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### DLN: 93491305001000

OMB No. 1545-0052

2019

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public

|                                       |          |  |                        |                                       |      |                        |   | Inspection                                      |
|---------------------------------------|----------|--|------------------------|---------------------------------------|------|------------------------|---|---|
| For                                   | caler    | ndar year 2019, or tax year beginning 07-01-20   | 019                    | , ar                                  | nd e | nding 06-30-           | 2020  |   |
|                                       |          | ındation<br>v H Blades Foundation Inc  |                        |                                       |      | A Employer id          | entification numbe                            | er  |
| AI                                    | ox mary  | r in blades roundation inc   | 52-0794020             |                                       |      |                        |   |   |
|                                       |          | l street (or P.O. box number if mail is not delivered to street address)<br>olar Neck Road   | ) Room                 | /suite                                |      | <b>B</b> Telephone nu  | mber (see instructio                          | ns)   |
|                                       | 100 1 00 | New York (1984)  |                        |                                       |      | (410) 673-7932         | 2   |   |
|                                       |          | n, state or province, country, and ZIP or foreign postal code<br>21655   |                        |                                       |      | <b>C</b> If exemption  | application is pendin                         | g, check here                                   |
| G Cł                                  | neck al  | I that apply:  | former                 | public charity                        |      | <b>D 1.</b> Foreign or | ganizations, check he                         | ere   |
|                                       |          | ☐ Final return ☐ Amended return  |                        | <b>F</b> ,                            |      | 2. Foreign or          | ganizations meeting                           | the 85%   |
|                                       |          | Address change Name change   |                        |                                       |      |                        | k here and attach co                          | · —   |
| H Ch                                  | neck ty  | pe of organization: $\square$ Section 501(c)(3) exempt private   | founda                 | tion                                  |      |                        | undation status was<br>n 507(b)(1)(A), ched   |   |
|                                       | Section  | 1 4947(a)(1) nonexempt charitable trust  |                        |                                       |      |                        |   |   |
| of                                    | year (f  | xet value of all assets at end from Part II, col. (c),  ▶\$ 30,130,951  J Accounting method:  □ Other (specify) (Part I, column (d) must | <b>⊻</b> Ca<br>t be on |                                       | al   |                        | ation is in a 60-mont<br>n 507(b)(1)(B), chec |   |
| Pa                                    | rt I     | Analysis of Revenue and Expenses (The total  | (a)                    | Revenue and                           |      |                        |   | (d) Disbursements                               |
|                                       |          | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)                         |                        | expenses per<br>books                 | (b)  | Net investment income  | (c) Adjusted net income                       | for charitable<br>purposes<br>(cash basis only) |
|                                       | 1        | Contributions, gifts, grants, etc., received (attach schedule)   |                        |                                       |      |                        |   | (-22.1, 2-22.2 -1.1,7,7                         |
|                                       | 2        | Check ► ✓ if the foundation is <b>not</b> required to attach Sch. B  |                        |                                       |      |                        |   |   |
|                                       | 3        | Interest on savings and temporary cash investments   |                        | 9,380                                 |      | 9,380                  |   |   |
|                                       | 4        | Dividends and interest from securities   |                        | 642,168                               |      | 642,168                |   |   |
|                                       | 5a       | Gross rents  |                        |                                       |      |                        |   |   |
|                                       | ь        | Net rental income or (loss)  | -                      |                                       |      |                        |   |   |
| ne                                    | 6a       | Net gain or (loss) from sale of assets not on line 10  | <b>%</b> ≥             | 136,021                               |      |                        |   |   |
| Revenue                               | b        | Gross sales price for all assets on line 6a  | 7                      |                                       |      |                        |   |   |
| Re                                    | 7        | Capital gain net income (from Part IV, line 2)   |                        |                                       |      | 136,021                |   |   |
|                                       | 8        | Net short-term capital gain  |                        |                                       |      |                        |   |   |
|                                       | 9        | Income modifications   |                        |                                       |      |                        |   |   |
|                                       | 10a      | Gross sales less returns and allowances  |                        |                                       |      |                        |   |   |
|                                       | b        | Less: Cost of goods sold   | <u> </u>               |                                       |      |                        |   |   |
|                                       | C        | Gross profit or (loss) (attach schedule)   |                        | 0                                     |      |                        |   |   |
|                                       | 11       | Other income (attach schedule)   |                        | 707.500                               |      | 787,569                |   |   |
|                                       | 12       | Total. Add lines 1 through 11  |                        | 787,569                               |      | 767,509                |   |   |
|                                       | 14       | Other employee salaries and wages  |                        |                                       |      |                        |   | 1   |
| S                                     | 15       | Pension plans, employee benefits   |                        |                                       |      |                        |   |   |
| ıse                                   | 16a      | Legal fees (attach schedule)   |                        | 0                                     |      |                        |   |   |
| <u>pe</u>                             | b        | Accounting fees (attach schedule)  | <b>9</b>               | 5,000                                 |      |                        |   |   |
| Ě                                     | c        | Other professional fees (attach schedule)  | <b>9</b>               | 151,050                               |      | 151,050                |   |   |
| tive                                  | 17       | Interest   |                        |                                       |      |                        |   |   |
| Operating and Administrative Expenses | 18       | Taxes (attach schedule) (see instructions)   | <b>چ</b>               | 28,645                                |      | 8,645                  |   |   |
| Ē                                     | 19       | Depreciation (attach schedule) and depletion   |                        | 0                                     |      |                        |   |   |
| Ē                                     | 20       | Occupancy  |                        |                                       |      |                        |   |   |
| ط<br>ح                                | 21       | Travel, conferences, and meetings  |                        |                                       |      |                        |   |   |
| a                                     | 22       | Printing and publications  |                        |                                       |      |                        |   |   |
| ing                                   | 23       | Other expenses (attach schedule)   | <b>%</b> ⊴             | 1,500                                 |      |                        |   |   |
| rat                                   | 24       | Total operating and administrative expenses.   |                        |                                       |      |                        |   |   |
| <u>p</u>                              |          | Add lines 13 through 23  | <u> </u>               | 186,195                               |      | 159,695                |   | C   |
| _                                     | 25       | Contributions, gifts, grants paid  |                        | 1,600,750                             |      |                        |   | 1,600,750                                       |
|                                       | 26       | <b>Total expenses and disbursements.</b> Add lines 24 and 25   |                        | 1,786,945                             |      | 159,695                |   | 1,600,750                                       |
|                                       | 27       | Subtract line 26 from line 12:   |                        |                                       |      |                        |   |   |
|                                       | a        | Excess of revenue over expenses and disbursements  |                        | -999,376                              |      |                        |   |   |
|                                       | b        | Net investment income (if negative, enter -0-)   |                        | · · · · · · · · · · · · · · · · · · · |      | 627,874                |   |   |
|                                       | С        | Adjusted net income (if negative, enter -0-)   |                        |                                       |      |                        |   |   |
| _                                     |          |  |                        |                                       | _    |                        |   |   |

Beginning of year

2,602,746

27,566,873

27,566,873

27 566 873

27,566,873

Page 2

1,830,940

27,287,038

30,130,951

611,523

End of year

1,764,829

23,844,810

26,567,497

26,567,497

26.567.497

26,567,497

27,566,873

26,567,497

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-999,376

1

2

3

4

5

6

556,408

|       | Less: allowance for doubtful accounts P                       |   |   |  |
|-------|---|---|---|--|
| 4     | Pledges receivable ▶  |   |   |  |
|       | Less: allowance for doubtful accounts ▶                       | ' | ' |  |
| 5     | Grants receivable   |   |   |  |
| 6     | Receivables due from officers, directors, trustees, and other |   |   |  |
|       | disqualified persons (attach schedule) (see instructions)     |   | 0 |  |
| 7     | Other notes and loans receivable (attach schedule)            |   |   |  |
|       | Less: allowance for doubtful accounts ▶                       | ' | 0 |  |
| <br>8 | Inventories for sale or use                                   |   |   |  |

1,011,443 Investments—U.S. and state government obligations (attach schedule) 23,256,329 Investments—corporate stock (attach schedule) . . . . . . .

Investments—corporate bonds (attach schedule) . . . . . . . .

Investments—land, buildings, and equipment: basis ▶

Less: accumulated depreciation (attach schedule)

Less: accumulated depreciation (attach schedule) ▶

Accounts payable and accrued expenses . . . . . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Investments—other (attach schedule) . . . .

Total assets (to be completed by all filers—see the

Investments-mortgage loans . . . .

Land, buildings, and equipment: basis

instructions. Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Net assets with donor restrictions .

Other assets (describe > .

Other liabilities (describe ▶\_

Grants payable

Attached schedules and amounts in the description column

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**Balance Sheets** 

Part II

9

10a

b

C

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29 30

Part III

Liabilities

**Fund Balances** 

ŏ 26

Assets 27

Net

2

Page **3** 

|  | e the kind(s) of property sold (e.g.,<br>irehouse; or common stock, 200 shs  | · ·                             | How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.)                        | (d) Date sold (mo., day, yr.) |
|--|--|---------------------------------|------------------------------------|--|-------------------------------|
| 1 a Publicly traded securities                                 |  |                                 | P                                  | 2010-01-01   | 2020-06-30                    |
| b  |  |                                 |                                    |  |                               |
| c  |  |                                 |                                    |  |                               |
| d  |  |                                 |                                    |  |                               |
| e  |  |                                 |                                    |  |                               |
|  | (f)  |                                 | (g)                                |  | h)                            |
| (e)  | Depreciation allowed   |                                 | other basis                        |  | r (loss)                      |
| Gross sales price  | (or allowable)   | plus exp                        | ense of sale                       | (e) plus (f  | ) minus (g)                   |
| a 10,17  | 1,417  | 0                               | 10,035,39                          | 5  | 136,021                       |
| b  |  |                                 |                                    |  |                               |
| c  |  |                                 |                                    |  |                               |
| d  |  |                                 |                                    |  |                               |
| e  |  |                                 |                                    |  |                               |
| Complete only for assets                                       | showing gain in column (h) and ow  | ned by the foundation           | on 12/31/69                        | (  | T)                            |
| · · · · · · · · · · · · · · · · · · ·                          | (j)  |                                 | (k)                                | Gains (Col. (  | h) gain minus                 |
| (i)<br>F.M.V. as of 12/31/69                                   | Adjusted basis   |                                 | of col. (i)                        |  | less than -0-) or             |
|  | as of 12/31/69   |                                 | . (j), if any                      | <u> </u>   | om col.(h))                   |
| a  | 0  | 0                               |                                    |  | 136,02:                       |
| b  |  |                                 |                                    |  |                               |
| c  |  |                                 |                                    |  |                               |
| d  |  |                                 |                                    |  |                               |
| e  |  |                                 |                                    |  |                               |
| ·  | or (net capital loss) { gain or (loss) as defined in sections of the contraction of the c |                                 | ,                                  | 3  | 136,021                       |
|  | Jnder Section 4940(e) for Re   |                                 |                                    |  |                               |
| For optional use by domestic p                                 | rivate foundations subject to the sec  | ction 4940(a) tax on ne         | et investment incor                | ne.)   |                               |
| f section 4940(d)(2) applies, le                               | eave this part blank.  |                                 |                                    |  |                               |
|  | e section 4942 tax on the distributa<br>ot qualify under section 4940(e). Do   | • •                             | ·                                  | l?   | es 🔽 No                       |
| 1 Enter the appropriate an                                     | nount in each column for each year;  | see instructions before         | making any entri                   | es.  |                               |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitab | le-use assets                      | <b>(d)</b><br>Distribution rat<br>(col. (b) divided by c |                               |
| 2018   | 1,576,377  |                                 | 30,394,227                         | , ., .,  | 0.051864                      |
| 2017   | 1,669,621  |                                 | 31,658,728                         |  | 0.052738                      |
| 2016   | 1,493,107  |                                 | 29,727,154                         |  | 0.050227                      |
| 2015   | 1,442,819  |                                 | 29,489,028                         |  | 0.048927                      |
| 2014   | 1,401,875  |                                 | 32,221,560                         |  | 0.043507                      |
| 2 Total of line 1, column (                                    |  |                                 | 2                                  |  | 0.247263                      |
| , ,  | o for the 5-year base period—divide  | the total on line 2 by 5        | .0. or by the                      |  | _                             |
| number of years the four                                       | dation has been in existence if less   | than 5 years                    | 3                                  | 1  | 0.049453                      |
| 4 Enter the net value of no                                    | ncharitable-use assets for 2019 fron   | n Part X, line 5                | 4                                  |  | 30,113,403                    |
| <b>5</b> Multiply line 4 by line 3                             |  |                                 | 5                                  |  | 1,489,198                     |
| 6 Enter 1% of net investme                                     | ent income (1% of Part I, line 27b)  |                                 | 6                                  |  | 6,279                         |
| <b>7</b> Add lines 5 and 6                                     |  |                                 | 7                                  |  | 1,495,477                     |
| 8 Enter qualifying distribut                                   | ons from Part XII, line 4 ,  |                                 | 8                                  |  | 1,600,750                     |
|  | eater than line 7, check the box in Pa   |                                 | plete that part usi                | ng a 1% tax rate. Se                                     | <del></del> _                 |
| instructions.  |  |                                 |                                    |  |                               |

| Form        | 990-PF (201                    | <u> ,                                   </u>  |                |   |                            |                      |            |          |               | F                | age <b>6</b> |
|-------------|--------------------------------|---|----------------|---|----------------------------|----------------------|------------|----------|---------------|------------------|--------------|
| Pa          | rt VII-B                       | Statements Regard                             | ling           | Activities for Which  | Form 4720 May Be           | Required (continu    | ied)       |          |               |                  |              |
| 5a          | During the y                   | ear did the foundation p                      | oay o          | r incur any amount to:  |                            |                      |            |          |               | Yes              | No           |
|             | (1) Carry or                   | n propaganda, or otherv                       | vise a         | se attempt to influence legislation (section 4945(e))?                              |                            |                      |            |          |               |                  |              |
|             | (2) Influence                  | te the outcome of any sp                      | pecific        | public election (see sect   | tion 4955); or to carry    |                      | ,          |          |               |                  |              |
|             | on, dire                       | ctly or indirectly, any vo                    | ter re         | registration drive? Yes   |                            |                      |            |          |               |                  |              |
|             | (3) Provide                    | a grant to an individual                      | for tr         | avel, study, or other sim   | ilar purposes?             | ☐ Ye                 |            | No<br>No |               |                  |              |
|             |                                | -   |                | her than a charitable, etc<br>tions   | · -                        |                      |            | N-       |               |                  |              |
|             |                                |   |                | religious, charitable, scientific, literary, or                                     |                            |                      |            |          |               |                  |              |
| b           |                                |   | •              | iny of the transactions fa  |                            | L Ye:                | . 🗸        | No       |               |                  |              |
|             | •                              |   |                | nt notice regarding disas   |                            |                      |            |          | 5b            |                  |              |
|             | _                              |   |                | regarding disaster assist   |                            | _                    |            |          |               |                  |              |
| c           | If the answe                   | er is "Yes" to question 5                     | a(4),          | does the foundation claim   | n exemption from the       |                      | ш          |          |               |                  |              |
|             | tax because                    | it maintained expenditu                       | ıre re         | sponsibility for the grant?   | ?                          | · · □ Ye:            |            | No       |               |                  |              |
|             | If "Yes," atta                 | ach the statement requi                       | red b          | y Regulations section 53.   | 4945-5(d).                 | те                   | • 🗀        | NO       |               |                  |              |
| 6a          | Did the foun                   | ndation, during the year,                     | rece           | ive any funds, directly or  | indirectly, to pay premiu  | ıms on               |            |          |               |                  |              |
|             | a personal b                   | enefit contract?                              |                |   |                            |                      | . <b>•</b> | N.       |               |                  |              |
| b           |                                | ndation, during the year, ib, file Form 8870. | pay            | premiums, directly or ind   | irectly, on a personal be  | nefit contract?      |            |          | <b>6</b> b    |                  | No           |
| 7a          |                                | •   | s the          | foundation a party to a p   | rohibited tax shelter trar | nsaction?            | . <b>•</b> |          |               |                  |              |
| b           |                                | =   |                | roceeds or have any net   |                            | <b>Te</b> :          |            | No       | 7b            |                  |              |
| 8           | Is the found                   | ation subject to the sect                     | tion 4         | 960 tax on payment(s) o   | f more than \$1,000,000    | in remuneration or   |            |          |               |                  |              |
|             | excess para                    | chute payment during th                       | ne ye          | ar?   |                            | · · □ va             | . <b>•</b> | No       |               |                  |              |
|             |                                |   |                | ers, Directors, Trust   |                            |                      |            |          | ees.          |                  |              |
| Pa          |                                | nd Contractors                                |                | ,,  | ,                          | g,g, .               |            | ,        | ,             |                  |              |
| 1           | List all offic                 | ers, directors, truster                       | es. fo         | oundation managers an   | d their compensation.      | See instructions     |            |          |               |                  |              |
|             | 2.50 4.11 51110                | soro, un cotoro, cruoto                       |                | <b>b)</b> Title, and average  | (c) Compensation (If       | (d) Contributions    | to         | (-)      | <b>-</b>      |                  |              |
|             | <b>(a)</b> Nam                 | e and address                                 | `              | hours per week  | not paid, enter            | employee benefit pla | ns and     |          |               | se acc<br>Iowano |              |
|             |                                |   |                | devoted to position   | -0-)                       | deferred compensa    |            | <u> </u> |               |                  |              |
|             | Harper Sr                      |   | Presid<br>2.00 | dent  | 0                          |                      | 0          | 1        |               |                  | 0            |
|             | Poplar Neck Rd<br>on, MD 21655 |   |                |   |                            |                      |            |          |               |                  |              |
| Brenc       | la Harper                      |   | Treas          | urer  | 0                          |                      | 0          |          |               |                  | 0            |
|             | Poplar Neck Rd                 |   | 2.00           |   |                            |                      |            |          |               |                  |              |
|             | on, MD 21655                   |   |                |   |                            |                      |            |          |               |                  |              |
|             | Harper Jr                      |   | Secre<br>2.00  | tary  | 0                          |                      |            | 0        |               |                  | 0            |
|             | Poplar Neck Rd<br>on, MD 21655 |   |                |   |                            |                      |            |          |               |                  |              |
| Christ      | ty Harper                      |   | Trust          | ee  | 0                          |                      | 0          |          |               |                  | 0            |
|             | Poplar Neck Rd                 |   | 2.00           |   |                            |                      |            |          |               |                  |              |
| Presto<br>2 | on, MD 21655                   | ion of five highest no                        | id on          | plovees (other than th  | acca included on line 1    | coo instructions)    | Tf no      |          | tor "         | NONE             | "            |
|             | Compensat                      | ion of five nignest-pa                        | iu eii         | ipioyees (other than ti   | lose included on line 1    |                      |            | ne, en   | ter           | NONE             |              |
| (a)         |                                | dress of each employee<br>e than \$50,000     | paid           | <ul><li>(b) Title, and average<br/>hours per week<br/>devoted to position</li></ul> | (c) Compensation           |                      |            |          |               | se acco          |              |
| NON         | <br>E                          |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      | +          |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
|             |                                |   |                |   | <u> </u>                   | 1                    |            |          |               |                  |              |
|             |                                |   |                |   |                            |                      |            |          |               |                  |              |
| Tota        | I number of a                  | other employees paid ov                       | er \$5         | 0,000   |                            |                      |            |          |               |                  |              |
|             |                                | ,, paid 01                                    | 75             | <u>,                                      </u>                                      | <u> </u>                   | <u> </u>             | 1          | Form     | n <b>99</b> 1 | )-PF (           | 2019)        |
|             |                                |   |                |   |                            |                      |            |          | •             | • \              |              |

| Form 990-PF (2019)  | Page <b>7</b>      |
|---|--------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)                             | Employees,         |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N   | ONE".              |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service   | (c) Compensation   |
| NONE  |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
| Total number of others receiving over \$50,000 for professional services  | 0                  |
| Part IX-A Summary of Direct Charitable Activities   |                    |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of | Evnance            |
| organizations and other beneficiaries served, conferences convened, research papers produced, etc.  | Expenses           |
| 1   |                    |
|   |                    |
| 1   |                    |
|   |                    |
|   |                    |
| 3   |                    |
|   |                    |
|   |                    |
| 4   |                    |
|   |                    |
|   |                    |
| Part IX-B Summary of Program-Related Investments (see instructions)   |                    |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.                                   | Amount             |
| 1   |                    |
|   |                    |
|   |                    |
| 2   |                    |
|   |                    |
| All other program-related investments. See instructions.  |                    |
| 3   |                    |
|   |                    |
|   |                    |
| Total. Add lines 1 through 3  | <b>&gt;</b>        |
|   | Farm 000 BE (2010) |

3

4

5

6

7

1a

1b

2

3a 3b

4

5

1,499,391

1,499,391

1.499.391

1,600,750

1,600,750

1,594,471

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6.279

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

1,499,391

Form **990-PF** (2019)

Page 9

| t XIII |  |
|--------|--|
|        |  |

| 0-PF | (2019) |
|------|--------|
|      |        |

| Form 990-PF (2019) |   |  |  |  |  |  |  |  |
|--------------------|---|--|--|--|--|--|--|--|
| Part XIII          | Undistributed Income (see instructions) |  |  |  |  |  |  |  |

c From 2016. . .

- 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019:
- a Enter amount for 2018 only. . . . . . **b** Total for prior years: 20\_\_\_\_\_\_, 20\_\_\_\_\_\_ 3 Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,600,750 a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

a From 2014. . . . . **b** From 2015. . . . . d From 2017. . . . . 101.284 109,672 e From 2018. . . . .

(a)

Corpus

210.956

101.359

312,315

312,315

101.284

109.672

101.359

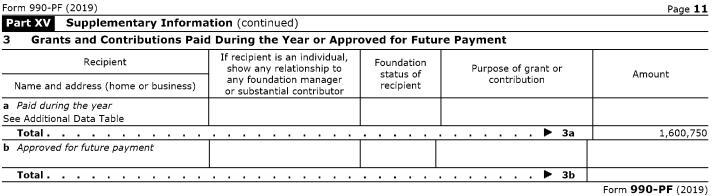
(b)

Years prior to 2018

(c)

2018

- - **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:



| er gross  | amounts unless otherwise indicated.   |  | usiness income       | Excluded by section                         |                     | (e)<br>Related or exen<br>function incom |
|---|---|--|----------------------|---|---------------------|--|
| _   | service revenue:  | (a)<br>Business code                     | <b>(b)</b><br>Amount | (c)<br>Exclusion code                       | (d)<br>Amount       | (See instruction                         |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   | and contracts from government agencies  |  |                      |   |                     |  |
| -   | rship dues and assessments  |  |                      |   |                     |  |
|   | t on savings and temporary cash   |  |                      | 14  | 9,380               |  |
| Dividen   | ds and interest from securities   |  |                      | 14  | 642,168             |  |
|   | tal income or (loss) from real estate:  |  |                      | 11  | 0 12,100            |  |
|   | financed property   |  |                      |   |                     |  |
|   | ebt-financed property.  |  |                      |   |                     |  |
|   | tal income or (loss) from personal property   |  |                      |   |                     |  |
|   | nvestment income.   |  |                      |   |                     |  |
| Gain or   | (loss) from sales of assets other than  |  |                      |   |                     |  |
| invento   | ry  |  |                      | 19  | 136,021             |  |
| Net inco  | ome or (loss) from special events:  |  |                      |   |                     |  |
|   | profit or (loss) from sales of inventory  |  |                      |   |                     |  |
|   | evenue: <b>a</b>  |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
|   |   |  |                      |   |                     |  |
| <b></b>   |   |  |                      |   |                     |  |
| e   | al. Add columns (b). (d). and (a).  |  |                      |   | 787,569             |  |
| Subtota<br>Total.                               | al. Add columns (b), (d), and (e)   |  |                      | 1   | 787,569<br><b>3</b> |  |
| Subtota<br>Total. (See wo                       | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu   | lations.)                                |                      |   |                     |  |
| Subtota<br>Total. A<br>See wo<br>rt XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which  | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota<br>Total. A<br>See wo                   | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th  | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota  Total. A  See wo  It XVI  e No.        | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex              | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota  Total. A  See wo  It XVI  e No.        | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota  Fotal.  See wo  It XVI  e No.          | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota  Fotal.  See wo  T XVI  E No.           | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Subtota  Fotal.  See wo  T XVI  E No.           | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Gubtota<br>Fotal. A<br>See wo<br>T XVI<br>E No. | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>T XVI<br>E No. | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>It XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>It XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>It XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>It XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>It XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>T XVI          | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>T XVI          | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Gubtota<br>Fotal. A<br>See wo<br>T XVI<br>E No. | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
| Subtota  Fotal.  See wo  It XVI  e No.          | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787                                      |
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| Subtota  Fotal.  See wo  It XVI  e No.          | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota  Total. A  See wo  It XVI  e No.        | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |
| Subtota<br>Total. A<br>See wo<br>It XVI         | al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  Belationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex instructions.) | lations.)  e Accomplisi income is report | hment of Exem        | <b>pt Purposes</b><br>f Part XVI-A contribu | 3                   | 787,                                     |

| orm 990        | O-PF (20  |  |                        |             |                          |  |   |                 |                | Pa       | age <b>1</b> 3 |
|----------------|-----------|--|------------------------|-------------|--------------------------|--|---|-----------------|----------------|----------|----------------|
| Part >         |           | Exempt Organiz   | zations                |             |                          |  | Relationships With Non  |                 | able           |          | _              |
|                |           | nization directly or inc<br>an section 501(c)(3)                             |                        |             |                          |  | ganization described in section<br>anizations?  | on 501          |                | Yes      | No             |
| <b>a</b> Trans | sfers fro | m the reporting foun   | dation to a noncha     | ritable exe | empt organizati          | on of:   |   |                 |                |          |                |
| (1)            | Cash.     |  |                        |             |                          |  |   |                 | 1a(1)          |          | No             |
|                |           | ssets  |                        |             |                          |  |   | •               | 1a(2)          |          | No             |
|                | r transa  |  |                        |             |                          |  |   |                 | 41.743         |          |                |
| ` '            |           | f assets to a nonchari<br>ses of assets from a n                             |                        |             |                          |  |   | •               | 1b(1)<br>1b(2) | 1        | No<br>No       |
|                |           | of facilities, equipmen  |                        |             |                          |  |   |                 | 1b(2)          | +        | No             |
| ` '            |           | rsement arrangemen   | •                      |             |                          |  |   |                 | 1b(4)          |          | No             |
|                |           | r loan guarantees.   |                        |             |                          |  |   |                 | 1b(5)          |          | No             |
| (6) F          | Performa  | ance of services or me   | embership or fund      | raising sol | icitations               |  |   |                 | 1b(6)          |          | No             |
| <b>c</b> Shari | ing of fa | icilities, equipment, m  | nailing lists, other a | assets, or  | paid employees           | i  |   |                 | 1c             |          | No             |
|                | y transa  |  |                        | column (d   | <b>i)</b> the value of t | he goods, ot                                     | n received less than fair marl<br>ther assets, or services receiv<br>cription of transfers, transactions, | ved.            |                | ingemer  | nts            |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          | <u> </u>   |   |                 |                |          |                |
|                |           |  |                        |             |                          | <del> </del>                                     |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          | <del>                                     </del> |   |                 |                |          |                |
| desci          | ribed in  | ation directly or indire<br>section 501(c) (other<br>aplete the following so | r than section 501(    | ,           | •                        |  | ·   | <br>;s <b>-</b> | Z No           |          |                |
| <b>D</b> 11 16 | 23, COII  | (a) Name of organization   |                        | (t          | Type of organiz          | ation  | (c) Description   | of relatio      | onship         |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                |           |  |                        |             |                          |  |   |                 |                |          |                |
|                | of my     |  | , it is true, correct, |             |                          |  | l<br>companying schedules and sta<br>er (other than taxpayer) is ba                                       |                 |                |          |                |
| Sign           | **        | ****   |                        |             | 2020-10-21               | *  | *****   | May th          | he IRS di      | iscuss t | his            |

Here with the preparer shown below Title Signature of officer or trustee Date (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00210451 employed  $\blacktriangleright$ Joseph F Cavagna Paid **Preparer** Firm's name ▶ Joseph F Cavagna CPA Firm's EIN ▶ **Use Only** Firm's address ▶ 3902 Dance Mill Rd Phone no. (410) 592-2823 Phoenix, MD 211312116 Form **990-PF** (2019)

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

| ,                                | or substantial contributor |    |                      |       |
|----------------------------------|----------------------------|----|----------------------|-------|
| a Paid during the year           |                            |    |                      |       |
| Aarons Place401 Aldersgate Drive |                            | PC | food and other needs | 4,000 |

| D 0.1100.1./ 1.12 22.02.5                               |    |              |  |
|---|----|--------------|--|
| Bay Hundred Comm Vol IncPO Box 12<br>McDaniel, MD 21647 | PC | Home Repairs |  |
|   |    |              |  |

Total .

| McDaniel, MD 21647                               |    | ·                        | ,     |
|--|----|--------------------------|-------|
| Bethlehem Bible College<br>614-C South Bus IH 35 | PC | School/ Shepherd Society | 5,000 |

6,000

| ı | riebanien, rib 22017    |    |                          |       |
|---|-------------------------|----|--------------------------|-------|
| 1 | Bethlehem Bible College | PC | School/ Shepherd Society | 5,000 |
| ı | 614-C South Bus IH 35   |    | · · · · · ·              |       |
| ı | New Braunfels, TX 78130 |    |                          |       |

| Bethlehem Bible College | PC | School/ Shepherd Society | 5,000 |
|-------------------------|----|--------------------------|-------|
| 614-C South Bus IH 35   |    |                          |       |
| New Braunfels, TX 78130 |    |                          |       |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year    |    |                 |        |
|---------------------------|----|-----------------|--------|
| Bethlehem Wesleyan Church | PC | Wheelchair Lift | 20,000 |

| Preston, MD 21655       |    |              |  |
|-------------------------|----|--------------|--|
| Bond ServantsPO Box 702 | PC | Unrestricted |  |

| Bond ServantsPO Box 702<br>Cambridge, MD 21613 | PC | Unrestricted | 30,000 |
|--|----|--------------|--------|
|  |    |              |        |

| Cambridge, MD 21613  |    |                   |       |
|----------------------|----|-------------------|-------|
| The BridgePO Box 680 | PC | Spring Fundraiser | 5,000 |

| The BridgePO Box 680<br>Milford, DE 19963 | PC | Spring Fundraiser | 5,00 |
|---|----|-------------------|------|

| The BridgePO Box 680<br>Milford, DE 19963 | PC   | Spring Fundraiser | 5,00      |
|---|------|-------------------|-----------|
| Total                                     | <br> | ▶ 3a              | 1,600,750 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) والمتعادية والمتعادية والمتعادية والمتعادية والمتعادية

| Camp Wright400 Camp Wright Lane |                            | PC | Unrestricted Gift | 35,000 |
|---------------------------------|----------------------------|----|-------------------|--------|
| a Paid during the year          |                            |    |                   |        |
|                                 | or substantial contributor |    |                   |        |

| Stevensville, MD 21666                              |    |                                       |        |
|---|----|---------------------------------------|--------|
| Care & Share FundPO Box 1256<br>Cambridge, MD 21613 | PC | Helping People In Cambridge<br>Region | 10,000 |
|   |    |                                       |        |

| Cambridge, MD 21613                          |    | Region          |        |
|--|----|-----------------|--------|
| Caroline Co Historical Society<br>PO Box 514 | PC | Linchester Mill | 15,000 |
| Dt MD 31630                                  |    |                 |        |

| Caroline Co Historical Society | PC | Linchester Mill | 15,000 |
|--------------------------------|----|-----------------|--------|
| PO Box 514<br>Denton, MD 21629 |    |                 |        |

| PO Box 514<br>Denton, MD 21629 |      |                |           |
|--------------------------------|------|----------------|-----------|
| Total                          | <br> | <b>&gt;</b> 3a | 1,600,750 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

recipient

1,600,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year   |    |                   |        |
|--|----|-------------------|--------|
| CASA of CarolineInc<br>114 Market St Ste 100<br>Denton, MD 21629 | PC | Child Advocates   | 10,000 |
| Central Missionary Clearinghouse                                 | PC | Peru Missionaries | 40,000 |

| · '  | 1 |    |                               |        |
|--|---|----|-------------------------------|--------|
| Central Missionary Clearinghouse<br>PO Box 219228<br>Houston, TX 77218 |   | PC | Peru Missionaries             | 40,000 |
| Channel Marker Inc   |   | PC | 45-PrimProj/15-resid/10-nurse | 50,000 |

| Houston, TX 77218   |    |                                     |        |
|---|----|-------------------------------------|--------|
| Channel Marker Inc<br>8865 Glebe Park Dr Unit 1<br>Easton, MD 21601 | PC | 45-PrimProj/15-resid/10-nurse pract | 50,000 |

| Channel Marker Inc<br>8865 Glebe Park Dr Unit 1<br>Easton, MD 21601 | PC | 45-PrimProj/15-resid/10-nurse pract | 50,00 |
|---|----|-------------------------------------|-------|
|   |    |                                     |       |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

| a Paid during the year                                 |    |                          |       |
|--|----|--------------------------|-------|
| Character Counts108 MD Ave Ste 103<br>Easton, MD 21601 | PC | Lost Opop For 30k to 60k | 3,000 |

| 2000011) 113 21001                               |    |                    |       |
|--|----|--------------------|-------|
| Chesapeake CenterPO Box 1906<br>Easton, MD 21601 | PC | Unrestricted       | 5,000 |
| Chesaneake Charaties                             | PC | Tom Cast Solutions | 5,000 |

| Easton, MD 21601  |    |                    |       |
|---|----|--------------------|-------|
| Chesapeake Charaties<br>101 Long Canoe Circle Ste 0<br>Stevensville, MD 21666 | PC | Tom Cast Solutions | 5,000 |

| Chesapeake Charaties<br>101 Long Canoe Circle Ste 0<br>Stevensville, MD 21666 | PC   | Tom Cast Solutions | 5,000     |
|---|------|--------------------|-----------|
| Total   | <br> | ▶ 3a               | 1,600,750 |

Recipient Foundation Purpose of grant or If recipient is an individual, Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                            |    |                      |        |
|---|----|----------------------|--------|
| Chesapeake CollegePO Box 8<br>Wye Mills, MD 21679 | PC | Nursing Scholarships | 35,000 |

| Chesapeake CollegePO Box 8<br>Wye Mills, MD 21679 | PC  | General Scholarships           | 30,000  |
|---|-----|--------------------------------|---------|
| Chesaneake CollegePO Boy 8                        | DC. | Trade Facilities & Scholarshin | 200.000 |

| Wye Mills, MD 21679        |    |                                |         |
|----------------------------|----|--------------------------------|---------|
| Chesapeake CollegePO Box 8 | PC | Trade Facilities & Scholarship | 200,000 |
| Wve Mills, MD 21679        |    | Funds                          |         |

| hesapeake CollegePO Box 8 | PC | Trade Facilities & Scholarship | 200,00 |
|---------------------------|----|--------------------------------|--------|
| /ye Mills, MD 21679       |    | Funds                          |        |

▶ 3a

1,600,750

Total.

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

| a raid during the year   |    |                    |        |
|--|----|--------------------|--------|
| Children's Home Foundation<br>1102 Riverside Dr<br>Salisbury, MD 21801 | PC | Tuition Assistance | 35,000 |
| · ·  |    |                    |        |

| Choices Pregnancy Center<br>505 Dutchmans Lane | PC | New Building | 195,000 |
|--|----|--------------|---------|
| Easton, MD 21601                               |    |              |         |

| 505 Dutchmans Lane<br>Easton, MD 21601  |    | ,                       | ,      |
|---|----|-------------------------|--------|
| Christian Shelter Inc334 Barclay Street | PC | Financisl strain- COVID | 25,000 |

| Easton, MD 21601                        |    |                         |        |
|---|----|-------------------------|--------|
| Christian Shelter Inc334 Barclay Street | PC | Financisl strain- COVID | 25,000 |

| Salisbury, MD 21804 | Christian Shelter Inc334 Barclay Street | PC | Financisl strain- COVID | 25,00 |
|---------------------|---|----|-------------------------|-------|
|                     | Salisbury, MD 21804                     |    |                         |       |

1,600,750

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

|           | ,              | or substantial contributor |    |                           |       |
|-----------|----------------|----------------------------|----|---------------------------|-------|
| a Paid d  | uring the year |                            |    |                           |       |
| Concord ( | UMCPO Box 461  |                            | PC | Improve path to waterfall | 2,500 |

| Denton, MD 21629                                      |  |                                    | İ |
|---|--|------------------------------------|---|
| Country School716 Goldsborough St<br>Easton, MD 21601 |  | 15- AA School/250,000<br>Endowment |   |
|   |  |                                    |   |

Total .

| Easton, MD 21601   |    | Endowment    |        |
|--|----|--------------|--------|
| Critchlow Adkins Child Ctrs<br>133 N Washington St Ste A<br>Easton, MD 21601 | PC | Scholarships | 20,000 |

40,000

| Critchlow Adkins Child Ctrs<br>133 N Washington St Ste A<br>Easton, MD 21601 |  | PC | Scholarships | 20,000 |
|--|--|----|--------------|--------|
|  |  |    |              |        |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                |    |                |        |
|---------------------------------------|----|----------------|--------|
| CRUPO Box 628222<br>Orlando, FL 32862 | PC | summer project | 29,000 |

| Orlando, FL 32862                     |    |  |        |
|---------------------------------------|----|--|--------|
| CRUPO Box 628222<br>Orlando, FL 32862 | PC | Eastern Shore Account/ Hilo<br>Account | 10,000 |

| CRUPO Box 628222<br>Orlando, FL 32862 | PC | Eastern Shore Account/ Hilo<br>Account | 10,000 |
|---------------------------------------|----|--|--------|
| CRUPO Box 628222                      | PC | Eric & Mason support/ projects         | 29,000 |

| CRUPO Box 628222<br>Orlando, FL 32862 | PC | Eric & Mason support/ projects | 29,000 |
|---------------------------------------|----|--------------------------------|--------|

▶ 3a

1,600,750

| CRUPO Box 628222  | PC | Eric & Mason support/ projects | 29,00 |
|-------------------|----|--------------------------------|-------|
| Orlando, FL 32862 |    |                                | I     |

Total.

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

|                                       | or substantial contributor |    |            |       |
|---------------------------------------|----------------------------|----|------------|-------|
| a Paid during the year                |                            |    |            |       |
| CRUPO Box 628222<br>Orlando, FL 32862 |                            | PC | Alan Nagel | 6,000 |

| CRUPO Box 628222<br>Orlando, FL 32862 |    | Anthony& Amylin Bani<br>Support/summer project |  |
|---------------------------------------|----|--|--|
| Easter Seals Camp Fairlee             | PC | Unrestricted Gift                              |  |

| Orlando, FL 32862         |    | Support/summer project | ·      |
|---------------------------|----|------------------------|--------|
| Easter Seals Camp Fairlee | PC | Unrestricted Gift      | 20,000 |
| 61 Corporate Circle       |    |                        |        |
| Now Castle DE 19720       |    |                        |        |

39,000

| Easter Seals Camp Fairlee                   |  | PC | Unrestricted Gift | 20,000 |
|---|--|----|-------------------|--------|
| 61 Corporate Circle<br>New Castle, DE 19720 |  |    |                   |        |
| ·   |  |    |                   |        |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                               |   |    |                      |       |
|--|---|----|----------------------|-------|
| Easter Seals Salisbury Center<br>61 Corporate Circle |   | PC | Children's Therapies | 5,000 |
| New Castle DF 19720                                  | i |    |                      |       |

| New Castle, DE 19720                                      |    |                 |       |
|---|----|-----------------|-------|
| Eastern Shore Land Conserv<br>114 S Washington St Ste 101 | PC | Publicized Gift | 5,000 |
| Enetan MD 31601   |    |                 |       |

| , | First Preshyterian ChurchPO Boy 299   | PC | Unrestricted    | 5 000 |
|---|---|----|-----------------|-------|
|   | Eastern Shore Land Conserv<br>114 S Washington St Ste 101<br>Easton, MD 21601 | PC | Publicized Gift | 5,000 |

| Easton, MD 21601   |    |              |       |
|--|----|--------------|-------|
| First Presbyterian ChurchPO Box 299<br>Chesapeake City, MD 21915 | PC | Unrestricted | 5,000 |

| First Presbyterian ChurchPO Box 299<br>Chesapeake City, MD 21915 | PC | Unrestricted | 5,000 |
|--|----|--------------|-------|
|  |    |              |       |

| Chesapeake City, MD 21915 |          | ,         |
|---------------------------|----------|-----------|
| Total                     | <br>▶ 3a | 1,600,750 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

|                              | or substantial contributor |    |              |     |
|------------------------------|----------------------------|----|--------------|-----|
| a Paid during the year       |                            |    |              |     |
| Exponent Philanthrophy Assoc |                            | PC | Unrestricted | 750 |

| Washington, DC 20136                                |  |   |       |
|---|--|---|-------|
| Food For Learning102 E Dover St<br>Easton, MD 21601 |  | Undernourished ZChildren Car.<br>County Fred Spence | 5,000 |

| Food For Learning102 E Dover St<br>Easton, MD 21601 | PC | Undernourished ZChildren Car.<br>County Fred Spence | 5,000  |
|---|----|---|--------|
| Goldey Beacom Colege                                | PC | 10 scholarships/ 250000                             | 35,000 |

| Easton, MD 21601  |    | County Fred Spence                   |        |
|---|----|--------------------------------------|--------|
| Goldey Beacom Colege<br>4701 Limestone Rd<br>Wilmington, DE 19808 | PC | 10 scholarships/ 250000<br>endowment | 35,000 |

| ldey Beacom Colege<br>01 Limestone Rd<br>Imington, DE 19808 |  | PC | 10 scholarships/ 250000<br>endowment | 35,000    |
|---|--|----|--------------------------------------|-----------|
| Total   |  |    | ▶ 3a                                 | 1,600,750 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total .

| a raid during the year   |    |                         |        |
|--|----|-------------------------|--------|
| Godspeed Resources Connect<br>POBox 42958<br>Phoenix, AZ 85080 | PC | Travel for Barney Davis | 15,000 |

| Hope HavenPO Box 31<br>Idsboro, MD 21636 | PC | Homeless Seniors and Youth |  |
|--|----|----------------------------|--|
|  |    |                            |  |

| Goldsboro, MD 21636                                   |    |                                   | ,     |
|---|----|-----------------------------------|-------|
| Horizons116 B S Lynchburg St<br>Chestertown, MD 21620 | PC | Summer Program Underpriv.<br>Kids | 4,000 |

9.000

| <u> </u>  |    |                                   |       |
|---|----|-----------------------------------|-------|
| Horizons116 B S Lynchburg St<br>Chestertown, MD 21620 | PC | Summer Program Underpriv.<br>Kids | 4,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                   |    |                               |       |
|--|----|-------------------------------|-------|
| Imagination Library102 East Dover St<br>Easton, MD 21601 | PC | Books for Low Income Children | 2,500 |
|  |    |                               |       |

| Immanuel Baptist Church<br>1514 Old Ocean City Road<br>Salisbury, MD 21804 | PC | Unrestricted for Church | 5,000  |
|--|----|-------------------------|--------|
| The International Foundation   | PC | Bob & Liz Dunsmore      | 15,000 |

| Salisbury, MD 21804  |    |                    |        |
|--|----|--------------------|--------|
| The International Foundation<br>PO Box 23813<br>Washington, DC 20026 | PC | Bob & Liz Dunsmore | 15,000 |

| The International Foundation<br>PO Box 23813<br>Washington, DC 20026 | PC   | Bob & Liz Dunsmore | 15,000    |
|--|------|--------------------|-----------|
| Total  | <br> | ▶ 3a               | 1,600,750 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                             |    |              |        |
|--|----|--------------|--------|
| Kenya Gather Foundation<br>23246 Country Living Rd | PC | Pokot People | 45,000 |

| Millsboro, DE 19966                                       |    |                             |      |
|---|----|-----------------------------|------|
| MAC Inc909 Progress Circle Ste 100<br>Salisbury, MD 21804 | PC | Meals on Wheels, Dorchester | 30,0 |

| MAC Inc909 Progress Circle Ste 100<br>Salisbury, MD 21804 | PC | Meals on Wheels, Dorchester    | 30,000 |
|---|----|--------------------------------|--------|
| McDaniel College2 College Hill                            | PC | Scholarships for Eastern Shore | 25,000 |

| Salisbury, MD 21004                                     |    |   |        |
|---|----|---|--------|
| McDaniel College2 College Hill<br>Westminster, MD 21157 | PC | Scholarships for Eastern Shore<br>Students/ 250,000 endowment | 25,000 |

| vestminster, MD 21157 | Students/ 250,000 endowment |           |
|-----------------------|-----------------------------|-----------|
| Total                 | <br>▶ 3a                    | 1,600,750 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

مرحون والمواجع المنوم ووجوار

|                                 | or substantial contributor |    |                       |        |
|---------------------------------|----------------------------|----|-----------------------|--------|
| a Paid during the year          |                            |    |                       |        |
| McDonogh School8600 McDonogh Rd |                            | PC | Scholarships/ 250,000 | 25,000 |

| Owings Mills, MD 2111/                         |    | endowment                   |    |
|--|----|-----------------------------|----|
| Missions Enablers International<br>PO Box 2127 | PC | Holland-20 special Offering | 20 |

| Bentonville, AR 72712                       |    |                             |        |
|---|----|-----------------------------|--------|
| Missions Enablers International PO Box 2127 | PC | Holland-20 special Offering | 20,000 |

| PO Box 2127<br>Bentonville, AR 72712 |    |                 |       |
|--------------------------------------|----|-----------------|-------|
| Mount Olivet UMC315 High Street      | PC | HVAC Assistance | 5,000 |

| Bentonville, AR 72/12                                |    |                 |       |
|--|----|-----------------|-------|
| Mount Olivet UMC315 High Street<br>Seaford, DE 19973 | PC | HVAC Assistance | 5,000 |

| Mount Olivet UMC315 High Street<br>Seaford, DE 19973 | PC | HVAC Assistance | 5,00 |
|--|----|-----------------|------|
|  |    |                 |      |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                              |    |                  |        |
|---|----|------------------|--------|
| Pecometh Camp & Retreat Ctr<br>136 Bookers Wharf Rd | PC | 70k Unrestricted | 70,000 |

Centreville, MD 2161/ Peter Weaver Congo Partshp PC Congo Missions Nutrition

Total . .

| 39821 Dukes Rd<br>Bethany Beach, DE 19930 |    | Center/Medical Clinic/Severely<br>Malnourished |  |
|---|----|--|--|
| Pickering Creek11450 Audubon Lane         | PC | Land Parcels                                   |  |

| 39821 Dukes Rd<br>Bethany Beach, DE 19930 |    | Center/Medical Clinic/Severely<br>Malnourished | ·      |
|---|----|--|--------|
| Pickering Creek11450 Audubon Lane         | PC | Land Parcels                                   | 10,000 |

43,000

1,600,750

■ 3a

Recipient Purpose of grant or If recipient is an individual, Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                |    |                              |        |
|---------------------------------------|----|------------------------------|--------|
| Radcliffe Creek School201 Talbot Blvd | PC | Financial Assistance Program | 20,000 |

| estertown, MD 21620                           |    |              |
|---|----|--------------|
| building TogetherPO Box 534<br>nton, MD 21629 | PC | Unrestricted |

| Rebuilding TogetherPO Box 534<br>Denton, MD 21629 | PC | Unrestricted | 5,000 |
|---|----|--------------|-------|
|   |    |              |       |

| Denton, MD 21629                        |    |              | ·      |
|---|----|--------------|--------|
| Salisbury Christian School807 Parker Rd | PC | Scholarships | 35,000 |

|   |    |              | i      |
|---|----|--------------|--------|
| Salisbury Christian School807 Parker Rd | PC | Scholarships | 35,000 |
| Salisbury, MD 21804                     |    | ·            | ĺ      |

1,600,750

| alisbury Christian School807 Parker Rd | PC | Scholarships |  |
|--|----|--------------|--|
| alisbury, MD 21804                     |    |              |  |

Total.

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                 |  |   |        |
|--|--|---|--------|
| Salvation Army200 Washington St<br>Cambridge, MD 21613 |  | 50 Family crisis Interv. /50 homeless Sheltr. | 30,000 |

| Smile TrainPO Box 96246<br>Washington, DC 20090 | PC | Cleft Palate Surgeries for<br>Children |  |
|---|----|--|--|
|   |    |  |  |

Total .

| Washington, DC 20090              | )  | Children                   | 3,000 |
|-----------------------------------|----|----------------------------|-------|
| Talbot Bible Church9114 Chapel Rd | PC | 5 Benevolence/ 15 Missions | 5,000 |

5 000

| washington, DC 20090              |    | Children                   |       |
|-----------------------------------|----|----------------------------|-------|
| Talbot Bible Church9114 Chapel Rd | PC | 5 Benevolence/ 15 Missions | 5,000 |
| Faston MD 21601                   |    |                            |       |

| Talbot Bible Church9114 Chapel Rd | PC | 5 Benevolence/ 15 Missions | 5,00 |
|-----------------------------------|----|----------------------------|------|
| Easton, MD 21601                  |    |                            |      |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                                     |    |                           |       |
|--|----|---------------------------|-------|
| Talbot County Right to LifePO Box 2544<br>Easton, MD 21601 | PC | Louise Walter/ see letter | 2,000 |
|  |    |                           |       |

| Talbot Interfaith Shelter<br>107 Goldsboro Street<br>Easton, MD 21601 | PC   | Homeless Shelter    | 5,000  |
|---|------|---------------------|--------|
| IAU: AA: :  | 1 50 | N: 1 20 0 : 1 000 : | 20.000 |

| Easton, MD 21601                            |    |                             |        |
|---|----|-----------------------------|--------|
| Team EvangelAlliance Mission<br>PO Box 1986 | PC | Nielson-20 Special Offering | 20,000 |

| Team EvangelAlliance Mission<br>PO Box 1986<br>Grapevine, TX 76099 | PC   | Nielson-20 Special Offering | 20,000    |
|--|------|-----------------------------|-----------|
| Total  | <br> | ▶ 3a                        | 1,600,750 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                      |    |                        |        |
|---|----|------------------------|--------|
| Tuckahoe Habitat for Humanity<br>PO Box 392 | PC | Construction Materials | 20,000 |

| Denton, MD 21629                           |    |                 |        |
|--|----|-----------------|--------|
| Upper Shore Aging Inc<br>100 Schauber Road | PC | Meals on Wheels | 30,000 |
| Chestertown, MD 21620                      |    |                 |        |

| 100 Schauber Road<br>Chestertown, MD 21620 |    | Medis on wheels | 30,000 |
|--|----|-----------------|--------|
| Washington College300 Washington Ave       | PC | Endowment       | 25,000 |

| Chestertown, MD 21620   |    |           |        |
|---|----|-----------|--------|
| Washington College300 Washington Ave<br>Chestertown, MD 21620 | PC | Endowment | 25,000 |

| <u> </u>  |    |           |        |
|---|----|-----------|--------|
| Washington College300 Washington Ave<br>Chestertown, MD 21620 | PC | Endowment | 25,000 |

Total .

1,600,750

■ 3a

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution status of contribution

recipient

▶ 3a

1,600,750

any foundation manager

or substantial contributor

Name and address (home or business)

Total . . .

| a Paid during the year   |    |  |        |
|--|----|--|--------|
| Wye River Upper School<br>316 S Commerce St<br>Centerville, MD 21617 | PC | Tuition Assistance/ Small Food<br>Pantry | 26,000 |
| YMCA Caroline County<br>111-1 East Dover Street<br>Easton, MD 21601  | PC | Programs/ see letter                     | 10,000 |
| YMCA Dorchester County<br>111-1 East Dover Street                    | PC | Camp Abilities                           | 10,000 |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

| Hame and dadress (nome or business) | or substantial contributor |    |                          |        |
|-------------------------------------|----------------------------|----|--------------------------|--------|
| a Paid during the year              |                            |    |                          |        |
| Young Life Talbot CountyPO Box 1727 |                            | PC | Talbot & Caroline (MD81) | 15 000 |

| Category Amount Net Investment Adjusted Net Disbursements |        |               |   |  |                     |  |  |
|---|--------|---------------|---|--|---------------------|--|--|
| Name: AT & Mary H Blades Foundation Inc EIN: 52-0794020   |        |               |   |  |                     |  |  |
| TY 2019 Accounting Fees Schedule                          |        |               |   |  |                     |  |  |
| efile GRAPHIC print - DO NOT P                            | ROCESS | As Filed Data | - |  | DLN: 93491305001000 |  |  |

| Category  | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---|--------|--------------------------|------------------------|---|
| Joseph F. Cavagna CPA preparation of tax return | 5,000  |                          |                        |   |

| Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing. |   |              |           |                |                   |       |              |                |             |                          |
|---|---|--------------|-----------|----------------|-------------------|-------|--------------|----------------|-------------|--------------------------|
| TY 2019 Gain/Loss from Sale of Other Assets Schedule  |   |              |           |                |                   |       |              |                |             |                          |
|   | Name: AT & Mary H Blades Foundation Inc |              |           |                |                   |       |              |                |             |                          |
|   | <b>EIN:</b> 52-0794020                  |              |           |                |                   |       |              |                |             |                          |
| Gain Loss Sale Other Assets Schedule  |   |              |           |                |                   |       |              |                |             |                          |
| Name  | Date Acquired                           | How Acquired | Date Sold | Purchaser Name | Gross Sales Price | Basis | Basis Method | Sales Expenses | Total (net) | Accumulated Depreciation |

10,035,396

10,171,417

DLN: 93491305001000

136,021

efile GRAPHIC print - DO NOT PROCESS

Securities

As Filed Data -

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491305001000 |
|--------------------------------------|-----------------|---------------------|
|                                      |                 |                     |

# **TY 2019 Investments Corporate Bonds Schedule**

Name: AT & Mary H Blades Foundation Inc

| EIN: 52-0794020<br>nvestments Corporate Bonds Schedule |                           |                                  |  |  |  |
|--|---------------------------|----------------------------------|--|--|--|
| Name of Bond   | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |  |
| Antheim Inc 3.65% due 12/1/27                          | 18,795                    | 22,787                           |  |  |  |
| Apple Inc. 2.85% due 02/23/23                          | 20,212                    | 21,239                           |  |  |  |
| AT&T Inc. 4.125% due 02/17/26                          | 20,646                    | 22,792                           |  |  |  |
| Bank of America Corp. 3.50% due 04/19/26               | 19,878                    | 22,513                           |  |  |  |
| Bank of NY Mellon Corp.3.55% due 09/23/21              | 20,242                    | 20,724                           |  |  |  |
| Boston Properties 2.75% due 10/1/26                    | 5,096                     | 5,357                            |  |  |  |
| Citigroup Inc. 3.2% due 10/21/26                       | 19,099                    | 21,923                           |  |  |  |
| Comcast Corp. 3.6% due 03/01/24                        | 20,391                    | 22,189                           |  |  |  |
| CSX Corp.3.7% due 11/01/23                             | 15,274                    | 16,460                           |  |  |  |
| CVS Health Corp. 4.1% due 03/25/25                     | 19,924                    | 22,619                           |  |  |  |
| Equinor ASA 2.45% due 1/17/23                          | 19,404                    | 20,923                           |  |  |  |
| Eversource Energy 2.8% due 5/1/23                      | 19,241                    | 20,937                           |  |  |  |
| Home Depot Inc. 2.625% due 06/01/22                    | 20,039                    | 20,876                           |  |  |  |
| John Deere Capital Corp. 3.9% due 07/12/21             | 20,261                    | 20,713                           |  |  |  |
| JP Morgan Chase & Co. 3.9% due 07/15/25                | 25,655                    | 28,278                           |  |  |  |
| Lowes 3.1% due 5/3/27                                  | 18,916                    | 22,176                           |  |  |  |
| Medtronic Inc. 3.15% due 03/15/22                      | 10,130                    | 10,485                           |  |  |  |
| Morgan Stanley 2.625% due 11/17/21                     | 19,739                    | 20,559                           |  |  |  |
| Pepsico Inc. 2.75% due 3/19/30                         | 14,797                    | 16,720                           |  |  |  |
| Prudential Financial Inc. 3.5% due 05/15/24            | 15,026                    | 16,609                           |  |  |  |

**Investments Corporate Bonds Schedule** Name of Bond

Accrued interest

Westpac Banking Corp. 2.8% due 01/11/22

|  | Value  | Market Value |
|--|--------|--------------|
| Public Service Electric 3.05% due 11/15/24 | 20,744 | 21,574       |
| Schlumberger Investment 3.65% due 12/01/23 | 20,839 | 21,471       |
| Simon Property Group 3.375% due 10/1/24    | 9,950  | 10,758       |
| Toronto Dominion Bank 2.5% due 12/14/20    | 20,018 | 20,199       |
| Total Capital 3.455% due 02/19/29          | 20,452 | 22,611       |
| United Parcel Service 3.4% due 3/15/29     | 20,324 | 23,129       |
| Verizon Communications 5.15% due 09/15/23  | 15,835 | 17,081       |
| VISA 3.15% due 12/14/25                    | 5,497  | 5,570        |
| Walt Disney 2% due 9/1/29                  | 14,668 | 15,285       |
| Waste Management2.95% due 6/15/24          | 5,325  | 5,119        |
| Wells Fargo & Co. 3.3% due 09/09/24        | 20,069 | 21,911       |

**End of Year Book** 

19,922

0

**End of Year Fair** 

20,735

9,201

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# **TY 2019 Investments Corporate Stock Schedule**

Name: AT & Mary H Blades Foundation Inc

EIN: 52-0794020

| E111. 52-0794020                                 |                           |                                  |  |  |
|--|---------------------------|----------------------------------|--|--|
| Investments Corporation Stock Schedule           |                           |                                  |  |  |
| Name of Stock                                    | End of Year Book<br>Value | End of Year Fair<br>Market Value |  |  |
| Publically traded securities (schedule attached) | 7,952,014                 | 10,238,170                       |  |  |
| Causeway Intl Value                              | 2,531,293                 | 2,012,537                        |  |  |
| Griffin Inst Access Real Estate                  | 1,470,909                 | 1,351,075                        |  |  |
| Harding Loevner Emerg Mkt                        | 350,460                   | 372,401                          |  |  |
| Kopernik GLB All Cap                             | 2,300,327                 | 2,427,320                        |  |  |
| Metropolitan West Tot Return                     | 2,747,365                 | 2,994,720                        |  |  |
| Polen Growth                                     | 932,499                   | 1,130,509                        |  |  |
| Ishares MSCI EAFE ETF                            | 1,452,210                 | 1,446,149                        |  |  |
| Ishares Russell 1000 GRW ETF                     | 1,797,653                 | 2,620,309                        |  |  |
| Ishares Russell 1000 Value ETF                   | 1,125,584                 | 1,357,747                        |  |  |
| Ishares Russell 2000 Value ETF                   | 460,217                   | 477,359                          |  |  |
| Vanguard FTSE Emerging Markets                   | 373,936                   | 404,933                          |  |  |
| Vanguard Mid Cap Value ETF                       | 350,343                   | 453,809                          |  |  |

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|--|-----------------|-----------------------|---------------------|--|
| TY 2019 Investments Government Obligations Schedule                        |                 |                       |                     |  |
|  |                 |                       |                     |  |
| Name:  | AT & Mary H E   | Blades Foundation Inc |                     |  |
| EIN:   | 52-0794020      |                       |                     |  |
| US Government Securities - End of Year Book Value:                         |                 | 1,493,578             |                     |  |
| US Government Securities - End of Year Fair Market Value:                  |                 | 1,546,084             |                     |  |
| State & Local Government<br>Securities - End of Year Book<br>Value:        |                 | 271,251               |                     |  |
| State & Local Government<br>Securities - End of Year Fair<br>Market Value: |                 | 284,856               |                     |  |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2019 Other Expenses Schedule      |                                      |                          |                        |   |
|                                      |                                      |                          |                        |   |
| Name:                                | AT & Mary H Bla                      | ades Foundation :        | Inc                    |   |
| <b>EIN:</b> 52-0794020               |                                      |                          |                        |   |
| Other Expenses Schedule              |                                      |                          |                        |   |
| Description                          | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
| Dues                                 | 750                                  |                          |                        |   |
| Insurance                            | 750                                  |                          |                        |   |

| efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491305001000  TY 2019 Other Professional Fees Schedule |        |                          |                        |                                 |  |
|--|--------|--------------------------|------------------------|---------------------------------|--|
| Name: AT & Mary H Blades Foundation Inc EIN: 52-0794020  |        |                          |                        |                                 |  |
| Category   | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable |  |

151,050

Morgan Stanley investment advisory

Purposes

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| TY 2019 Taxes Schedule                  |                 |                |              |                            |
|   |                 |                |              |                            |
| Name: AT & Mary H Blades Foundation Inc |                 |                |              |                            |
|   | ·               |                |              |                            |
| <b>EIN:</b> 52-0794020                  |                 |                |              |                            |
| Category                                | Amount          | Net Investment | Adjusted Net | Disbursements              |
|   |                 | Income         | Income       | for Charitable<br>Purposes |
| Foreign tax withholding                 | 8,645           | 8,645          |              | +                          |
| Foreign tax withholding                 | 0,043           | 0,045          |              |                            |
| 990PF                                   | 20,000          | 1              | 1            |                            |