	‡ Form	990-T	Ex	cempt Organization		siness Income der section 6033(OMB No 1545-0687			
	1 01111		For calou	dand proxy tax ndar year 2017 or other tax year beginn				06	୬ ⋒ 47			
	Donor	tment of the Treesum	l'or cale	Go to www irs gov/Form9901			· -					
		tment of the Treasury al Revenue Service	▶Do	•				:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only			
	A _	Check box if address changed		▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c Name of organization (Check box if name changed and see instructions)					oyer identification number oyees' trust, see instructions)			
	BEXE	empt under section	-	UCH LEGACY FUNDING O	ORP	ORATION						
		501(C 123)	Print	Number, street, and room or suite no. If			52-0882914					
		408(e) 220(e)	or					E Unrei	ated business activity codes			
<u> </u>		408A 530(a)	·ypc	520 UPPER CHESAPEAKE	DR	IVE		(See in	structions)			
£107		529(a)		City or town, state or province, country, and ZIP or foreign postal code								
		ok value of all assets	k value of all assets BEL AIR, MD 21014									
-	ate	end of year	F Gro	up exemption number (See instruction	ons)	>						
>	_ 15	52,663,833	G Che	ck organization type 🕨 🕺 501((c) co	rporation 501(c) trust	401(a)	trust Other trust			
MAY	H D	escribe the organiz	zation's p	rimary unrelated business activity	-	ATTACHM	ENT 1					
<u></u>	I D	uring the tax year,	was the	rimary unrelated business activity corporation a subsidiary in an affilia identifying number of the parent cor	ated g	roup or a parent-subsidiary of	ontrolled group?	y 45. 20.	▶ X Yes No			
DATE	If	"Yes," enter the n	ame and	identifying number of the parent cor	porati							
	J T	ne books are in car	e of ▶ I	LYLE E SHELDON		Telephon	e number 🕨 41	0-877	-3700			
POSTMARK	Par	t I Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net			
Z	1a	Gross receipts or	sales					۰,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	b	Less returns and allowa	ances	c Balance ▶	1 c				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
رکی	2			ule A, line 7)	2				5 81 ec 2			
	3	Gross profit Sub	tract line	2 from line 1c	3							
	4 a	Capital gain net i	ncome (a	ttach Schedule D)	4a				,			
	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b							
	С			ction for trusts								
	5	Income (loss) from	partnership									
	6	Rent income (Sch	redule C)	edule C) 6								
	7	Unrelated debt-fi	nanced in	come (Schedule E)	7		······································					
	8	Interest, annuities, roya	ilties, and rer	nts from controlled organizations (Schedule F)	8							
	9			1(c)(7), (9), or (17) organization (Schedule G)	9							
	10		-	ncome (Schedule I)	10							
	11			lule J)	11			 				
	12	,		tions, attach schedule)	12							
	13			ough 12	13	0						
	Par	rt II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions,										
6	deductions must be directly connected with the					related business inco	me)		1			
20,	14	-		directors, and trustees (Schedule K)				· · 14	<u> </u>			
2		Salaries and wage	es	·····RE	CŁ							
0				· · · · · · · · · · · · · · · · · · ·								
=	18				· · · · ·	10 2019: Ö		· · 				
		Chartable contrib	:5	Con unatrustrana for lumitation vulca)		<u> </u>		19				
Ω	24	Depression (att	outions (c	See instructions for limitation rules 4562)		20						
CANNE	21	Depreciation (atta	acii i oiiii	on Schedule A and elsewhere on re		******		-	,			
Z	22	•						22b				
\leq	23											
တ	25											
				S								
	26 27			Schedule I)								
	28			chedule J)								
	20 29			chedule)			-					
				s 14 through 28								
	30 31											
	31 32			on (limited to the amount on line 30 e income before specific deduction								
	33			ally \$1,000, but see line 33 instruct		-						
	34			ble income. Subtract line 33 instruct								
	J-7			line 32			to than line 3	34	0			

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Page 2

Pa	rt III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group) נ			
	members (sections 1561 and 1563) check here > See instructions and				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$				
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$				
J	(2) Additional 3% tax (not more than \$100,000)	7	ĺ		
_	Income tax on the amount on line 34	▶ 35c			
36					
30		1			
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)				
37	Proxy tax. See instructions				
38	Alternative minimum tax				
39	Tax on Non-Compliant Facility Income. See instructions ,				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	. 40	L		
	rt IV Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
b	Other credits (see instructions)				
С	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
Ą	Total credits Add lines 41a through 41d	. 41e			
1	Subtract line 41e from line 40		- 107 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 		
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (allach schedule)				
44	Total tax Add lines 42 and 43				0.
	Payments A 2016 overpayment credited to 2017				
		7			
	2017 estimated tax payments	-			
	Tax deposited with Form 8868	-			
	Foreign organizations Tax paid or withheld at source (see instructions)	-			
	Backup withholding (see instructions)	-			
f	· · · · · · · · · · · · · · · · · · ·	- 1			
g	Other credits and payments Form 2439 Other Total ► 45g	1 1			
	Form 4136 Other Total ▶ 45g	-			
46	Total payments. Add lines 45a through 45g	. 46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed , , , ,	48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ,	▶ 49			
50	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded	► 50			
Par		ns)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
-	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization is		-	<u> </u>	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	•			
	here >	ro. c.g.	000		x
				_	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trusi	<i>?.</i>		<u> </u>
	If YES, see instructions for other forms the organization may have to file				
50	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penury, I declare that I have examined this return including accompanying schedules and statements, and to the	hast -/			
٥.	ince, correct, and complete. Declaration of preparer (other than (axpayer) is based on all information of which preparer has any knowledge	DESI OF III	y knowledge	ang bea	101, II IS
Sign	1 Share I was a share to the share t	lay the	IRS discuss	this r	etum
Here			preparer sh		elow
		see instructi		s	No
De!-	Print/Type preparer's name Preparer's signature Date Che	eck L if			
Paid	ROSSEEE ARRISTRONG 57 137 2013 SEIN	-employed			3
Prep		i's EIN ►	36 - 6055	558	
ose	Only Firm's address ► 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Pho	ne no 2	215-561-	-420	0
	***************************************		Cam 00	In T	(2017)

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Total dividends-received deductions included in column 8

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Schedule F - Interest, Ann	uities, Royalties	s, and Rent	s Fro	om Contro	lled Or	rganiz	atio	ns (see	instructio	ns)		
				ontrolled Org				-				
1 Name of controlled organization	2 Employer identification numb	Jei	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		ایا	5 Part of column 4 that is included in the controlling organization's gross income		oiling	connected with income	
(1)									_			
(2)								-			1	
(3)												
(4)												
Nonexempt Controlled Organi	zations	· · · · · · · · · · · · · · · · · · ·									· *** *	
7 Taxable Income (loss) (see instructions)		l l	9 Total of specified payments made			inc	10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
(1)						ļ				_		
(2)									,			
(3)												
(4)												
Total						En	ter he	llumns 5 a re and on ne 8, colur	page 1,	En	dd columns 6 a nter here and on art I, line 8, colu	page 1,
Totals	noomo of a Sac			(0) (17	<u>-</u>	-:4:	/					
1 Description of income	2 Amount of		<u> </u>	3 Deduc	tions nected	inizati	O11 (4 Se	ructions) t-asides schedule)		5 Total de and set-asid	es (col 3
(4)			+	(attach sch	edule)			(=:::=:::			plus co	ol 4)
(1)			-									
(2)			+									
(3)			+									
(4)	Enter here and	on page 1	+								Enter here and	1 on page 1
Totals	Part I, line 9, c	olumn (A)									Part I, line 9,	
Schedule I - Exploited Exc	empt Activity In	come, Oth	er Th	an Adverti	sing Ir	come	e (se	e instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business income business income from trade or business income from trade or business income business income from trade or business income some some some some some some some s		nty that related	6 Expenses attributable to column 5		expe (column						
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,				Enter h on pa Part II,	ige 1,				
Schedule J - Advertising Ir	icome (see instri	uctions)		L.,,,,,				_				
Part I Income From Per			onsoli	idated Bas	is			•				
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute	5 Circulation income		6 Readership costs		7 Excess costs (c minus colu not mo colun	umn 5, but ire than	
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

. 1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-					
(2)					•	
(3)				-		
(4)						
Totals from Part I ▶			, .		,	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	, , , ,	•	•	Enter here and on page 1, Part II, line 27
rotals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, lin	e 14		/

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