PUSIEMEN CATE

Form 990-PF

**Return of Private Foundation** 

2000 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form990PFfor instructions and the latest information

Open to Public Inspection

For calendar year 2019 or tax year beginning 07/01 2019, and ending 06/30,20 20 Name of foundation A Employer identification number MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) PO BOX 185 212-922-6585 City or town, state or province, country, and ZIP or foreign postal code pending, check here. . . PITTSBURGH, PA 15230-0185 G Check all that apply: Initial return of a former public charity Initial return 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . . . . H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation  ${\cal O}$ Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method: X Cash If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . **16**) ▶ \$ 15,695,834. (Part I, column (d), must be on cash basis ) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes income income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions) ) Contributions, gifts, grants, etc., received (attach schedule) Interest on savings and temporary cash investments. 341.799 339,597 STMT Dividends and interest from securities a 5a Gross rents . . . . Net rental income or (loss) 249,873 Net gain or (loss) from sale of assets not on line 10 2,087,626 249,873 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. . . . Income modifications Gross sales less returns and allowances . . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) . . . . 11 Other income (attach schedule) . . . . . . 591,672 589,470 12 Total Add lines 1 through 11 . . . . 3,749 9,372 5,623 13 Compensation of officers, directors, trustees, etc . . Expenses NONE NONE 14 Other employee salaries and wages . . . . . NONE NONE 15 Pension plans, employee benefits . . . . . . 16a Legal fees (attach schedule) . . . . . Accounting fees (attach schedule) . . . . . Other professional fees (attach schedule) . . . 17 18,004 10,074 Taxes (attach schedule) (see instructions 2. 18 Adminis 19 18 Depreciation (attach schedule) and depletion. 9 21 22 NONE NONE Travel, conferences, and meetings . . NONE NONE Printing and publications . . . . Operating 22 Other expenses (attach schedule) . . . . . Total operating and administrative expenses. 15,697 NONE <u>27,376</u> Add lines 13 through 23. . . . . . . . . . . 735,155 735,155 Contributions, gifts, grants paid . . . . . . 15,697 NONE 738.904 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 -17<u>0,85</u>9 a Excess of revenue over expenses and disbursements 573,773 b Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions

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Form **990-PF** (2019)

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	3-6226957 End o	f year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ng			
2	Savings and temporary	cash investments	201,536.	78,133.	78,133
3	Accounts receivable	·			
,		btful accounts			
4	Pledges receivable ▶_				· · ·
	Less allowance for dou	btful accounts >			
5					
6		officers, directors, trustees, and other			
1		tach schedule) (see instructions)	<del></del>		i — — — — — — — — — — — — — — — — — — —
7			·- ·		
	Less allowance for dou	btful accounts ►NONE			
ssets e &		se			
9	Prepaid expenses and o	deferred charges			
		e government obligations (attach schedule)			
b	Investments - corporate	stock (attach schedule)			
11°	Investments - corporate Investments - land, building	bonds (attach schedule)			
	and equipment basis  Less accumulated depreci (attach schedule)	· · · · · · · · · · · · · · · · · · ·		- <u>-</u>	
12	Investments - mortgage	loans			
13		ach schedule)	13,734,683.	13,685,910.	15,617,701
14	Land, buildings, and equipment basis	<b>&gt;</b>			
ŀ	Loss' accumulated depreci (attach schedule)	alton			<u> </u>
15	Other assets (describe	►			
16		completed by all filers - see the			
	instructions. Also, see p	page 1, item I)	13,936,219.	13,764,043.	15,695,834
17	Accounts' payable and a	accrued expenses			
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directo	ors, trustees, and other disqualified persons			
급 21	Mortgages and other no	otes payable (attach schedule)			
22	Other liabilities (describ	e ▶) _			
23	Total liabilities (add line	es 17 through 22)		NONE	
24 25	Foundations that follow and complete lines 24,	w FASB ASC 958, check here ► 25, 29, and 30.			
24	Net assets without done	or restrictions			•
25		estrictions			
<b>⊇</b>		follow FASB ASC 958, check here			
[]	and complete lines 26 thr				1
	Capital stock, trust princ	cipal, or current funds	13,936,219.	13,764,043.	•
27	•	r land, bldg , and equipment fund			
28		lated income, endowment, or other funds			
27 28 29	•	d balances (see instructions)	13,936,219.	13,764,043.	
<u>ភ</u> 30		net assets/fund balances (see			1
			13,936,219.	13,764,043.	Í
Part_III		nges in Net Assets or Fund Balan			
		balances at beginning of year - Part II		nust agree with	
		d on prior year's return)		_	13,936,219.
		line 27a			-170,859.
					13,765,360.

SEE STATEMENT 8

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

13,764,043. Form **990-PF** (2019)

5

6

1,317.

5 Decreases not included in line 2 (itemize) ▶

	1 990-PF (2019)		·			Page <b>3</b>
Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		cribe the kind(s) of property sold (for e	- · ·	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story br	ick warehouse, or common stock, 200	shs. MLC Co )	P - Purchase D Donation	(mo , day, yr )	(mo , day, yr )
_1 a	PUBLICLY TRADED	SECURITIES				
t	)					
	<del></del>					
				<u> </u>		
е		<del></del>				
		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	<u> </u>
	(e) Gross sales price	(or allowable)	plus expense of sale	ļ	((e) plus (f) minu	
	2,087,626.		1,837,753.	<del> </del>		249,873.
b				<del> </del>		217,0,5.
C		<del></del>		<del> </del>		
		<del></del>		<del>                                     </del>		
		<del></del>				
e		owing gain in column (h) and owned b	y the foundation on 12/21/69	<del> </del>		
	Complete only for assets sir				Gains (Col (h) ga (k), but not less to	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Cor	Losses (from col	
	<del> </del>		0 to: 00: (jr, ii a.i.)	<del> </del>	<del></del>	
a		<del></del>	<del></del>	<del> </del>		249,873.
b	_ <del></del>			<del> </del>		
<u>c</u>						<del></del>
d						
e				<del>                                     </del>		
2	Capital gain net income	or (not canital loss)	ain, also enter in Part I, line 7	_		
	•	( 17 (10	oss), enter -0- in Part I, line 7	2		<u>249,873.</u>
3		in or (loss) as defined in sections		1		
	=	art I, line 8, column (c). See ins	4			
		<u></u>		3	_	
Pai	rt V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment I	ncome		
(For	optional use by domestic	private foundations subject to the	section 4940(a) tax on net investr	nent inco	me.)	
If se	ection 4940(d)(2) applies, l	eave this part blank.				
Was	the foundation liable for t	he section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d?	Yes X No
If "Y	es," the foundation doesn'	t qualify under section 4940(e) Do	o not complete this part			
1	Enter the appropriate am	ount in each column for each year	r; see the instructions before makir	ng any en	tries.	
	(a)	(b)	(c)		(d)	
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution rat (col. (b) divided by	
	2018	698,038.	15,487,247.			0.045072
	2017	526,408.	15,844,860.			0.033223
	2016	689,556.	14,363,722.	_		0.048007
	2015	685,583.	13,927,605.	<del>                                     </del>		0.049225
	2013	684,781.	15,254,006.			0.049225
	2014	004,701.	_15,254,006.		<del></del>	0.044692
_	Takal and the second of the second	.1)				0 220410
2		١)		2		0.220419
3	*	o for the 5-year base period - divid	•	_		
	the number of years the	foundation has been in existence i	f less than 5 years	3		0.044084
4	Enter the net value of no	ncharitable-use assets for 2019 fro	om Part X, line 5	4	<u>15,</u>	<u>475,952.                                    </u>
5	Multiply line 4 by line 3.			5		682,242.
6	Enter 1% of net investme	ent income (1% of Part L line 27b).		6		5,738.
_	170 O. HOL HIVOSUIIC					
7	Add lines 5 and 6			7		687,980.
•	, ad mics o did U			·		
8	Enter qualifying distributi	ions from Part XII, line 4		8		738,904.
0			in Part VI, line 1b, and complete			
	Part VI instructions	The state of the s	and the mile to a desire to the second to	Pant		

•	3	

Form 9	990-PF (2019)		P	age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	_		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5,7	738.
	here X and enter 1% of Part I, line 27b			$\overline{}$
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			'
	Part I, line 12, col. (b)	-		-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE
3	Add lines 1 and 2		5,7	738.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	_	<u>N</u>	JONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5,7	738.
6	Credits/Payments			
а	2019 estimated tax payments and 2018 overpayment credited to 2019   6a   15, 275 .			ļ
	Exempt foreign organizations - tax withheld at source			ļ
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			į
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d		15,2	275.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8	_		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		9,5	37.
	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 2,870. Refunded ▶ 11		6,6	67.
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes_	No
	participate or intervene in any political campaign?	1a	_	<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u>X</u>
	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			_ }
C	Did the foundation file Form 1120-POL for this year?	1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1	'	1
	(1) On the foundation ►\$(2) On foundation managers ►\$			1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			i
	on foundation managers 🕨 \$		~	ني
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			i
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	Ì	. ]	ني.
	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> X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b_		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T			j
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			;
	By language in the governing instrument, or			1
	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	<del></del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		ļ	i 1
_	PA		ļ	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	. <sub>0</sub>	- ಫ	_!
	(or designate) of each state as required by General Instruction G <sup>7</sup> If "No," attach explanation	8b	X	<del></del>
	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,"	ایا		v
	complete Part XIV	9		<u>X</u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ا ۔ ا	•	v
	names and addresses	10	0.05	<u>X</u>
	Fo	rm <b>99</b>	0-PF (	2019)

Par	VII-A 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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
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 ▶ BNY MELLON, N.A. Telephone no ▶ (212) 922	<u>-658</u>	5	
	Located at ▶ P.O. BOX 185, PITTSBURGH, PA ZIP+4 ▶ 15230-	<u>0185</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	ـــا ٠
	and enter the amount of tax-exempt interest received or accrued during the year			Т.
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	+
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
D	the foreign country	<u> </u>		Ь
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	т	Yes	No
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	140
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	İ	1	Ì
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1		l
	(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?	ļ .	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?	į		
	(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			1
	termination of government service, if terminating within 90 days)	1		
ь	If 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	-		ļ. <sub></sub> '
	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			ĺ
	6d and 6e) for tax year(s) beginning before 2019?	1		۱ ٔ
	If "Yes," list the years ,,,,,			l '
D	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		١.
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			<u> </u>
·	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			!
ь	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			į .
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			:
	the 10-, 15-, or 20-year first phase holding period? (Use 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	]	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	0 DE	<u> X</u>

Form **990-PF** (2019)

Par	t VII-B Statements Regarding Activities	for Which Form 4	4720 May Be Red	juired (cont	tinued)			
5a	During the year, did the foundation pay or incur any ar	nount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	uence legislation (sectio	on 4945(e))?	. Yes	X No	, [		
	(2) Influence the outcome of any specific public	election (see section	4955), or to carry o	n,		]		1
	directly or indirectly, any voter registration drive?			. Yes	X No	,		
	(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., org	ganization described	ın		ì		]
	section 4945(d)(4)(A)? See instructions		<del>.</del>	. Yes	X No	,		
	(5) Provide for any purpose other than religious,	charitable, scientific,	literary, or education	al		- [		
	purposes, or for the prevention of cruelty to children	en or animals?		. Yes	X No	,		
b	If any answer is "Yes" to 5a(1)-(5), did any of the		• •	•				
	Regulations section 53 4945 or in a current notice reg					<u>5b</u>		<b>└</b>
	Organizations relying on a current notice regarding dis	aster assistance, check	here		▶	Ш		ŀ
C	If the answer is "Yes" to question 5a(4), does the	ie foundation claim e	exemption from the	tax		ļ	1	
	because it maintained expenditure responsibility for th	e grant <sup>7</sup>		Yes	No	•		,
	If "Yes," attach the statement required by Regulations	section 53 4945-5(d)						
6a	Did the foundation, during the year, receive any f	•						
	on a personal benefit contract?				X No	~	\ ~	j Ç
Ь	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contra	act <sup>7</sup>		6b	+-	X
	If "Yes" to 6b, file Form 8870		hala a sa 2		<b>V</b>			Ι.
7a	At any time during the tax year, was the foundation a lif "Yes," did the foundation receive any proceeds or ha					- 1	1	3
b	Is the foundation subject to the section 4960 tax on pa	•		10117		7b	+-	-
8	remuneration or excess parachute payment(s) during t			. Yes	X No			
Par	Information About Officers, Direct						<u> </u>	1
	and Contractors List all officers, directors, trustees, and foundati							
	List all Officers, directors, trustees, and fourtoat							
	folk Alice and address.	(b) Title, and average		(d) Contribut		(e) Expe	nse acco	unt.
_	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee bene and deferred con	fit plans	(e) Expe other a	nse acco Illowanc	
	ELLON, N.A.	hours per week	(If not paid,	employee bene	fit plans			
		hours per week devoted to position  TRUSTEE	(If not paid,	employee bene	fit plans			
P.O. BNY M	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.	hours per week devoted to position	(If not paid, enter -0-)	employee bene	efit plans npensation			
P.O. BNY M	ELLON, N.A. BOX 185, PITTSBURGH, PA 15230-0185	hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	employee bene	efit plans npensation			
P.O. BNY M	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.	hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	employee bene	efit plans npensation - () -			es 0-
P.O. BNY M	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.	hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	employee bene	efit plans npensation - () -			es 0-
P.O. BNY M	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.	hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	employee bene	efit plans npensation - () -			es 0-
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185	hours per week devoted to position TRUSTEE FEE REIMBURSEMEN	73,145.	employee bene and deferred con	ofit plans npensation - 0 -	othera	llowanc	-0- -0-
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.	hours per week devoted to position TRUSTEE FEE REIMBURSEMEN	73,145.	employee bene and deferred con	ofit plans npensation - 0 -	othera	llowanc	-0- -0-
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."	hours per week devoted to position  TRUSTEE  FEE REIMBURSEMEN  (other than those (b) Title, and average	(If not paid, enter -0-)  73,145.  -63,773.	employee bene and deferred con	nstructio	other a	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those	73,145.	e 1 - see i  (d) Contribut e plans and de	nstructio	other a	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.	e 1 - see i	nstructio	other a	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.	e 1 - see i  (d) Contribut e plans and de	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those  (b) Title, and average hours per week	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter
P.O. BNY M P.O.	ELLON, N.A.  BOX 185, PITTSBURGH, PA 15230-0185  ELLON, N A.  BOX 185, PITTSBURGH, PA 15230-0185  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE  FEE REIMBURSEMEN  (other than those devoted to position)  (b) Title, and average hours per week devoted to position	(If not paid, enter -0-)  73,145.  -63,773.  se included on lin  (c) Compensation  NONE	e 1 - see i  (d) Contribut employee b plans and de compense	nstructio	(e) Expe	none,	-0- -0- enter

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Page	

Par	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employe and Contractors (continued)				
3	Five h	ighest-paid independent contractors for professional services. See in	structions. If none, enter "NON!	."	
		(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	
NON	ΙE			NONE	
			<del> </del>		
Tota	l numbe	er of others receiving over \$50,000 for professional services		NONE	
	t IX-A	Summary of Direct Charitable Activities			
		ndation's four largest direct charitable activities during the tax year. Include relevant statistis and other beneficiaries served, conferences convened, research papers produced, etc	cal information such as the number of	Expenses	
11	ONE				
_		<del></del>			
2					
-					
3 _		<del></del>			
4 -					
Par	t IX-B	Summary of Program-Related Investments (see instructions)		<u> </u>	
		two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount	
1 <u>N</u>	ONE				
-					
2_					
	other pro	gram-related investments. See instructions			
Tota	V dd Ii	nes 1 through 3		·	

Form **990-PF** (2019)

Pari	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn fou	ındations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	15,563,145.
	Average of monthly cash balances	1b	148,481.
	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	15,711,626.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	15,711,626.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		15,711,020.
•	instructions)	4	235,674.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,475,952.
	Minimum investment return. Enter 5% of line 5	6	773,798.
	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found		
rait	and certain foreign organizations, check here and do not complete this part.)	luations	,
1	Minimum Investment return from Part X, line 6	1	773,798.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 5,738.		
Ь	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
	Add lines 2a and 2b	2c	5,738.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	768,060.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	768,060.
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	768,060.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	738,904.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	738,904.
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	5,738.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	733,166.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	culating	g whether the foundation

Form **990-PF** (2019)

qualifies for the section 4940(e) reduction of tax in those years.

Pai	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				768,060.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			<u>160,878.</u>	
	Total for prior years 20,20,20		NONE		<del></del>
	Excess distributions carryover, if any, to 2019				
	From 2014 NONE				
	From 2015 NONE				
	From 2016 NONE   NONE		1	1	, ,
	MONT				, 1
	From 2018 NONE  Total of lines 3a through e	NONE	<del></del>		
	Qualifying distributions for 2019 from Part XII,	NONB			
*	line 4 ▶ \$ 738,904.				Ì.
а	Applied to 2018, but not more than line 2a			160,878.	ţ
	Applied to undistributed income of prior years				
b	(Election required - see instructions)		NONE		,
r	Treated as distributions out of corpus (Election		. 10		. 1
ľ	required - sec instructions)	<u>N</u> ONR			1
d	Applied to 2019 distributable amount				578,026.
	Remaining amount distributed out of corpus	NONE		<u> </u>	
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a))	NONB			NONE
6	Enter the net total of each column as				ĺ
	indicated below:	NONE			 
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
Ь	Prior years' undistributed income Subtract		NONE		j
c	Enter the amount of prior years' undistributed		110111		
-	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions		NONE		
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				Į I
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be				100 024
	distributed in 2020				190,034.
7	Amounts treated as distributions out of corpus		10		1 11 1114
	to satisfy requirements imposed by section	•		i Transport de l'Ali	ing the state of
	170(b)(1)(F) or 4942(g)(3) (Flection may be required - see instructions)	NONE	1, 1 1 All All All	, , , , , , , , , , , , , , , , , , , ,	•
8	Excess distributions carryover from 2014 not				}
0	applied on line 5 or line 7 (see instructions)	NONE			ļ
9	Excess distributions carryover to 2020.				1
	Subtract lines 7 and 8 from line 6a	NONE			<u></u>
10	Analysis of line 9	1		n nn n nn man	10.00
a	Excess from 2015 NONE	oj i nu i	on the second	•••	!
b	Excess from 2016 NONE				
c	Excess from 2017 NONE			ii.	- m - 1 - 1
	Excess from 2018 NONE				
Ģ	Excess from 2019 NONE	, ,	n mr 1944		5 000 PE (0010)

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here  $\triangleright X$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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

111

c Any submission deadlines:

- 1

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 Dur	ing the real of Appl	Oved IOI	otale i ayinent	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year			1	
SEE STATEMENT 13		]		735,155.
SEE STATEMENT IS				755,155.
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Total			▶ 3a	735,155.
<b>b</b> Approved for future payment				
			}	
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	1	1		

Form 990-PF (2019) •

Part XVI-	Analysis of Income-Produ	ucing Act	vities			
Enter gross	amounts unless otherwise indicated	(a)	ted business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
-	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
		<del> </del>				
f						
_	and contracts from government agencies	<del> </del>		<del></del> -		
	rship dues and assessments	<del></del>		<del>                                     </del>		
	on savings and temporary cash investments of and interest from securities			14	341,799.	
	al income or (loss) from real estate.		1		d 1 91 1	10 0 0
	-financed property		-			
<b>b</b> Not o	debt-financed property	<del></del>				
6 Net renta	al income or (loss) from personal property	<u> </u>				
7 Other in	vestment income			10	240 072	<del></del>
•	oss) from sales of assets other than inventory	<del> </del>		18	249,873.	
	ome or (loss) from special events · · ·			<del></del>		
	rofit or (loss) from sales of inventory evenue a	<u> </u>		<del>                                     </del>		
	venue a	<del></del>				
						·
е						
12 Subtotal	Add columns (b), (d), and (e)				591,672.	
13 Total A	dd line 12, columns (b), (d), and (e)				13	591,672.
Part XVI-	B Relationship of Activities		noomplishment of	Everent Bur		
				<u> </u>		
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on s exemp	t purposes (otner than	n by providing	tunas for such purposes	s) (See instructions.)
						<del></del>
					<del>_</del>	<del></del>
	<del>                                     </del>			<del></del>	<del></del> _	
					<del></del>	
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			NOT APPLICAD	<u> </u>		
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								<u> </u>			. ago
Part XVII	Information	Regarding	Transfers	to a	and	<b>Transactions</b>	and	Relationships	With	Noncharitable	Exemp
	Organization							•			_

1	Did th	e organization direc	tly or indirectly	engage in a	ny of the follow	ving with	any other orga	nization o	described		Yes	No
		ction 501(c) (other										
		izations?			,		•	• •	•			
а	_	fers from the reportir	ng foundation to	a noncharita	ible exempt ord	ianization	of					
_		ısh			_					12(1)		<u>X</u>
		her assets									_	X
L	-					• • • • •				1a(2)		
D		transactions										v
		les of assets to a not		-								<u>X</u>
		irchases of assets fro			_							<u>X</u>
		ental of facilities, equ										_X_
	(4) Re	imbursement arrang	jements		· · · · · · · · · ·					1b(4)		<u>X</u>
	(5) Lo	ans or loan guarante	es		. <b></b> .					1b(5)		X_
	(6) Pe	rformance of service	s or membersh	ip or fundrais	ing solicitations					1b(6)		X
С	Sharin	ng of facilities, equipr	ment, mailing lis	sts, other asse	ts, or paid emp	loyees				1c		X
		answer to any of t	_		•	-					fair m	arket
		of the goods, other			_				•			
		in any transaction of										
(a) L	ne no	(b) Amount involved		<del></del>	empt organization		escription of transf					
(4, -	-	(0)/////	10, 110 01		ompt or gamzation	- (5,5	rocciip non or numer			g 2a	go-iiic	
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	T										_	
	-+		T									
22	le the	foundation directly	or indirectly at	ffiliated with	or related to	one or m	ore tay-everno	Organiza	tions			
		bed in section 501(c								٦ v.	s X	No
		<u>,"</u> complete the follo		CHOIL 20 LICH	of thi section	3271					:5 <u></u>	9 140
<u> </u>	11 162			(b)	Type of organization		<del></del>	al Docorintu	on of relations	hin.	_	
		(a) Name of organization		(0)	Type of organization			c) Description	on or relations	шр	_	
		<del></del>				<del></del> -						
	<del></del>			<del></del>		<del></del>	<del> </del>					
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		r penalties of perjury, I decl ct, and complete Declaration o						o the best o	f my knowledge	and b	elief, it	is true,
Sign		£ 1	•			No. 1 proposed 110	oo on, mornoago		May the IRS	diagraph	thua	not usp
_		لسكيعه	法	10/	27/2020	▶ AIC	E PRESIDEN	IΤ	with the pre			
Here	Sig	nature of officer or trustee		Date		Title			See instructions	X	Yes	No
	MI	CHAEL STAGIS										
		Print/Type preparer's na	ame	Preparer's	signature		Date	Che	ck X if P	TIN		
Paid		SHAWN P. HAN		Le	27/(1	ノ .	PA 0/27/2		۱" ل <u>ح</u> ما »،	2009	55 <b>0</b> 2	3
Pren	arer		RICEWATERHO	TICECOODE	RS LLP					009		<del>_</del>
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Jag	Unity		00 GRANT ST		4	C212			410 05		200	
		P	ITTSBURGH,	PA_		5219		Phone no	412-35			
									Fori	ո 990	,-PF (	2019)

STATEMENT

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

NET INVESTMENT INCOME	16,320. 72,392. 104,057. 157. 6,052. 133,836. 4,957. 1,826.	339,597.
REVENUE AND EXPENSES PER BOOKS	16,320. 72,392. 639. 104,057. 157. 6,052. 133,836. 4,957. 1,563.	799
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS US GOVERNMENT INTEREST REPORTED AS QUALI NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS OTHER INTEREST MUTUAL FUND TIMING ADJUSTMENT	TOTAL

23-6226957

TAXES	
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PART	ii.
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NET INVESTMENT INCOME	9,541.	10,074.
REVENUE AND EXPENSES PER BOOKS	9,541. 7,930. 533.	18,004.
DESCRIPTION	FOREIGN TAXES FEDERAL ESTIMATES - INCOME FOREIGN TAXES ON NONQUALIFIED	TOTALS

STATEMENT

FORM 990PF, PART II - OTHER INVESTMENTS

	OST/ FMV OR	Ö	ΗΣ
3 1 1 1 1 1 1	1 1 1 1	 	1 1 1
97023105 BOEING C	ບ.		
2640810	<u>ن</u> د	37,408.	57,884.
04 VERIZON COMMUNI	ט ני	7 / 4	7,64
06242104 ATLASSIAN CORP PLC-	) U	,43	5,59
5960L103 MEDTRONIC PLC	Ũ	0,37	9,61
5569M301 BNY MELLON INCOME S	U	40	30
5569M871 BNY MELLON INTL	บ	0,98	8,57
5588E850	บ	70,45	48,94
66764100 CHEVRONTEXAC	บ	7,51	8,35
2160K105 COSTCO WHSL C	O	9,98	9,12
5468710	บ	32,72	5,38
94918104 MICROSOFT CORP COM	บ	6,79	5,93
1913Y100 VALERO	บ	5,31	0,11
8138H101 WORKDAY INC	ָט י		
1151C101 ACCENTURE P	บ		
29183103 EATON CORP PLC	บ	4,60	9,36
02824100 ABBOTT L	Ü	7,73	7,54
07903107 ADVAN	Ū	0,73	8,92
5587K865 BNYM SEL	D	1,27	4,44
5587N794 BNYM GLBL	Ū	186,407.	90
2572Q105 CME GR	U	9,26	3,15
7275R102 CISCO SYS INC	D		
00340107 COM	U		
60557103	U		
9444U700 EQUINIX	י ס	35,633.	52
0303MT0	U t	1,15	1,70
COLOCIO: COLIMBON & COLIMBON ENDON	) ע	,	L L
JOSOFIUL NEALERS ENERGI	ر	31,995.	4/,554.

4

STATEMENT

- OTHER INVESTMENTS FORM 990PF, PART II

	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV 
717081103 PFIZER INC COM 92826C839 VISA INC 929089100 VOYA FINANCIAL INC 61174X109 MONSTER BEVERAGE COR 70450Y103 PAYPAL HOLDINGS INC 723787107 PIONEER NAT RES CO 742718109 PROCTER & GAMBLE CO 742718109 PROCTER & GAMBLE CO 742718109 PROCTER & COM INC 87165B103 SYNCHRONY FINANCIAL 882508104 TEXAS INSTRUMENTS IN 30231G102 EXXON MOBIL CORP 437076102 HOME DEPOT INC USD 0 438516106 HONEYWELL INTL INC 654106103 NIKE INC CL B 874039100 TAIWAN SEMICONDUCTOR 988498101 YUM BRANDS INC 055887709 BNYM GLBL RL EST SEC 20030N101 COMCAST CORP NEW CL 244199105 DEERE & COMPANY 369604103 GENERAL ELECTRIC CO 46625H100 J P MORGAN CHASE & C 609207105 MONDELEZ INTERNATION 78486Q101 SVB FINL GROUP 872590104 T -MOBILE US INC 91324P102 UNITED HEALTH GROUP 9253ZF100 VERTEX PHARMACEUTICA 02079K305 ALPHABET INC/CA	000000000000000000000000000000000000000	49,645. 61,382. 38,811. 72,411. 33,877. 63,700. 4,214. 31,381. 52,146. 35,938. 20,704. 34,833. 40,651. 46,767. 92,695. 37,829. 13,567. 41,289. 16,948. 86,112.	44,472. 114,163. 45,717. 20,517. 76,764. 34,469. 21,018. 57,263. 21,018. 57,263. 21,018. 57,691. 63,733. 45,888. 50,602. 80,703. 47,040. 23,955. 71,378. 28,450. 146,059. 857,031.

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MUSSER CUSTER MEMORIAL FUND - U/D

23-6226957

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV 
00724F101 ADOBE SYS INC COM 026874784 AMERICAN INTERNATION 03027X100 AMERICAN TOWER CORP- 05569M368 BNY MELLON CORP BOND 05569M30 BNY MELLON BOND FD C 05588M100 BNYM MIDCAP INDEX FU 05589K400 BNYM MIDCAP INDEX FU 05589K400 BNYM FLTNG RT INC-Y 150870103 CELANESE CORP DEL 26614N102 DUPONT DE NEMOURS IN 023135106 AMAZON COM INC 05587K824 BNYM SEL MGR S/C VAL 05587N737 BNYM OPPORT SM CAP-Y 060505104 BANK AMER CORP 452308109 ILLINOIS TOOL WORKS 64110L106 NETFLIX COM INC 016255101 ALIERGAN PLC 016255101 ALIGN TECHNOLOGY INC 037833100 APPLE COMPUTER INC 016255101 ALIGN TECHNOLOGY INC 0569M814 BNY MELLON INTERMEDI 101137107 BOSTON SCIENTIFIC CO 110122108 BRISTOL MYERS SQUIBB 256746108 DOLLAR TREE INC 30063P105 EXACT SCIENCES CORP 5893X105 MERCK & CO INC G589K857 BNYM INTL STCK-Y 05569M855 BNY MELLON EMERGING	000000000000000000000000000000000000000	8,123. 72,327. 20,110. 674,716. 1,245,435. 888,909. 340,281. 30,302. 212,658. 40,844. 39,521. 15,931. 125,103. 967,865. 49,249. 43,494.	61,814. 54,253. 41,366. 722,904. 1,348,040. 687,221. 301,201. 301,201. 39,803. 209,670. 230,109. 177,984. 47,500. 61,547. 267,763. 1,019,556. 48,216. 48,216.

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MUSSER CUSTER MEMORIAL FUND - U/D

23-6226957

FORM 990PF, PART II - OTHER INVESTMENTS

A=====================================	COST/ FMV CORF	ENDING BOOK VALUE	ENDING FMV
2665010 1036P10 0161N10 5232710 5295310	00000	27,261. 14,923. 28,979.	28,587. 20,469. 30,847.
18172109 18172109 18409V104 18513105	0000	56,478. 44,926. 22,728.	50,513. 66,884. 23,955.
MUUZ K OFZHEDHO HO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33,206. 100,000. 546,863. 588,955. 27,040. 26,429. 26,429. 21,067. 15,360. 26,152. 20,728. 38,529. 38,529.	48,272. 820,4293. 386,235. 36,006. 27,024. 24,546. 27,024. 27,024. 27,024. 27,024. 28,862. 29,011. 16,144. 36,859.
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MUSSER CUSTER MEMORIAL FUND - U/D

23-6226957

INVESTMENTS
- OTHER
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PART
990PF,

	11 11 11 11		
	COST/ FMV	ENICIE	FNDING
DESCRIPTION	CORF	BOOK VALUE	FMV
	1 1 1 1	1 1 1 1 1 1 1 1 1	1 1
482480100 KLA TENCOR CORP	υ	-	30,922
	บ	, 52	98,397
67103H107 O'REILLY AUTOMOTIVE	ט	33,724.	36,685
00287Y109 ABBVIE INC	ט	, 12	50
532457108 ELI LILLY & CO COM	ບ		43,508
55024U109 LUMENTUM HOLDINGS IN	บ	90	80
872590112 T-MOBILES US INC- RI	ט		39
009158106 AIR PRODUCTS AND CHE	บ	36,221.	7
89832Q109 TRUIST FINL CORP	บ	51,497.	42,882
	ይ.ተልተነሪተ		15 617 701
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 / / / / 0 / 0

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

CY PENDING SALES ADJ
PY RETURN OF CAPITAL ADJ
1,278.

TOTAL 1,317.

MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME: YMCA OF READING ADDRESS:

ATTN: ACCOUNTING DEPARTMENT

READING, PA 19601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ...... 22,055.

RECIPIENT NAME:

AMERICAN NATIONAL RED CROSS

ADDRESS:

BERKS COUNTY CHAPTER

READING, PA 19601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 22,055.

RECIPIENT NAME:

THE CHILDRENS HOME OF READING

ADDRESS:

1010 CENTER AVENUE

READING, PA 19601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 95,570.

RECIPIENT NAME: ST. JOSEPH MEDICAL CENTER FDN. ADDRESS: ATTN: FDN DEPT. READING, PA 19603 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 40,433. RECIPIENT NAME: MEMORIAL CHURCH OF THE HOLY CROSS ADDRESS: ATTN: LARRY KITTERMAN READING, PA 19601 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 29,406. RECIPIENT NAME: BERKS COUNTY ASSN FOR THE BLIND ADDRESS: ATTN: DONALD J. GEMMITI, CEO READING, PA 19604 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES

AMOUNT OF GRANT PAID .....

PC

FOUNDATION STATUS OF RECIPIENT:

22,055.

RECIPIENT NAME:

BERKS CO. TUBERCULOSIS SOCIETY

ADDRESS:

12 WINDING BROOK DR

READING, PA 19608

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ...... 44,109.

RECIPIENT NAME:

VISITING NURSE ASSOCIATION

ADDRESS:

OF READING AND BERKS COUNTY

READING, PA 19610

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 22,055.

RECIPIENT NAME:

EMANUEL EVANGELICAL

ADDRESS:

CONGREGATIONAL CHURCH

ADAMSTOWN, PA 19501

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 22,055. MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_\_

RECIPIENT NAME:

TOWER HEALTH SYSTEM

ADDRESS:

739 READING AVE

WEST READING, PA 19611

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 121,300.

RECIPIENT NAME:

THE LUTHERAN HOME

ADDRESS:

ATTN: THE OFFICE OF DEVELOPMENT

TOPTON, PA 19562

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 95,570.

RECIPIENT NAME:

HISTORICAL SOCIETY OF BERKS CO

ADDRESS:

940 CENTER AVE

READING, PA 19601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL OPERATING PURPOSES

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ...... 7,352.

STATEMENT

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MUSSER CUSTER MEMORIAL FUND - U/D 23-6226957 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: OLIVET BOYS AND GIRLS CLUB ADDRESS: 1161 PERSHING BLVD READING, PA 19611 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 22,055. RECIPIENT NAME: SALVATION ARMY ADDRESS: ATTN: RICHARD D. ALLEN WEST NYACK, NY 10994 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 14,703. RECIPIENT NAME: UNIVERSITY OF PENNA TRUSTEES ATTN: MARGARET HEER, ASSOC. TREAS. PHILADELPHIA, PA 19104-5099

ADDRESS: RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL OPERATING PURPOSES FOUNDATION STATUS OF RECIPIENT:

TOTAL GRANTS PAID: 735,155. 

> STATEMENT 13

## FEDERAL FOOTNOTES

ATTACHMENT TO FORM 990PF
PART VIII, COLUMN (B) TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO
POSITION
THE COMPENSATION REPORTED IN COLUMN (B) PAID TO BNY MELLON, N.A.
ASCORPORATE TRUSTEE IS CALCULATED BASED ON MARKET VALUE AND CURRENT
FEE SCHEDULE. IT IS NOT DETERMINEDON AN HOURLY BASIS. CORPORATE
TRUSTEE SERVICES INCLUDE ADMINISTRATIVE RESPONSIBILITIES, GRANT
REQUIREMENTS, RECORDKEEPING, INVESTMENT
MANAGEMENT, INCOME COLLECTION, STATEMENT AND ACCOUNTING SERVICES,
ANDREGULATORY REPORTING

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