## DLN: 93491102008099

OMB No 1545-0052

2018

Form 990-PF Department of the Treasury

Internal Revenue Service

**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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , aı	nd er	nding 12-31-	2018	
		indation BUCK FAMILY FOUNDATION INC			A Employer Id	entification numbe	er
DF.	(VID W	BUCK FAMILI FOUNDATION INC			52-2275104		
		d street (or P O box number if mail is not delivered to street address)	Room/suite		B Telenhone nu	ımber (see ınstructio	ns)
10	5428 YE	EOHO ROAD			(410) 472-4044	,	,
		n, state or province, country, and ZIP or foreign postal code					
SPA	RKS, MI	21152			C If exemption	application is pendir	ig, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check h	ere
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change			test, chec	k here and attach co	mputation 🕨 🔼
l Ch	neck ty	type of organization $\mathbf{\nabla}$ Section 501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust $\Box$ Other taxable	e private foundation			· // // //	
		xet value of all assets at end J Accounting method	☑ Cash ☐ Accru	ıal		ation is in a 60-mont	
		rom Part II, col (c), ▶\$ 345,046 ☐ Other (specify)			under sectio	n 507(b)(1)(B), ched	ck here
	,	(Part I, column (d) must	be on cash basis )				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(1-)	Nt.	(-) ( )	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(6)	Net investment income	(c) Adjusted net income	for charitable purposes
			J J J J J J J J J J J J J J J J J J J				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ If the foundation is <b>not</b> required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	7,424	<u> </u>	7,424		
	5a	Gross rents					
ю	b	Net rental income or (loss)	35 300				
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	35,300	<u> </u>			
Revenue	b	Gross sales price for all assets on line 6a 61,554 Capital gain net income (from Part IV, line 2)			57,757		
~	7 8	Net short-term capital gain			37,737		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	42,724		65,181		
	13	Compensation of officers, directors, trustees, etc	C	1	0		
	14	Other employee salaries and wages					
S	15	Pension plans, employee benefits					
1156	16a	Legal fees (attach schedule)					
<u>×</u>	ь	Accounting fees (attach schedule)	1,184		592		
and Administrative Expenses	С	Other professional fees (attach schedule)					
<u> </u>	17	Interest					
<u> </u>	18	Taxes (attach schedule) (see instructions)					
Ξ	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
<b>₹</b>	21	Travel, conferences, and meetings					
a	22	Printing and publications					
<u> </u>	23	Other expenses (attach schedule)					
Operating	24	Total operating and administrative expenses.					
<u>8</u>	_	Add lines 13 through 23	1,184	<del>                                     </del>	592		
ر	25	Contributions, gifts, grants paid	66,500	-			66,50
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	67.604		592		66 50
	27	Subtract line 26 from line 12	67,684	1	592		66,50
	a	Excess of revenue over expenses and					
		disbursements	-24,960				
	b	Net investment income (if negative, enter -0-)			64,589		-
	C	Adjusted net income (If negative, enter -0-)		<u> </u>	0   N   44005	<u> </u>	000 55 (25)

189,308

189,308

189,308

189,308

159,754

164,348

164,348

164,348

164,348

2

3

4

5

6

189,308

-24,960

164,348

164,348 Form 990-PF (2018)

0

0

340,452

345,046

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow SFAS 117, check here ▶ ✓

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

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) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . .

Permanently restricted . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

	4
	5
	6
	7
S	8
Assets	9
As	10a
	Ь
	С

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

Page **3** 

2-story brick ware	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )			
1 a 155 SHARES OF INTEL COR	2010-01-01	2018-06-05			
<b>b</b> 503 SHARES OF MICROSOF	2010-01-01	2018-10-24			
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis ense of sale	Gain o	h) or (loss) on minus (g)
a 8,	834		56	53	8,271
<b>b</b> 52,	720		3,23	34	49,486
С					
d					
<u>е</u>					
	howing gain in column (h) and ow	ned by the foundation	on 12/31/69	<del> </del>	1)
Complete only for assets si	(i)	Thed by the loundation	(k)		( <b>I)</b> h) gain minus
(i) F M V as of 12/31/69	Adjusted basis as of 12/31/69		s of col (ı) l (ʒ), ıf any	col (k), but not	less than -0-) <b>or</b> om col (h))
a					8,271
b					49,486
С					
d					
e					
• •	in or (loss) as defined in sections 1 I, line 8, column (c) (see instruction	. ,	)- · · · · ·	3	
Part V Qualification Un	nder Section 4940(e) for Re				
	idei sectioni tstole) ioi ke	educed Tax on Net	: Investment I	ncome	
(For optional use by domestic priv					
(For optional use by domestic priv If section 4940(d)(2) applies, leav	vate foundations subject to the sec				_
If section 4940(d)(2) applies, leav Was the foundation liable for the s If "Yes," the foundation does not d	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do	tion 4940(a) tax on no ble amount of any yea not complete this part	et investment inco	me ) d?	es 🗹 No
If section 4940(d)(2) applies, leav Was the foundation liable for the s If "Yes," the foundation does not on 1 Enter the appropriate amount	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal	tion 4940(a) tax on no ble amount of any yea not complete this part	et investment inco	me ) d?	es 🗹 No
If section 4940(d)(2) applies, leav Was the foundation liable for the s If "Yes," the foundation does not d	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do	tion 4940(a) tax on no ble amount of any yea not complete this part	r in the base perion amaking any entrolleruse assets	me ) d?	io (c))
If section 4940(d)(2) applies, leave Was the foundation liable for the star "Yes," the foundation does not a Enter the appropriate amount (a)  Base period years Calendar	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do unt in each column for each year,	ble amount of any yea not complete this part see instructions before (c)	et investment inco	d? Your Your Your Your Your Your Your Your	10
If section 4940(d)(2) applies, leave Was the foundation liable for the sif "Yes," the foundation does not on a few terms of the section of th	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do unt in each column for each year, (b) Adjusted qualifying distributions 58,257 43,500	ble amount of any yea not complete this part see instructions before (c) Net value of noncharital	r in the base periode making any entrolle-use assets 289,126 235,414	d? Your Your Your Your Your Your Your Your	io (c))
If section 4940(d)(2) applies, leave Was the foundation liable for the section of	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do unt in each column for each year, (b) Adjusted qualifying distributions	ble amount of any yea not complete this part see instructions before (c) Net value of noncharital	r in the base perion amaking any entrolle-use assets 289,126	d? Your Your Your Your Your Your Your Your	lo (c)) 0 201493
If section 4940(d)(2) applies, leave Was the foundation liable for the staff "Yes," the foundation does not a Enter the appropriate amount (a)  Base period years Calendar year (or tax year beginning in)  2017  2016  2015  2014	vate foundations subject to the sec ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do unt in each column for each year, (b) Adjusted qualifying distributions 58,257 43,500	ble amount of any yea not complete this part see instructions before (c) Net value of noncharital	r in the base periode making any entrolle-use assets 289,126 235,414	d? Your Your Your Your Your Your Your Your	0 (c)) 0 201493 0 184781
If section 4940(d)(2) applies, leave Was the foundation liable for the staff "Yes," the foundation does not a section 1. Enter the appropriate amount (a)  Base period years Calendar year (or tax year beginning in)  2017  2016  2015  2014  2013	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000 34,205	ble amount of any yea not complete this part see instructions before (c) Net value of noncharital	et investment inco r in the base perio e making any entr ble-use assets 289,126 235,414 249,949 170,461 156,443	d? Your Your Your Your Your Your Your Your	0 201493 0 184781 0 148030 0 205326 0 218642
If section 4940(d)(2) applies, leave Was the foundation liable for the staff "Yes," the foundation does not a section 1 Enter the appropriate amount (a)  Base period years Calendar year (or tax year beginning in)  2017  2016  2015  2014  2013	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000	ble amount of any yea not complete this part see instructions before (c) Net value of noncharital	et investment inco r in the base perio e making any entr ble-use assets 289,126 235,414 249,949 170,461 156,443	d? Your Young You	0 201493 0 184781 0 148030 0 205326
If section 4940(d)(2) applies, leave Was the foundation liable for the staff "Yes," the foundation does not on the staff "Yes," the foundation of the staff "Yes," the foundation is applied to the staff "Yes," the foundation does not on the staff "Yes," th	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000 34,205	ble amount of any yea not complete this part see instructions before (c) Net value of noncharitat	r in the base periode making any entrople-use assets  289,126  235,414  249,949  170,461  156,443	d? Your Your Your Your You	0 201493 0 184781 0 148030 0 205326 0 218642
If section 4940(d)(2) applies, leave Was the foundation liable for the sign of the sign of the sign of the section of the sign of the sign of the section of the sign of the s	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000 34,205  or the 5-year base period—divide tation has been in existence if less charitable-use assets for 2018 from	ble amount of any yea not complete this part see instructions before  (c) Net value of noncharitate  the total on line 2 by 5 than 5 years n Part X, line 5	r in the base periode making any entrole-use assets  289,126 235,414 249,949 170,461 156,443 2 10, or by the 3	d? Your Young You	0 201493 0 184781 0 148030 0 205326 0 218642 0 958272
If section 4940(d)(2) applies, leave Was the foundation liable for the sign of the sign of the sign of the section of the sign of the sign of the section of the sign of the s	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000 34,205  or the 5-year base period—divide that it is a section as seen in existence if less scharitable-use assets for 2018 from	ble amount of any yea not complete this part see instructions before  (c) Net value of noncharitate  the total on line 2 by 5 than 5 years Part X, line 5	et investment inco r in the base perio e making any entr ble-use assets 289,126 235,414 249,949 170,461 156,443 2 6 0, or by the 4	d? Your Young You	0 201493 0 184781 0 148030 0 205326 0 218642 0 958272 0 191654 382,168
If section 4940(d)(2) applies, leave Was the foundation liable for the staff "Yes," the foundation does not on the staff and the	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000 34,205  or the 5-year base period—divide that ion has been in existence if less that it come (1% of Part I, line 27b)	ble amount of any yea not complete this part see instructions before  (c) Net value of noncharitat  the total on line 2 by 5 than 5 years Part X, line 5	et investment incomment incomment in the base periode making any entrople-use assets  289,126 235,414 249,949 170,461 156,443 2 6 0, or by the	d? Your Young You	0 201493 0 184781 0 148030 0 205326 0 218642 0 958272 0 191654 382,168 73,244 646
If section 4940(d)(2) applies, leave Was the foundation liable for the sif "Yes," the foundation does not on the section of th	vate foundations subject to the secve this part blank section 4942 tax on the distributal qualify under section 4940(e). Do unt in each column for each year,  (b) Adjusted qualifying distributions  58,257 43,500 37,000 35,000 34,205  or the 5-year base period—divide that it is a section as seen in existence if less scharitable-use assets for 2018 from	ble amount of any yea not complete this part see instructions before  (c) Net value of noncharitat  the total on line 2 by 5 than 5 years  Part X, line 5	et investment inco r in the base perio e making any entr ble-use assets 289,126 235,414 249,949 170,461 156,443 2 6 0, or by the	d? Your Young You	0 201493 0 184781 0 148030 0 205326 0 218642 0 958272 0 191654 382,168 73,244

Page **6** 

1.	Statements Regard	iiiig	ACTIVITIES IOI WITHCIT	FOITH 4720 May be	Kequirea (continuea	)			
5a	During the year did the foundation p	oay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	vise a	ittempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ No	,		
	(2) Influence the outcome of any sp	pecifi	c public election (see sect	tion 4955), or to carry					
	on, directly or indirectly, any vo		-		· · · 🔲 Yes	✓ No	,		
	(3) Provide a grant to an individual	for t	ravel, study, or other sım	ılar purposes?		✓ No			
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See in		•	, -	d				
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tific, literary, or	⊔ Yes	<b>⊻</b> No	<b>'</b>		
	educational purposes, or for the		· ·		∟ Yes	✓ No	,		
b	If any answer is "Yes" to $5a(1)-(5)$ ,	did a	any of the transactions fa	nd to qualify under the ex	ceptions described in				
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	ructions		5b		
	Organizations relying on a current n	otice	regarding disaster assist	ance check here		П			
C	If the answer is "Yes" to question 5a	a(4),	does the foundation clain	n exemption from the		_			
	tax because it maintained expenditu	ire re	sponsibility for the grant?	<sup>7</sup>	· · 🔲 Yes	□ No	,		
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)			<b>´</b>		
<b>6</b> a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?				· 🔲 Yes	<b>.</b>	_		
b	Did the foundation, during the year,				res :	NC	°   6ь		No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction? Yes				
b	If yes, did the foundation receive ar				∟ res i	<b>⊻</b> No	7b		
8	Is the foundation subject to the sec		•						
_	excess parachute payment during th		, , ,						
					∟ Yes	✓ No			l
Pai	and Contractors	JIIIC	ers, Directors, Trust	ices, roundation ma	anagers, Highly Paid	Emp	ioyees,		
1	List all officers, directors, truste	es. fo	oundation managers ar	nd their compensation	. See instructions				
			<b>b)</b> Title, and average	(c) Compensation (If		Τ,	- \		
	(a) Name and address		hours per week	not paid, enter	employee benefit plans a	and   1	e) Expen other al		
		ļ	devoted to position	-0-)	deferred compensation	n			
See /	Additional Data Table	1							
		1							
		1							
2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1-see instructions). If	none,	enter "	NONE.	."
			(b) Title, and average		(d) Contributions to				
(a)	Name and address of each employee	paid	hours per week	(c) Compensation	employee benefit	(€	Expens		
	more than \$50,000		devoted to position		plans and deferred compensation		other all	owanc	es
NON	===============================				Compensation				
	_								
						-			
			-						
Tota	I number of other employees paid ov	er \$5	0,000						
						F	orm <b>99</b> 0	0-PF	(2018

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(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 releving and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>P</b> 0
		Form <b>990-PF</b> (2018)

6

1a

1b

2

3a 3b

4

5

17.816

66,500

66.500

66.500

Form 990-PF (2018)

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

6

1

2

3

4

5

Part XII

2018

Page 9

17,816

17,816

Form **990-PF** (2018)

0

Form 990-PF	(2018
Part XII	

0-PF	(2	018	3)
		-	_

-PF (20	018)		
(1111)	Undistributed Income	(see	instructions)

- Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. . . . . .

(a)

Corpus

154.720

48.684

203,404

26.973

176,431

0

(b)

Years prior to 2017

(c)

2017

26.973 27,067

24 581

31.812 44,287

27.067 24,581

31.812

44.287

48.684

- **b** Total for prior years
- Excess distributions carryover, if any, to 2018 From 2013. . . . .
- **b** From 2014. . . . c From 2015. . .

- d From 2016. . . . f Total of lines 3a through e. . . . . . . .
- XII, line 4 🕨 \$
- e From 2017. . . . . 4 Qualifying distributions for 2018 from Part
- a Applied to 2017, but not more than line 2a

c Treated as distributions out of corpus (Election 

5 Excess distributions carryover applied to 2018

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

applied on line 5 or line 7 (see instructions) . . .

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

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. .

**b** Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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

indicated below:

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . .

**d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )



Enter	gross	amounts unless otherwise indicated	Unrelated bu	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
		service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
d							
		nd contracts from government agencies ship dues and assessments.					
<b>3</b> Ir		on savings and temporary cash					
		ds and interest from securities			14	7,424	
		al income or (loss) from real estate					
		Inanced property					
		al income or (loss) from personal property					
<b>7</b> 0	ther in	vestment income					
		(loss) from sales of assets other than					
	ventor	y			18	35,300	
		rofit or (loss) from sales of inventory					
<b>11</b> C	ther re	evenue a					
b							
<b>12</b> S	ubtota	Add columns (b), (d), and (e)		0		42,724	42,724
(5	See wo	rksheet in line 13 instructions to verify calcu	lations )			3	72,727
Par	t XVI	B Relationship of Activities to the					
	No. ▼	Explain below how each activity for which					
	<u> </u>	the accomplishment of the foundation's exinstructions )	empt purposes (				
	•	the accomplishment of the foundation's ex	empt purposes (				
	•	the accomplishment of the foundation's ex	empt purposes (				
		the accomplishment of the foundation's ex	empt purposes (				
	,	the accomplishment of the foundation's ex	empt purposes (				
	•	the accomplishment of the foundation's ex	empt purposes (				
		the accomplishment of the foundation's ex	empt purposes (				
		the accomplishment of the foundation's ex	empt purposes (				
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		the accomplishment of the foundation's ex	empt purposes (				
		the accomplishment of the foundation's ex	empt purposes (				

(==	-0/		
/II	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part XV	Exempt Organi	zations			ana Relatio		· · · · · · · · · · · · · · · · · · ·		
1 Did the (c) (oth	organization directly or in er than section 501(c)(3)	dırectly engage ın organızatıons) or	any of the	following with any 527, relating to pol	other organization	on described in sections?	on 501	Yes	No
a Transfe	rs from the reporting foun	dation to a nonch	arıtable exe	empt organization	of				
<b>(1)</b> Ca	sh						. 1a(1)		No
(2) Ot	her assets						. 1a(2)		No
<b>b</b> Other to	ransactions								
<b>(1)</b> Sa	les of assets to a nonchar	itable exempt orga	anızatıon.				. 1b(1)		No
<b>(2)</b> Pu	rchases of assets from a r	oncharitable exen	npt organiz	zation			1b(2)		No
<b>(3)</b> Re	ntal of facilities, equipmer	nt, or other assets					1b(3)		No
<b>(4)</b> Re	ımbursement arrangemen	ts					. 1b(4)		No
` '	ans or loan guarantees.						. 1b(5)		No
` '	formance of services or m		-				. 1b(6)		No
-	of facilities, equipment, n	-	-				. <u>1c</u>		No
	nswer to any of the above								
	loods, other assets, or ser transaction or sharing arra								
		,		,	<b>5</b> ,	<b>,</b>			
(a) Line No	(b) Amount involved	(c) Name of nonch	arıtable exer	mpt organization	(d) Description of	transfers, transactions,	and sharing arra	ngemen	ts
	oundation directly or indire	•	•	•			<b>.</b>		
	ed in section 501(c) (other		(c)(3)) or i	in section 527? .		Ц Ye	s 🔽 No		
<b>b</b> If "Yes,"	complete the following s		1 4		1	( ) 5	6 1		
	(a) Name of organization	on	(1	) Type of organizatio	n l	(c) Description	of relationship		
Ιυ	nder penalties of perjury,	I declare that I ha	ve examın	ed this return, incl	udıng accompanyı	ng schedules and sta	atements, and	to the l	best
	f my knowledge and belief		, and comp	plete Declaration o	of preparer (other	than taxpayer) is ba	sed on all info	rmation	n of
	hich preparer has any kno	wledge		I					
Sign	*****			2019-02-25	*****		May the IRS d return	scuss th	115
Here							with the prepa	rer show	vn
	Signature of officer or t	rustee		Date	Title		below r	<b>7</b> 1	_
							(see instr )?	Y Yes	⊔ No
	Print/Type preparer's	name Pren	arer's Sign	nature	Date		TIN		
	, ,, ,, ,, ,,		- 3.			Check if self-	P0036!	200	
	AMANDA W WILHE	н м			2010 02 25	employed ▶ 📙	P0036:	300	
Paid	AMANDA W WILIIL		20		2019-02-25				
Prepare	er Firm's name ► SC&I	H FINANCIAL ADV	ISORS INC			<u> </u>	. ,	242==	
Use On						F	irm's EIN ▶52	-21372	.26
	-	0 RIDGEBROOK R	OAD				· · · · · · · · · · · · · · · · · · ·		
	C.D.	ARKS MD 21152				P	hone no (410	) 403-1	1500
		SPARKS, MD 21152							

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation JUDITH B RUSINS PRESIDENT 1 00 1744 MONKTON FARMS DRIVE MONKTON, MD 21111 ELTZABETH M BLICK VICE-DRESTRENT ۸l Λl

106 ENGLISH RUN CIRCLE SPARKS, MD 21152	1 00		U	o
ELIZABETH M BUCK	SECRETARY	0	0	0
106 ENGLISH RUN CIRCLE SPARKS, MD 21152	1 00			

Г	ELIZARETH M RUCK	TREACHRER			١ .
	106 ENGLISH RUN CIRCLE SPARKS, MD 21152	1 00			
Ŀ	ELIZABETH M BUCK	SECRETARY	0	0	0
	106 ENGLISH RUN CIRCLE SPARKS, MD 21152				

ELIZABETH MI BUCK	SECRETARY	l o	l o	l o
106 ENGLISH RUN CIRCLE SPARKS, MD 21152	1 00			
ELIZABETH M BUCK	TREASURER	0	0	0
106 ENGLISH RUN CIRCLE	1 00			

SPARKS, MD 21152				
ELIZABETH M BUCK	TREASURER	0	0	0
106 ENGLISH RUN CIRCLE SPARKS, MD 21152	1 00			

			_	_
106 ENGLISH RUN CIRCLE SPARKS, MD 21152	1 00			
	TILLAGORER	1	l .	ľ

SPARKS, MD 21152				
LARS RUSINS	DIRECTOR	0	0	
	1 00			

1744 MONKTON FARMS DRIVE MONKTON, MD 21111

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 ALZHEIMER'S ASSOCIATION - GREATER NONE PC GENERAL SUPPORT 500 MD CHAPTER PO BOX 96011

WASHINGTON, DC 200906011				
AMERICAN CANCER SOCIETY PO BOX 4204Q OKLAHOMA CITY, OK 73123	NONE	PC	GENERAL SUPPORT	1,000
AMERICAN RED CROSS - DISASTER RELIEF FUND PO BOX 37839 BOONE, IA 50037	NONE	PC	GENERAL SUPPORT	2,000

▶ 3a

66,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 AMERICAN RED CROSS - HURRICANE NONE PC GENERAL SUPPORT 5,000 FLORENCE RELIEF

PO BOX 37839 BOONE, IA 50037				
AMERICARES - HURRIANE FLORENCE DISASTER RELIEF 88 HAMILTON AVENUE	NONE	PC	GENERAL SUPPORT	5,0

AMERICARES - HURRIANE FLORENCE DISASTER RELIEF 88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	PC	GENERAL SUPPORT	5,000
AMERICARES - HURRIANE MICHAEL DISASTER RELIEF	NONE	PC	GENERAL SUPPORT	5,000

~~~

| 88 HAMILTON AVENUE<br>STAMFORD, CT 06902                                                     |      |    |                 |       |
|----------------------------------------------------------------------------------------------|------|----|-----------------|-------|
| AMERICARES - HURRIANE MICHAEL<br>DISASTER RELIEF<br>88 HAMILTON AVENUE<br>STAMFORD, CT 06902 | NONE | PC | GENERAL SUPPORT | 5,000 |

| STAMFORD, CT 06902                                                                           |      |    |                 |        |
|----------------------------------------------------------------------------------------------|------|----|-----------------|--------|
| AMERICARES - HURRIANE MICHAEL<br>DISASTER RELIEF<br>88 HAMILTON AVENUE<br>STAMFORD, CT 06902 | NONE | PC | GENERAL SUPPORT | 5,000  |
| Total                                                                                        |      |    | ▶ 3a            | 66,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

| a Paid during the year                                                                                        |      |    |                 |     |
|---------------------------------------------------------------------------------------------------------------|------|----|-----------------|-----|
| ASTHMA AND ALLERGY FOUNDATION<br>OF AMERICA (MDDC)<br>1498 REISTERSTOWN ROAD SUITE 324<br>BALTIMORE, MD 21208 | NONE | PC | GENERAL SUPPORT | 500 |

| BALTIMORE, MD 21208                                   |      |    |                 |     |
|-------------------------------------------------------|------|----|-----------------|-----|
| BABE RUTH MUSEUM216 EMORY ROAD<br>BALTIMORE, MD 21230 | NONE | PC | GENERAL SUPPORT | 500 |
| BALTIMORE & OHIO RAILROAD MUSEUM                      | NONE | PC | GENERAL SUPPORT | 500 |

| BABE RUTH MUSEUM216 EMORY ROAD<br>BALTIMORE, MD 21230                         | NONE | PC | GENERAL SUPPORT | 500 |
|-------------------------------------------------------------------------------|------|----|-----------------|-----|
| BALTIMORE & OHIO RAILROAD MUSEUM<br>901 W PRATT STREET<br>BALTIMORE, MD 21223 | NONE | PC | GENERAL SUPPORT | 500 |

| Total                                                                         |      |    | ▶ 3a            | 66,500 |
|-------------------------------------------------------------------------------|------|----|-----------------|--------|
| BALTIMORE & OHIO RAILROAD MUSEUM<br>901 W PRATT STREET<br>BALTIMORE, MD 21223 | NONE | PC | GENERAL SUPPORT | 500    |
| BALTIMORE, MD 21230                                                           |      |    |                 |        |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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                      |                            |    |                 |     |
| BALTIMORE MUSEUM OF ART 10 ART MUSEUM DRIVE | NONE                       | PC | GENERAL SUPPORT | 500 |

| BALTIMORE, MD 21216                                                          |      |    |                 |       |
|------------------------------------------------------------------------------|------|----|-----------------|-------|
| BALTIMORE SYMPHONY ORCHESTRA<br>1212 CATHEDRAL STREET<br>BALTIMORE, MD 21201 | NONE | PC | GENERAL SUPPORT | 500   |
| BUTLER VOLUNTEER FIRE COMPANY                                                | NONE | PC | GENERAL SUPPORT | 1.000 |

| BALTIMORE SYMPHONY ORCHESTRA<br>1212 CATHEDRAL STREET<br>BALTIMORE, MD 21201 | NONE | PC | GENERAL SUPPORT | 500   |
|------------------------------------------------------------------------------|------|----|-----------------|-------|
| BUTLER VOLUNTEER FIRE COMPANY<br>PO BOX 75<br>BUTLER, MD 21023               | NONE | PC | GENERAL SUPPORT | 1,000 |

| Total                                                          |      |    | ▶ 3a            | 66,500 |
|----------------------------------------------------------------|------|----|-----------------|--------|
| BUTLER VOLUNTEER FIRE COMPANY<br>PO BOX 75<br>BUTLER, MD 21023 | NONE | PC | GENERAL SUPPORT | 1,000  |
| BALTIMORE, MD 21201                                            |      |    |                 |        |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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                               |      |    |                 |     |
|------------------------------------------------------|------|----|-----------------|-----|
| CALM ACRES3000 ROHRBAUGH ROAD<br>HAMPSTEAD, MD 21074 | NONE | PC | GENERAL SUPPORT | 500 |

| · · · · · · · · · · · · · · · · · · · |      |    |                 |     |
|---------------------------------------|------|----|-----------------|-----|
| CANINE COMPANIONS FOR                 | NONE | PC | GENERAL SUPPORT | 500 |
| INDEPENDENCE (NE REGION)              |      |    |                 |     |
| 286 MIDDLE ISLAND ROAD                |      |    |                 |     |
| MEDFORD, NY 11763                     |      |    |                 |     |

| INDEPENDENCE (NE REGION) 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763    | NONE | PC | GENERAL SUPPORT | 500 |
|----------------------------------------------------------------------|------|----|-----------------|-----|
| CASEY CARES FOUNDATION<br>3918 VERO ROAD STE C<br>BALTIMORE MD 21227 | NONE | PC | GENERAL SUPPORT | 500 |

| 286 MIDDLE ISLAND ROAD<br>MEDFORD, NY 11763                           |      |    |                 |        |
|-----------------------------------------------------------------------|------|----|-----------------|--------|
| CASEY CARES FOUNDATION<br>3918 VERO ROAD STE C<br>BALTIMORE, MD 21227 | NONE | PC | GENERAL SUPPORT | 500    |
| Total                                                                 |      |    | ▶ 3a            | 66,500 |

Recipient Foundation Purpose of grant or If recipient is an individual, 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 CHESAPEAKE BAY FOUNDATION NONE PC GENERAL SUPPORT 500 6 HERNDON AVENUE

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

| ANNAPOLIS, MD 21403                                                            |      |    |                 |       |
|--------------------------------------------------------------------------------|------|----|-----------------|-------|
| COCKEYSVILLE VOLUNTEER FIRE<br>COMPANY<br>PO BOX 344<br>COCKEYSVILLE, MD 21030 | NONE | PC | GENERAL SUPPORT | 1,000 |
| COLONIAL WILLIAMSBURG<br>FOUNDATION<br>PO BOX 1776                             | NONE | PC | GENERAL SUPPORT | 500   |

▶ 3a

66,500

WILLIAMSBURG, VA 23187

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 CROHN'S & COLITIS FOUNDATION OF NONE PC GENERAL SUPPORT 500 **AMERICA** DROCECC CER DO BOY 134E

| ALBERT LEA, MN 56007                                                                        |      |    |                 |     |
|---------------------------------------------------------------------------------------------|------|----|-----------------|-----|
| CYSTIC FIBROSIS FOUNDATION - MARYLAND CHAPTER 10626 YORK ROAD SUITE A COCKEYSVILLE MD 21030 | NONE | PC | GENERAL SUPPORT | 500 |

| MARYLAND CHAPTER<br>10626 YORK ROAD SUITE A<br>COCKEYSVILLE, MD 21030 | NONE | ,  | GLINERAL SOFFORT | 300   |
|-----------------------------------------------------------------------|------|----|------------------|-------|
| DIRECT RELEIF<br>6100 WALLACE BECKNELL ROAD                           | NONE | PC | GENERAL SUPPORT  | 1,000 |

| COCKEYSVILLE, MD 21030                                                 |      |    |                 |       |
|------------------------------------------------------------------------|------|----|-----------------|-------|
| DIRECT RELEIF<br>6100 WALLACE BECKNELL ROAD<br>SANTA BARBARA, CA 93117 | NONE | PC | GENERAL SUPPORT | 1,000 |
|                                                                        |      |    |                 |       |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 FISHER HOUSE FOUNDATION NONE PC GENERAL SUPPORT 500 12300 TWINBROOK PARKWAY SUITE 410

| ROCKVILLE, MD 20850                                                                    |      |    |                 |     |
|----------------------------------------------------------------------------------------|------|----|-----------------|-----|
| FOUNDATION FOR BALTIMORE COUNTY<br>PUBLIC LIBRARY<br>320 YORK ROAD<br>TOWSON, MD 21204 | NONE | PC | GENERAL SUPPORT | 500 |
| GBMC FOUNDATION                                                                        | NONE | PC | GENERAL SUPPORT | 500 |

| 320 YORK ROAD<br>TOWSON, MD 21204                               |      |    |                 |     |
|-----------------------------------------------------------------|------|----|-----------------|-----|
| GBMC FOUNDATION<br>6701 N CHARLES STREET<br>BALTIMORE, MD 21204 | NONE | PC | GENERAL SUPPORT | 500 |

66,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 business) or substantial contributor a Paid during the year GILCHRIST HOSPICE CARE NONE PC GENERAL SUPPORT 2,500 11311 MCCORMICK ROAD SUITE 350 HUNT VALLEY MD 21031

| HOITI VICELET, HID ZIOSI                                                                    |      |    |                 |       |
|---------------------------------------------------------------------------------------------|------|----|-----------------|-------|
| HAMPSTEAD VOLUNTEER FIRE<br>COMPANY<br>PO BOX 231 1341 N MAIN STREET<br>HAMPSTEAD, MD 21074 | NONE | PC | GENERAL SUPPORT | 500   |
| HEREFORD HIGH SCHOOL PTSA DIRECT<br>DONATION<br>17301 YORK ROAD<br>PARKTON, MD 21120        | NONE | PC | GENERAL SUPPORT | 1,000 |

▶ 3a

66,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 business) or substantial contributor a Paid during the year HEREFORD MIDDLE SCHOOL PTA NONE PC GENERAL SUPPORT 1.000 DIRECT DONATION

| MONKTON, MD 21111                                                        |      |    |                 |     |
|--------------------------------------------------------------------------|------|----|-----------------|-----|
| HEREFORD VOLUNTEER AMBULANCE<br>ASSOC<br>PO BOX 262<br>MONKTON, MD 21111 | NONE | PC | GENERAL SUPPORT | 500 |

| Total                                                                    |      |    | ▶ 3a            | 66,500 |
|--------------------------------------------------------------------------|------|----|-----------------|--------|
| HEREFORD VOLUNTEER FIRE COMPANY<br>510 MONKTON ROAD<br>MONKTON, MD 21111 | NONE | PC | GENERAL SUPPORT | 500    |
| ASSOC<br>PO BOX 262<br>MONKTON, MD 21111                                 |      |    |                 |        |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 HIRE HEROES USA NONE PC GENERAL SUPPORT 500 1360 UNION HILL RD BLDG 2 SUITE A ALDUADETTA CA 20004

| ALPHARETTA, GA 30004                                                                                       |      |    |                 |       |
|------------------------------------------------------------------------------------------------------------|------|----|-----------------|-------|
| HISPANIC FEDERATION - UNIDOS<br>HURRICANE RELIEF FUND<br>55 EXCHANGE PLACE 5TH FLOOR<br>NEW YORK, NY 10005 | NONE | PC | GENERAL SUPPORT | 5,000 |
| HOPEWELL CANCER SUPPORT<br>PO BOX 755                                                                      | NONE | PC | GENERAL SUPPORT | 500   |

| 55 EXCHANGE PLACE 5TH FLOOR<br>NEW YORK, NY 10005                 |      |    |                 |    |
|-------------------------------------------------------------------|------|----|-----------------|----|
| HOPEWELL CANCER SUPPORT<br>PO BOX 755<br>BROOKLANDVILLE, MD 21022 | NONE | PC | GENERAL SUPPORT | ", |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 HOUSE OF RUTH MARYLAND NONE PC GENERAL SUPPORT 500 2201 ARGONNE DRIVE BALTIMORE, MD 21218

| INTREPID MUSEUM FOUNDATION -<br>FALLEN HEROES FUND<br>1 INTREPID SQUARE<br>NEW YORK, NY 10036 | NONE | PC | GENERAL SUPPORT | 500 |
|-----------------------------------------------------------------------------------------------|------|----|-----------------|-----|
| JACKSONVILLE VOLUNTEER FIRE<br>COMPANY<br>3500 SWEET AIR ROAD                                 | NONE | PC | GENERAL SUPPORT | 500 |

▶ 3a

66,500

PHOENIX, MD 21131

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient 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 JUVENILE DIABETES RESEARCH NONE PC GENERAL SUPPORT 1,000 FOUNDATION (JDRF) - GREATER CHESAPEAKE AND POTOM 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM. MD 21090

| KENNEDY KRIEGER FOUNDATION<br>707 NORTH BROADWAY<br>BALTIMORE, MD 21205            | NONE | PC | GENERAL SUPPORT | 500 |
|------------------------------------------------------------------------------------|------|----|-----------------|-----|
| KOMEN MARYLAND (SUSAN G KOMEN<br>FOUNDATION)<br>303 INTERNATIONAL CIRCLE SUITE 390 | NONE | PC | GENERAL SUPPORT | 500 |

| 707 NORTH BROADWAY<br>BALTIMORE, MD 21205                                                                   | NONE |    | SEMERALE SOFT SIXT | 3 |
|-------------------------------------------------------------------------------------------------------------|------|----|--------------------|---|
| KOMEN MARYLAND (SUSAN G KOMEN<br>FOUNDATION)<br>303 INTERNATIONAL CIRCLE SUITE 390<br>HUNT VALLEY, MD 21030 | NONE | PC | GENERAL SUPPORT    | 5 |

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

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

| a Paid during the year                                                |      |    |                 |       |
|-----------------------------------------------------------------------|------|----|-----------------|-------|
| LADEW TOPIARY GARDENS<br>3535 JARRETTSVILLE PIKE<br>MONKTON, MD 21111 | NONE | PC | GENERAL SUPPORT | 1,000 |

| MONKTON, MD 21111                                                            |      |    |                 |     |
|------------------------------------------------------------------------------|------|----|-----------------|-----|
| LIVING CLASSROOMS FOUNDATION<br>802 S CAROLINE STREET<br>BALTIMORE, MD 21231 | NONE | PC | GENERAL SUPPORT | 500 |
| LUNGEVITY FOUNDATION                                                         | NONE | PC | GENERAL SUPPORT | 500 |

| LIVING CLASSROOMS FOUNDATION<br>802 S CAROLINE STREET<br>BALTIMORE, MD 21231 | NONE | PC | GENERAL SUPPORT | 500 |
|------------------------------------------------------------------------------|------|----|-----------------|-----|
| LUNGEVITY FOUNDATION<br>228 SOUTH WABASH AVE SUITE 700<br>CHICAGO, IL 60604  | NONE | PC | GENERAL SUPPORT | 500 |

| BALTIMORE, MD 21231                                                         |      |    |                 |        |
|-----------------------------------------------------------------------------|------|----|-----------------|--------|
| LUNGEVITY FOUNDATION<br>228 SOUTH WABASH AVE SUITE 700<br>CHICAGO, IL 60604 | NONE | PC | GENERAL SUPPORT | 500    |
| Total                                                                       |      |    | ▶ 3a            | 66,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 LUPUS FOUNDATION OF AMERICA NONE PC GENERAL SUPPORT 500 2121 K STREET NW SUITE 200 WASHINGTON, DC 20004

| MARCH OF DIMES<br>DONATION PROCESS CTR PO BOX<br>673667<br>MARIETTA, GA 30006 | NONE | PC | GENERAL SUPPORT | 500   |
|-------------------------------------------------------------------------------|------|----|-----------------|-------|
| MARYLAND FOOD BANK<br>2200 HALETHORPE FARMS ROAD                              | NONE | PC | GENERAL SUPPORT | 1,000 |

| 673667<br>MARIETTA, GA 30006                                            |      |    |                 |     |
|-------------------------------------------------------------------------|------|----|-----------------|-----|
| MARYLAND FOOD BANK<br>2200 HALETHORPE FARMS ROAD<br>BALTIMORE, MD 21227 | NONE | PC | GENERAL SUPPORT | 1,0 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 MARYLAND LINE VOLUNTEER FIRE NONE PC GENERAL SUPPORT 500 COMPANY

| 21631 YORK ROAD<br>MARYLAND LINE, MD 21105                                      |      |     |                 |       |
|---------------------------------------------------------------------------------|------|-----|-----------------|-------|
| MARYLAND PUBLIC TELEVISION<br>11767 OWINGS MILLS BLVD<br>OWINGS MILLS, MD 21117 | NONE | PC  | GENERAL SUPPORT | 500   |
| MARYLAND SCIENCE CENTER                                                         | NONE | DC. | GENERAL SUPPORT | 1 000 |

| 11767 OWINGS MILLS BLVD<br>OWINGS MILLS, MD 21117                  | NONE | PC | GENERAL SUPPORT | 500   |
|--------------------------------------------------------------------|------|----|-----------------|-------|
| MARYLAND SCIENCE CENTER<br>601 LIGHT STREET<br>BALTIMORE, MD 21230 | NONE | PC | GENERAL SUPPORT | 1,000 |
|                                                                    |      |    |                 |       |

66,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 MARYLAND ZOO IN BALTIMORE NONE PC GENERAL SUPPORT 1,000 DRUID HILL PARK 1876 MANSION HOUSE DRIVE

| BALTIMORE, MD 21217                                                                     |      |    |                 |     |
|-----------------------------------------------------------------------------------------|------|----|-----------------|-----|
| MEALS ON WHEELS OF CENTRAL<br>MARYLAND<br>515 SOUTH HAVEN STREET<br>BALTIMORE, MD 21224 | NONE | PC | GENERAL SUPPORT | 500 |
| MICHAEL J FOX FOUNDATION FOR<br>PARKINSON'S RESEARCH<br>DONATION PROCESSING PO BOX 5041 | NONE | PC | GENERAL SUPPORT | 500 |

| ARKINSON'S RESEARCH            |  |  |
|--------------------------------|--|--|
| ONATION PROCESSING PO BOX 5041 |  |  |
| IAGERSTOWN, MD 21741           |  |  |
|                                |  |  |

| •                               |  | - |   |
|---------------------------------|--|---|---|
| HAGERSTOWN, MD 21741            |  |   | İ |
| DONATION PROCESSING PO BOX 5041 |  |   | I |

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

| MOUNT WASHINGTON PEDIATRIC<br>HOSPITAL<br>1708 WEST ROGERS AVENUE<br>BALTIMORE, MD 21209 | NONE | PC | GENERAL SUPPORT | 500 |
|------------------------------------------------------------------------------------------|------|----|-----------------|-----|
| MR HOLLAND'S OPUS FOUNDATION                                                             | NONE | PC | GENERAL SUPPORT | 500 |

| BALTIMORE, MD 21209                                                                    |      |    |                 |     |
|----------------------------------------------------------------------------------------|------|----|-----------------|-----|
| MR HOLLAND'S OPUS FOUNDATION<br>4370 TUJUNGA AVENUE SUITE 330<br>STUDIO CITY, CA 91604 | NONE | PC | GENERAL SUPPORT | 500 |
| MY NEIGHBORS FOUNDATION<br>PO BOX 477                                                  | NONE | PC | GENERAL SUPPORT | 500 |

| 4370 TUJUNGA AVENUE SUITE 330<br>STUDIO CITY, CA 91604     | NONE | PC | GENERAL SUPPORT | 500 |
|------------------------------------------------------------|------|----|-----------------|-----|
| MY NEIGHBORS FOUNDATION<br>PO BOX 477<br>MONKTON, MD 21111 | NONE | PC | GENERAL SUPPORT | 500 |

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Amount Contribution

Purpose of grant or contribution

Purpose of grant or contribution

Amount Status of recipient or status of recipient or substantial contributor

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

| NATIONAL AQUARIUM IN BALTIMORE<br>501 E PRATT STREET<br>BALTIMORE, MD 21202                   | NONE | PC | GENERAL SUPPORT | 1,500 |
|-----------------------------------------------------------------------------------------------|------|----|-----------------|-------|
| NATIONAL KIDNEY FOUNDATION OF<br>MARYLANDDELAWARE<br>HEAVER PLAZA 1301 YORK ROAD SUITE<br>209 | NONE | PC | GENERAL SUPPORT | 500   |

| NATIONAL KIDNEY FOUNDATION OF<br>MARYLANDDELAWARE<br>HEAVER PLAZA 1301 YORK ROAD SUITE<br>209<br>LUTHERVILLE, MD 21093 | NONE | PC | GENERAL SUPPORT | 500    |
|------------------------------------------------------------------------------------------------------------------------|------|----|-----------------|--------|
| NATIONAL MULTIPLE SCLEROSIS<br>SOCIETY<br>1800 M STREET NW SUITE B50<br>WASHINGTON, DC 20036                           | NONE | PC | GENERAL SUPPORT | 500    |
| Total                                                                                                                  |      |    | ▶ 3a            | 66,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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                                                          |                            |    |                 |     |
| NATIONAL PARK FOUNDATION<br>GIFT PROCESSING PO BOX 17394<br>BALTIMORE, MD 21298 | NONE                       | PC | GENERAL SUPPORT | 500 |

| BALTIMORE, MD 21298                                                    |      |    |                 |       |
|------------------------------------------------------------------------|------|----|-----------------|-------|
| NATURE CONSERVANCY<br>425 BARLOW PLACE SUITE 100<br>BETHESDA, MD 20814 | NONE | PC | GENERAL SUPPORT | 1,000 |
|                                                                        |      |    |                 |       |

| NATURE CONSERVANCY<br>425 BARLOW PLACE SUITE 100<br>BETHESDA, MD 20814          | NONE | PC | GENERAL SUPPORT | 1,000 |
|---------------------------------------------------------------------------------|------|----|-----------------|-------|
| OPERATION HOMEFRONT<br>1355 CENTRAL PKWY SOUTH STE 100<br>SAN ANTONIO, TX 78232 | NONE | PC | GENERAL SUPPORT | 500   |

| Total                                                                           |      |    | ▶ 3a            | 66,500 |
|---------------------------------------------------------------------------------|------|----|-----------------|--------|
| OPERATION HOMEFRONT<br>1355 CENTRAL PKWY SOUTH STE 100<br>SAN ANTONIO, TX 78232 | NONE | PC | GENERAL SUPPORT | 500    |
| BETHESDA, MD 20814                                                              |      |    |                 |        |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 OREGON RIDGE NATURE CENTER & NONE PC GENERAL SUPPORT 500 PARK COUNCIL DEAVED DAM DOAD

| COCKEYSVILLE, MD 21030                                                                 |      |    |                 |     |
|----------------------------------------------------------------------------------------|------|----|-----------------|-----|
| PATHFINDERS FOR AUTISM<br>303 INTERNATIONAL CIRCLE SUITE 110<br>COCKEYSVILLE, MD 21030 | NONE | PC | GENERAL SUPPORT | 500 |
| PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA CA 90401                    | NONE | PC | GENERAL SUPPORT | 500 |

66,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 | recipient |                 |     |
|-------------------------------------|----------------------------|-----------|-----------------|-----|
| a Paid during the year              |                            |           |                 |     |
| SATO PROJECT130 WATER STREET        | NONE                       | PC        | GENERAL SUPPORT | 500 |

| BROOKLYN, NY 11201                                           | NONE | PC | GENERAL SUPPORT |     |
|--------------------------------------------------------------|------|----|-----------------|-----|
| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>501 ST JUDE PLACE | NONE | PC | GENERAL SUPPORT | 500 |

| ST JUDE CHILDREN'S RESEARCH<br>HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105 | NONE | PC | GENERAL SUPPORT | 500 |
|-----------------------------------------------------------------------------------|------|----|-----------------|-----|
| STAR COMMUNITY INC<br>13757 BROADFORDING CHURCH RD<br>HAGERSTOWN, MD 21740        | NONE | PC | GENERAL SUPPORT | 500 |

| HOSPITAL<br>501 ST JUDE PLACE<br>MEMPHIS, TN 38105                         |      |    |                 |     |
|----------------------------------------------------------------------------|------|----|-----------------|-----|
| STAR COMMUNITY INC<br>13757 BROADFORDING CHURCH RD<br>HAGERSTOWN, MD 21740 | NONE | PC | GENERAL SUPPORT | 500 |
|                                                                            |      |    |                 | i   |

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

| 6171 W CENTURY BLVD SUITE 310<br>LOS ANGELES, CA 90045                     | NONE | PC | GENERAL SUPPORT | 1,000 |
|----------------------------------------------------------------------------|------|----|-----------------|-------|
| TOURETTE SYNDROME ASSOCIATION<br>42-40 BELL BOULEVARD<br>BAYSIDE, NY 11361 | NONE | PC | GENERAL SUPPORT | 500   |
|                                                                            |      |    | 1               |       |

| TOURETTE SYNDROME ASSOCIATION<br>42-40 BELL BOULEVARD<br>BAYSIDE, NY 11361                                        | NONE | PC | GENERAL SUPPORT | 500 |
|-------------------------------------------------------------------------------------------------------------------|------|----|-----------------|-----|
| UNIVERSITY OF MARYLAND<br>REHABILITATION & ORTHOPEADIC INST<br>110 S PACA STREET 9TH FLOOR<br>BALTIMORE, MD 21201 | NONE | PC | GENERAL SUPPORT | 500 |

| BAYSIDE, NY 11361                                                                                                 |      |    |                 |        |
|-------------------------------------------------------------------------------------------------------------------|------|----|-----------------|--------|
| UNIVERSITY OF MARYLAND<br>REHABILITATION & ORTHOPEADIC INST<br>110 S PACA STREET 9TH FLOOR<br>BALTIMORE, MD 21201 | NONE | PC | GENERAL SUPPORT | 500    |
| Total                                                                                                             |      |    | ▶ 3a            | 66,500 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, 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 UPPERCO VOLUNTEER FIRE COMPANY NONE PC GENERAL SUPPORT 500 5415 ARCADIA AVENUE

| UPPERCO, MD 21155                                                          |      |    |                 |     |
|----------------------------------------------------------------------------|------|----|-----------------|-----|
| USODEPT WS PO BOX 96860<br>WASHINGTON, DC 20077                            | NONE | PC | GENERAL SUPPORT | 500 |
| WALTERS ART MUSEUM<br>DEVEL OFFICE 600 N CHARLES ST<br>BALTIMORE, MD 21201 | NONE | PC | GENERAL SUPPORT | 500 |

Total . .

66,500

▶ 3a

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

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

| a Paid during the year                                                            |      |    |                 |       |
|-----------------------------------------------------------------------------------|------|----|-----------------|-------|
| WORLD CENTRAL KITCHEN -<br>CALIFORNIA FIRE RELIEF<br>1875 CONNECTICUT AVE NW 10TH | NONE | PC | GENERAL SUPPORT | 1,000 |

| FLOOR<br>WASHINGTON, DC 20009          |      |    |                 |     |
|----------------------------------------|------|----|-----------------|-----|
| WORLD WILDLIFE FUND<br>1250 24TH ST NW | NONE | PC | GENERAL SUPPORT | 500 |

| Total                                                          |      |    | ▶ 3a            | 66,500 |
|----------------------------------------------------------------|------|----|-----------------|--------|
| WORLD WILDLIFE FUND<br>1250 24TH ST NW<br>WASHINGTON, DC 20090 | NONE | PC | GENERAL SUPPORT | 500    |
| WASHINGTON, DC 20009                                           |      |    |                 |        |

| efile GRAPHIC print - DO NOT F   | ROCESS | As Filed Data | -                       |                                           | DLN: 93491102008099                         |
|----------------------------------|--------|---------------|-------------------------|-------------------------------------------|---------------------------------------------|
| TY 2018 Accounting Fees Schedule |        |               |                         |                                           |                                             |
|                                  |        |               |                         |                                           |                                             |
|                                  | Name:  | DAVID W BI    | JCK FAMILY FOL          | JNDATION INC                              |                                             |
|                                  |        | 52-2275104    |                         | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |                                             |
|                                  |        | JZ ZZ/J10¬    |                         | <del>i</del>                              | 1                                           |
| Category                         | Amo    | ount N        | et Investment<br>Income | Adjusted Net<br>Income                    | Disbursements<br>for Charitable<br>Purposes |
|                                  |        |               |                         |                                           |                                             |

592

1,184

ACCOUNTING FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491102008099 |
|--------------------------------------|-----------------|---------------------|
| TY 2018 Investments Corporat         | e Stock Schedu  | le                  |
|                                      |                 |                     |

Name: DAVID W BUCK FAMILY FOUNDATION INC

**EIN:** 52-2275104

| Investments Corporation Stock Schedule |                           |                                  |
|----------------------------------------|---------------------------|----------------------------------|
| Name of Stock                          | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| INTEL                                  | 32,192                    | 65,702                           |
| MICROSOFT                              | 117,507                   | 264,590                          |
| EXXON MOBIL                            | 10,055                    | 10,160                           |

| efile GRAPHIC print - DO NOT PROCESS   | As Filed Data - |                                                                | DLN: 93491102008099 |
|----------------------------------------|-----------------|----------------------------------------------------------------|---------------------|
| TY 2018 Substantial Contribut Schedule | cors            |                                                                |                     |
| Name:                                  | DAVID W BUCK FA | MILY FOUNDATION INC                                            |                     |
| EIN:                                   | 52-2275104      |                                                                |                     |
| Name                                   |                 | Addr                                                           | ess                 |
| DAVID W BUCK                           |                 | 106 ENGLISH RUN CIRCLE                                         |                     |
|                                        |                 | SPARKS, MD 21152                                               |                     |
| THE DAVID & ELLEN BUCK LLC             |                 | SPARKS, MD 21152<br>106 ENGLISH RUN CIRCLE<br>SPARKS, MD 21152 |                     |