BAA

Form 990-PF

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public the state of the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on this form as it may be made public the security numbers on the security numbers of the secu Department of the Treasury

OMB No 1545-0052

Int	ernal Rever	nue Service ► Go to www.irs.gov/Form990PF fo	or instructions and	the lates	t informati	on. Open	to Public Inspection	
Fo	r calen	dar year 2018 or tax year beginning	Jun 1,201	8, and e	nding	Ma	y 31 , 20 19	
Na	me of fou	ndation			A Employe	er identification numbe	er	
M	ARGAR	ET A <u>NAGE</u> L TR UW ART 2			11-6	411431		
Nu	mber and	street (or P O box number if mail is not delivered to street address)	Room	n/suite	B Telephon	ne number (see instructi	ons)	
3	0 JER	ICHO EXECUTIVE PLAZA	200	W	(516)) 282-7070		
Cri	y or town,	state or province, country, and ZIP or foreign postal code	-		C If exempt	tion application is pend	ing, check here ▶ 🗌	
J	ERICH	O NY 11753-1028						
G	Check	all that apply: 🔲 Initial return 🔃 Initial returi	n of a former public	charity	D 1. Foreig	n organizations, check	here ▶ 🔲	
		☐ Final return ☐ Amended		2. Foreigi	n organizations meeting	the 85% test.		
_		Address change Name cha	 		check	here and attach compu	tation ▶ 🗍	
1 <u>H</u>		type of organization: 🗵 Section 501(c)(3) exempt p				foundation status was 07(b)(1)(A), check here	terminated under	
1 🗀		n 4947(a)(1) nonexempt charitable trust 🔲 Other tax				(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(
'		narket value of all assets at J Accounting method	I. 🔀 Cash 📙 A	ccrual		ndation is in a 60-mont		
		f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), checl	c here ►	
	line 16		e on cash basis.)			T		
	Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net	nvestment	(c) Adjusted net	(d) Disbursements for charitable	
		the amounts in column (a) (see instructions).)	expenses per books	ind	come	income	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)			-		(010) 010)	
	2	Check ► ☒ if the foundation is not required to attach Sch. B			-			
	3	Interest on savings and temporary cash investments	119.		119.			
	4	Dividends and interest from securities	17,586.	-	7,586.			
	5a	Gross rents	17,300.		. 1, 300.			
	Ь	Net rental income or (loss)		ļ				
٥		Net gain or (loss) from sale of assets not on line 10	69.			DEGE		
Reventie	Ь	Gross sales price for all assets on line 6a 69.		L-6a	Stmt	H RECE	IVED	
۶	7	Capital gain net income (from Part IV, line 2)			69.	~	701	
ă	8	Net short-term capital gain				SEP 0		
	9	Income modifications				10,1	S	
	10a	Gross sales less returns and allowances				OCCE		
	b	Less: Cost of goods sold					V , U	
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	17,774.		7,774.			
ď	13	Compensation of officers, directors, trustees, etc.	5,143.				5,143.	
20200	14	Other employee salaries and wages		ļ				
٥	15	Pension plans, employee benefits					2 075	
й	16a	Legal fees (attach schedule) L-16a Stmt Accounting fees (attach schedule) L-16b Stmt	3,875.		0.		3,875.	
٩	b	Other professional fees (attach schedule) L-16c Stmt	15,901. 3,105.	-	0. 3,105.		15,901.	
<u>;</u>	17	Interest	3,105.	 	3,103.			
+ +	18	Taxes (attach schedule) (see instructions)						
בֿי י	19	Depreciation (attach schedule) and depletion						
Of Or O	20	Occupancy	_					
å <u>₹</u>	21	Travel, conferences, and meetings						
Ž	22	Printing and publications						
0	23	Other expenses (attach schedule) See .St.mt	100.				100.	
į	24	Total operating and administrative expenses.						
00000 p. Onerating and Administrative Exp		Add lines 13 through 23			3,105.		25,019.	
Č	25	Contributions, gifts, grants paid						
_	26	Total expenses and disbursements. Add lines 24 and 25	28,124.	ļ	3,105.		25,019.	
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements	-10,350.					
	b	Net investment income (if negative, enter -0-) .		ļ <u> </u>	4,669.			
	С	Adjusted net income (if negative, enter -0-)	1	I		l i]	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

₹.

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		nd o	f year
	١,	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash-non-interest-bearing				
	2	Savings and temporary cash investments	460,756.	450,40	6.	450,406.
	3	Accounts receivable ▶				
		Less. allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				-
		Less allowance for doubtful accounts ▶				
Ś	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ąŝ	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	C	Investments—corporate bonds (attach schedule)	499,527.	499,52	7	510,215.
	11	Investments—land, buildings, and equipment: basis >		499,32	<i>'</i> •	310,213.
	''	Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—nortgage loans				
	14	Land, buildings, and equipment: basis				
	45	Less accumulated depreciation (attach schedule) ▶				1 600
	15	Other assets (describe ► L-15 Stmt)	0.		0.	1,628.
	16	Total assets (to be completed by all filers—see the				
		ınstructions. Also, see page 1, item l)	960,283.	949,93	3.	962,249.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
≝	19	Deferred revenue				,
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				,
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)				
alances		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26, and lines 30 and 31.				
<u>a</u>	24	Unrestricted				
Ba	25	Temporarily restricted				1,11
ַ פַ	26	Permanently restricted				, ,
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ► 🗷 and complete lines 27 through 31.				
0 0	27	Capital stock, trust principal, or current funds	585,692.	535,51	4.	
et	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds	374,591.	414,41		<u> </u>
t A	30	Total net assets or fund balances (see instructions)	960,283.	949,93	3.	* .
Š	31	Total liabilities and net assets/fund balances (see				
		instructions)	960,283.	949,93	3.	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		al net assets or fund balances at beginning of year-Part II, colu				
		-of-year figure reported on prior year's return)			1	960,283.
2		er amount from Part i, line 27a		[2	-10,350.
3	Othe	er increases not included ın lıne 2 (itemize) ▶			3	
4		lines 1, 2, and 3		[4	949,933.
5	Deci	reases not ıncluded ın lıne 2 (itemize) ▶			5	<u> </u>
6	Tota	reases not included in line 2 (itemize) ► If net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lin	e 30	6	949,933.

Part	V Capital Gains an	d Losses for Tax on Investn	nent Income					
	(a) List and describe the k 2-story brick warehol	(c) Date acquir (mo , day, yr						
1a	CLASS ACTION SUIT			P	12/31/201	6 12/31/2018		
<u>b</u>	<u></u>							
c					_			
<u>d</u>	<u></u>							
<u>е</u>				1				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	other basis nse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))			
<u>a</u>	69.			0.		69.		
<u> </u>								
c						· · · · · · · · · · · · · · · · · · ·		
<u>u</u>								
	Complete only for assets she	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gauss	s (Col. (h) gain minus		
	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any				col (k), b	ut not less than -0-) or ses (from col (h))		
а						69.		
b								
c								
<u>d</u>								
е				>				
2	Capital gain net income of		also enter in Pa , enter -0- in Pai		2	69.		
3	If gain, also enter in Part	ın or (loss) as defined in sections t I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- ın)				
Pari					3			
		ivate foundations subject to the						
Was t	s," the foundation doesn't	ve this part blank. e section 4942 tax on the distribu qualify under section 4940(e). Do ount in each column for each yea	not complete t	hıs part.		☐ Yes 🗵 No		
<u> </u>	(a)	ount in each column for each year			aking any enti	(d)		
Cal	Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution:	s Net value o	(c) f noncharitable-use a	ssets (col	Distribution ratio I (b) divided by col (c))		
	2017		54.	1,605,1		5.074073		
	2016	219,9		8,449,2		0.026029		
	2015	447,1	94.	8,042,7	84.	0.055602		
	2014	509,7		8,710,6		0.058521		
	2013	411,8	25.	8,704,1	.35.	0.047314		
2	Total of line 1, column (d)			. 2	5.261539		
3		o for the 5-year base period—divioundation has been in existence				1.052308		
4	Enter the net value of nor	ncharitable-use assets for 2018 f	rom Part X, line	5	. 4	935,090.		
5	Multiply line 4 by line 3				. 5	984,003.		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	147.		
7	Add lines 5 and 6				. 7	984,150.		
8 Enter qualifying distributions from Part XII, line 4						25,019.		
	Part VI instructions.	ater than line 7, check the box if	ran vi, line 16	o, and complete	ınat part using	a 1% tax rate. See the		

Part \		instr	ıctio	าร)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ► □ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	2	93.			
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.			
3	Add lines 1 and 2	2	93.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	2	93.			
6	Credits/Payments.					
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c					
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d		0.			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	_				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	2	93.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0.			
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11					
Part '		1	N	<u> </u>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a	<u> </u>	<u>×</u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		×		
	a —					
_	(1) On the foundation. ► \$ (2) On foundation managers. ► \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. ► \$			1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3				
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×		
_	If "Yes," attach the statement required by <i>General Instruction T</i> .					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6	×			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	-		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶					
	NY					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
•	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"					
	complete Part XIV	9		×		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10		<u>×</u>		
		-	_ ==			

гагч	Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	<u>.</u>	×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
42	person had advisory privileges? If "Yes," attach statement. See instructions	12	×	×
13	Website address ► N/A		_^_	
14	The books are in care of ► BOYCE, HUGHES & ASSOC, LLP Telephone no. ► (516) 2	282-	7070	
	Located at ▶ 30 JERICHO EXECUTIVE PLAZA JERICHO NY ZIP+4 ▶ 11753-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Dovi	the foreign country	L		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		162	140
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 🗵 Yes 🗌 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? XYes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		×
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2018?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
Б	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	1h		

٠.

Part	VII-B ² Statements Regarding Activitie	s for W	hich Form	4720	May Be P	equire	d (conti	nued)			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt		•	•	•		Yes Yes	X No			
	(2) Influence the outcome of any specific publi		-		· · ·		_	_			
	directly or indirectly, any voter registration d						∐ Yes	⊠ No	İ		
	(3) Provide a grant to an individual for travel, stu						☐ Yes	X No		.	
	(4) Provide a grant to an organization other tha			-			_	E21	1	١ ا	
	section 4945(d)(4)(A)? See instructions						∐ Yes	X No	1		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to						_	₩			
b	If any answer is "Yes" to 5a(1)–(5), did any of the						∐Yes	No 🗵			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions										
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here										
С	If the answer is "Yes" to question 5a(4), does	_									
	because it maintained expenditure responsibility							□No			
	If "Yes," attach the statement required by Regul										
6a	Did the foundation, during the year, receive any					emiums					
	on a personal benefit contract?						☐ Yes	⊠ No			
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract	? .	6b		×
	If "Yes" to 6b, file Form 8870.										\Box
7a	At any time during the tax year, was the foundation						☐ Yes				
b	If "Yes," did the foundation receive any proceed							n? .	7b		
8	Is the foundation subject to the section 4960 ta										
Dor	remuneration or excess parachute payment(s) d										
Par	Information About Officers, Direct and Contractors	iors, i	rustees, F	ounda	tion Man	agers,	mignly i	aid Ei	пріоу	ees,	
1	List all officers, directors, trustees, and found	dation r	nanagers ar	d their	compens	ation. S	ee instru	uctions			
	• • • • • • • • • • • • • • • • • • • •										
	(a) Name and address		e, and average		mpensation		Contribution		(e) Expe	nse aco	count.
	(a) Name and address	hou	e, and average rs per week ed to position	(If r	mpensation not paid, ter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expe	nse acc allowan	count, ces
JOSI	(a) Name and address EPH P. KRAMER (DEC'D 11/03/16)	hou	rs per week ed to position	(If r	ot paid,	emplo	yee benefit	plans	(e) Expe	nse acc allowan	count, ces
		hou devot	rs per week ed to position	(If r	ot paid,	emplo	yee benefit	plans	(e) Expe other	nse acc allowan	count, ces
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL	hou devot TRUS'	rs per week ed to position TEE 2.00 SOR TRUSTEE	(If r	5,144.	emplo	yee benefit	plans ensation	(e) Expe other	nse acc allowan	O.
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753	hou devot TRUS'	rs per week ed to position	(If r	ot paid, ter -0-)	emplo	yee benefit	plans ensation	(e) Expe	nse acc allowan	ces
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL	hou devot TRUS'	rs per week ed to position TEE 2.00 SOR TRUSTEE	(If r	5,144.	emplo	yee benefit	plans ensation 0.	(e) Expe	nse acc allowan	O.
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL	hou devot TRUS'	rs per week ed to position TEE 2.00 SOR TRUSTEE	(If r	5,144.	emplo	yee benefit	plans ensation 0.	(e) Expe other	nse acc	O.
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL	hou devot TRUS'	rs per week ed to position TEE 2.00 SOR TRUSTEE	(If r	5,144.	emplo	yee benefit	plans ensation 0.	(e) Expe	nse acc	O.
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753	TRUS'	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00	(lf r	5,144.	emplo and defi	yee benefit	plans ensation 0.	other a	allowan	0. 0.
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL	TRUS'	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00	(lf r	5,144.	emplo and defi	yee benefit	plans ensation 0.	other a	allowan	0. 0.
C/O JOHI	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe	TRUS'	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than thos	(If r en	5,144.	emplo and defi	yee benefit erred compe	plans ensation 0. 0.	other a	allowan	0. 0.
C/0 JOHI C/0	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit rred compe	plans on sation O. O. uctions utions to benefit	s). If no	one, o	0. 0.
C/0 JOHI C/0	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position TEE 2.00 SOR TRUSTEE 2.00 er than thos	se incluverage	5,144.	emplo and defi	yee benefit rred compe	plans o . 0. uctions utions to benefit deferred	s). If no	one, (0. 0.
C/0 JOHI C/0	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans o . 0. uctions utions to benefit deferred	s). If no	one, o	0. 0.
C/O JOHI C/O 2	EPH P. KRAMER (DEC'D 11/03/16) 30 JERICHO EXEC. PLAZA JERICHO NY 11753 N CARROLL 30 JERICHO EXEC. PLAZA JERICHO NY 11753 Compensation of five highest-paid employe "NONE."	hou devot TRUS' SUCCES	rs per week ed to position PEE 2.00 SOR TRUSTEE 2.00 er than those (b) Title, and a hours per very	se incluverage	5,144.	emplo and defi	yee benefit erred compe see instr (d) Contrib employee plans and o	plans ensation O. O. uctions utions to benefit deferred sation	s). If no	one, o	0. 0.

Par	VIII	'Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	d Er	nployees,
3	Five	highest-paid independent contractors for professional services. See instructions. If none, enter "I	NON	IE."
		(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NON	E			
Tota	numb	er of others receiving over \$50,000 for professional services		0
Par	t IX-A	Summary of Direct Charitable Activities		
		ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numbers and other beneficiaries served, conferences convened, research papers produced, etc.	er of	Expenses
1				
2				
3				+
3				
				1
4				
	t IX-B	/		1
De	scribe th	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1				
2				
All	other pro	gram-related investments. See instructions		
3				
Tata	N A A 1	ings 1 through 2	_	
iota	. Add I	ines 1 through 3	_	Form 990-PF (2018
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BAA

Part	 Minimum Investment Return (All domestic foundations must complete this part. Foreith see instructions.) 	gn tour	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	4-	504 406
_	Average monthly fair market value of securities	1a	504,486.
Ь	Average of monthly cash balances	1b	444,844.
_	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	949,330.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	949,330.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1	
	instructions)	4	14,240.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	935,090.
6	Minimum investment return. Enter 5% of line 5	6	46,755.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► and do not complete this part.)	oundat	ions
1	Mınimum ınvestment return from Part X, line 6	1	46,755.
2a	Tax on investment income for 2018 from Part VI, line 5		·
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	293.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,462.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	46,462.
6	Deduction from distributable amount (see instructions)	6	· · ·
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	46,462.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	25,019.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	25,019.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,019.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wheth	er the foundation

Part	XIII 'Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				46,462.
2	Undistributed income, if any, as of the end of 2018				10/102.
a	Enter amount for 2017 only				
b	Total for prior years: 20 , 20 , 20				•
3	Excess distributions carryover, if any, to 2018:				
а	From 2013 0 .				
b	From 2014 0 .				
C	From 2015 0.				
d	From 2016 0.				
е	From 2017				
f	Total of lines 3a through e	7,914,366.			ı
4	Qualifying distributions for 2018 from Part XII, line 4. ▶ \$ 25,019.				
а	Applied to 2017, but not more than line 2a.			0.	-
	Applied to undistributed income of prior years				
	(Election required—see instructions)		0.		
С	required—see instructions)	0.			
d	Applied to 2018 distributable amount				25,019.
е	3.	0.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same	` '			
	amount must be shown in column (a).)	21,443.			21,443.
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	7,892,923.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see				
	instructions	1		0.	
	Undistributed income for 2018. Subtract lines			· · · · · · · · · · · · · · · · · · ·	<u> </u>
f	4d and 5 from line 1. This amount must be distributed in 2019				٥
_			<u>., .</u>		0.
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 2013 not				
•	applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	7,892,923.			
10	Analysis of line 9:	1,092,923.			<u> </u>
а					
b	Excess from 2015 0.				
C	Excess from 2016 0.				
d	Excess from 2017 7,892,923.				
e	Excess from 2018 0.				

Recipient If recipient is an individual, Foundation Purpose of grapt or	3	Grants and Contributions Paid During t	he Year or Approve	ed for Fut	ture Payment	
a Paid duning the year . Total b Approved for future payment > 3a		Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
a Paid duning the year . Total b Approved for future payment > 3a		Name and address (home or business)	or substantial contributor	recipient	contribution	
b Approved for future payment	а	Paid during the year	or substantial contributor	recipient		
b Approved for future payment		Total			▶ 3a	
Total > 2h	b	Approved for future payment				
		Total			<u></u> ≥ 3h	

Pa					Fueluded by seets	= 510 510 av 514	Γ
=nte	r gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(a)	Related or exempt function income
4	Dro	arom control royanua	Business code	Amount	Exclusion code	Amount	(See instructions)
1		gram service revenue.			 		
	a b				 		
	C .				 		
	ď				†		
	e .				+		
	•				+		
	q .	Fees and contracts from government agencies					
2	-	nbership dues and assessments					
3		rest on savings and temporary cash investments			14	119.	_
4		dends and interest from securities			14	17,586.	
5		rental income or (loss) from real estate:			17	17,500.	
•		Debt-financed property			 		
		Not debt-financed property			 		
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory			18	69.	
9		income or (loss) from special events			1		
10		ss profit or (loss) from sales of inventory			 		
11		er revenue: a					
	b				,		
	C						
	ď						
	e				i .		
12	Sub	total. Add columns (b), (d), and (e)	***************************************			17,774.	
. ~							
	Tot	al. Add line 12, columns (b), (d), and (e)					17,774.
13		al. Add line 12, columns (b), (d), and (e)				13	17,774.
13 (See	wor		s.)				17,774.
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor	ksheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
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13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	
13 See Pa	wor rt X\ e No.	ksheet in line 13 instructions to verify calculation /I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	

Part	XVII	Information Organization	n Regarding Trai	nsfers to and Tr	ansaction	s and Re	elationshi	os With N	loncharit	table	Exe	mpt
1 a	ın sec organiz	tion 501(c) (o zations?	directly or indirectly ther than section porting foundation to	501(c)(3) organiz	ations) or	in section	on 527, rel				Yes	No
а			· · · · · · ·						-	1a(1)		\overline{x}
		_							F	1a(2)		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
b	• •	ransactions.					• • • •		· · ·	14(2)		^
b			a noncharitable exe	mnt organization					:	1b(1)		~ 」
			ets from a noncharit							1b(2)		$\frac{\hat{x}}{x}$
			equipment, or other						-	1b(2)		×
	• •		rrangements						-	1b(3)		×
			rantees						-	1b(4) 1b(5)		`
			ervices or members							1b(6)		×
_			quipment, mailing li							1c		$\hat{\mathbf{x}}$
c d			of the above is "Ye								air m	
u			ther assets, or serv									
			on or sharing arrang									
(a) Line		Amount involved		haritable exempt organi			ption of transfe					
(0) (1)	71.0 (3)	7 anount involved	(0) 1121110 01 110110	p. o. ga		(4) 500011	phon or transfer	io, transaction	10, 4110 011411		90	
-												
			<u> </u>									
	-											
												
-												
							-					
2a b	describ	ped in section 5	ectly or indirectly a 501(c) (other than se following schedule	ection 501(c)(3)) or			ore tax-exer	npt organ	izations · · [☐ Ye:	s 🗵	No
		(a) Name of organ	ızatıon	(b) Type of	organization			(c) Descriptio	n of relations	ship		
						\longrightarrow						
	1	<u> </u>						a al · · ·				
Q:		penaities of perjury, I , and complete Deet	declare that I have examin aration of preparer (other th	ed this return, including a ian taxpayer) is based on:	ccompanying si all information r	inedules and of which preparations	statements, and arer has anv knov	to the best of wledge	my knowledg	e and b	ellet, it	is true,
Sign		10/-	4To 11	ĺ	.				May the IRS			
Here	1	Xom/	Mary	07/19/2		USTEE_			See instructi			
		ure of officer or trus		Date	Title		l n.a	1	<u></u>			
Paid] F	Pri M /Type preparer	's name	Preparer's supparare			Date	Chec	k ∐ ıf [ľΙΝ		
Prep	arer 🗅	Robert J.	Coburn CPA		_	:DA	08/27/2		mployed P			<u>6</u>
Use	_	Firm's name	BOYCE, HUGHE		ES, LLP				13-496			
	F F	Firm's address >	30 JERICHO E	XECUTIVE PLA		E 200W		Phone no	(516)28			
BAA			JERICHO		NY	11753-	-1028		For	m 990)-PF	(2018)

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FILING FEE	100.			100.
Total	100.			100.

Part I, Line 6a

Name		Employer Identification No
MARGARET A NAGEL TR UW ART	. 2	11-6411431
Asset Information:		
Description of Property <u>C</u>	CLASS ACTION SUIT	
Business Code Exclus		
Date Acquired .	How Acquired . Purchased	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business.		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense	_ Valuation Method	
Total Gain (Loss)	69. Accumulated Depreciation	<u> </u>
Description of Property	ion Code	
Business Code Exclus	ion Code	
Date Acquired .	How Acquired	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business.	📗	
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	ion Code	
	How Acquired	
Date Sold		
Check Box, if Buyer is a Business.		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense .	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	ion Code	
	How Acquired .	
	Name of Buyer .	
Check Box, if Buyer is a Business .	🗍	·
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Business Code Exclus	ion Code	
Date Acquired .		
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business .		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense		·
Total Gain (Loss)	Accumulated Depreciation	
Totals:		
Total Gain (Loss) of all assets	69.	
Gross Sales Price of all assets		
Unrelated Business Income		
Excluded by section 512, 513, 514	69. Exclusion Code 18	_
Related/Exempt Function Income		=
	ge 1	
QuickZoom here to Form 990-PF, Pa	ge 12	▶

Legal and Professional Fees

2018

Name	Employer Identification No
MARGARET A NAGEL TR UW ART 2	11-6411431

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REID MICHAELIS	LEGAL	3,875.	0.		3,875.
Total to Form 990-	PF, Part I, Line 16a	3,875.	0.		3,875.

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BOYCE, HUGHES & ASSOC	TAX/ACCOUNTING	15,901.	0.		15,901.
Total to Form 900	PF, Part I, Line 16b	15,901.			15,901.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NEWBERGER BERMAN	INVESTMENT ADVISORY	3,105.	3,105.		
					-
					<u> </u>
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otal to Form 990-	PF, Part I, Line 16c	3,105.	3,105.		

Other Assets and Liabilities

2018

Name MARGARET A NAGEL TR UW ART 2				Employer Identification No 11-6411431	
Line 15 - Other Assets:	Beginning Year Book Value	Bool Value	_	f Year Fair Market Value	
ACCRUED INTEREST RECEIVABLE	0.		0.	1,628.	
Totals to Form 990-PF, Part II, line 15	0.		0.	1,628.	
Line 22 - Other Liabilities:		Beginn Year Bo Value	ook	Ending Year Book Value	
Totals to Form 990-PF, Part II, line 22					

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 29(b)

Itemization Statement

Description	Amount
	420,019.
	-5,600.
Total	414,419.