MAIN ST C

Mishawaka, IN 46545

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 10,000.

OLIVER & CUNNINGHAM FAM FDN-MAIN 35-6013076 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME: POINT REYES BIRD OBSERVATORY ADDRESS:

999 MESA RD

BOLINAS, CA 94924

RELATIONSHIP:

NONE

PURPOSE OF GRANT: GENERAL OPERATING

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 75,000.

TOTAL GRANTS PAID:

536,469.

## FEDERAL FOOTNOTES

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