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CLIENT'S COPY

Tax Return Carryovers to 2019

NAME: Allen Lovelace Moore and Blanche Davis Moore Foundat ID Number: 74-2675281

Disallowing Form	Description	Originating Form	Entity/Activity	St/City	Amount
990-PF	Excess Distributions	990-PF			69,956.

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING
December 31, 2018

Prepared for	Allen Lovelace Moore and Blanche Davis Moore Foundation 700 Everhart Road No. J-21 Corpus Christi, TX 78411-1941
Prepared by	James D Berg CPA 41 Arnold Palmer San Antonio, TX 78257-1723
Amount due or refund	Overpayment of \$31,837 with \$5,000 applied to the estimated tax payments and the balance of \$26,837 refunded
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	<p>This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.</p> <p>Please file one original Form 990-PF with the Office of the Attorney General of the State of Texas at:</p> <p style="text-align: center;">Office of the Attorney General Charitable Trusts Section Consumer Protection Division P.O. Box 12548 Austin TX 78711-2548</p> <p>These returns were prepared from information provided by you or your representatives. The preparation of income tax returns does not include the independent verification of information used. Therefore, I recommend you review these returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a</p>

**Special
Instructions**

change to these returns, please contact me before filing them.

These returns were prepared from information provided by you or your representatives. The preparation of income tax returns does not include the independent verification of information used. Therefore, I recommend you review these returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to these returns, please contact me before filing them.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization Allen Lovelace Moore and Blanche Davis Moore Foundation	Employer identification number 74-2675281
---	---

Name and title of officer
**Gary J Leach
President**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>1,568.</u>
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize James D Berg CPA to enter my PIN 75281
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

74236204002
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ James D Berg Date ▶ 06.02.2019

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) Form 990-PF

2019

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

Department of the Treasury
Internal Revenue Service

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	5,000.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/15/19	06/17/19	09/16/19	12/16/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	1,250.	1,250.	1,250.	1,250.
13	2018 Overpayment. See instructions	13	1,250.	1,250.	1,250.	1,250.
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

Estimated Tax	5,000.
Overpayment Applied	5,000.
Amount Due	0.

Return of Private Foundation

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

2018

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2018 or tax year beginning _____, and ending _____

Name of foundation Allen Lovelace Moore and Blanche Davis Moore Foundation		A Employer identification number 74-2675281
Number and street (or P.O. box number if mail is not delivered to street address) 700 Everhart Road	Room/suite J-21	B Telephone number 361-814-6700
City or town, state or province, country, and ZIP or foreign postal code Corpus Christi, TX 78411-1941		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 9,719,451.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		317,056.	310,044.		Statement 1
5a Gross rents		28,777.	22,436.		Statement 2
b Net rental income or (loss) 24,360.					Statement 3
6a Net gain or (loss) from sale of assets not on line 10		31,450.			Statement 4
b Gross sales price for all assets on line 6a 5,503,936.					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		377,283.	332,480.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	137,725.	45,245.		92,480.
	14 Other employee salaries and wages	31,042.	6,209.		24,833.
	15 Pension plans, employee benefits				
	16a Legal fees Stmt 5	150.	150.		0.
	b Accounting fees Stmt 6	27,442.	27,442.		0.
	c Other professional fees Stmt 7	42,995.	42,995.		0.
	17 Interest				
	18 Taxes Stmt 8	35,504.	6,038.		6,718.
	19 Depreciation and depletion				
	20 Occupancy	20,414.	20,414.		0.
	21 Travel, conferences, and meetings	9,897.	9,897.		0.
	22 Printing and publications				
	23 Other expenses Stmt 9	56,094.	17,263.		7,381.
24 Total operating and administrative expenses. Add lines 13 through 23	361,263.	175,653.		131,412.	
25 Contributions, gifts, grants paid	410,500.			410,500.	
26 Total expenses and disbursements. Add lines 24 and 25	771,763.	175,653.		541,912.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-394,480.				
b Net investment income (if negative, enter -0-)		156,827.			
c Adjusted net income (if negative, enter -0-)			N/A		

Allen Lovelace Moore and
Blanche Davis Moore Foundation

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	2,163,722.	807,167.	807,167.	
	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				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations Stmt 10	2,050,527.	1,734,352.	1,747,296.	
	b	Investments - corporate stock Stmt 11	4,864,470.	5,941,296.	5,732,036.	
	c	Investments - corporate bonds Stmt 12	214,600.	330,408.	317,953.	
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other Stmt 13	1,009,240.	1,090,608.	1,092,969.		
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation					
15	Other assets (describe Statement 14)	19,886.	22,030.	22,030.		
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	10,322,445.	9,925,861.	9,719,451.		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe Statement 15)	40,710.	38,606.		
23	Total liabilities (add lines 17 through 22)	40,710.	38,606.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	13,170,575.	13,170,575.		
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29	Retained earnings, accumulated income, endowment, or other funds	-2,888,840.	-3,283,320.			
30	Total net assets or fund balances	10,281,735.	9,887,255.			
31	Total liabilities and net assets/fund balances	10,322,445.	9,925,861.			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,281,735.
2	Enter amount from Part I, line 27a	2	-394,480.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	9,887,255.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	9,887,255.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b See Attached Statements			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e 5,122,628.		5,224,511.	-101,883.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			-101,883.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-101,883.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	320,595.	10,517,530.	.030482
2016	519,615.	10,434,237.	.049799
2015	629,054.	11,019,344.	.057086
2014	546,037.	11,987,931.	.045549
2013	539,063.	12,532,605.	.043013

2 Total of line 1, column (d)	2	.225929
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.045186
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	9,839,400.
5 Multiply line 4 by line 3	5	444,603.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,568.
7 Add lines 5 and 6	7	446,171.
8 Enter qualifying distributions from Part XII, line 4	8	541,912.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,568.
c 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-)		2	0.
3 Add lines 1 and 2		3	1,568.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,568.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	9,405.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	24,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	33,405.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	31,837.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax 5,000. Refunded	11	26,837.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>NY, TX</u>		
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.moorefoundationcc.com	X	
14 The books are in care of Gary J Leach Telephone no. 361-814-6700 Located at 700 Everhart Road Suite J-21, Corpus Christi, TX ZIP+4 78411		
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		N/A
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Organizations relying on a current notice regarding disaster assistance, check here		X
c 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?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 16		137,725.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. 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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 **0.**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,008,291.
b	Average of monthly cash balances	1b	960,986.
c	Fair market value of all other assets	1c	19,962.
d	Total (add lines 1a, b, and c)	1d	9,989,239.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,989,239.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	149,839.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,839,400.
6	Minimum investment return. Enter 5% of line 5	6	491,970.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	491,970.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	1,568.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	10,467.
c	Add lines 2a and 2b	2c	12,035.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	479,935.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	479,935.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	479,935.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	541,912.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
a	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	541,912.
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	5	1,568.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	540,344.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				479,935.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015		7,979.		
d From 2016				
e From 2017				
f Total of lines 3a through e	7,979.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 541,912.				
a Applied to 2017, but not more than line 2a ..			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2018 distributable amount				479,935.
e Remaining amount distributed out of corpus	61,977.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	69,956.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	69,956.			
10 Analysis of line 9:				
a Excess from 2014 ...				
b Excess from 2015 ...		7,979.		
c Excess from 2016 ...				
d Excess from 2017 ...				
e Excess from 2018 ...		61,977.		

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

See Statement 17

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

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Alabama Baptist Children's Home 1302 Ross Clark Circle Dothan, AL 36301	None	Public Charity	Youth housing and operations	5,000.
Annapolis Christian Academy 3875 S Staples Corpus Christi, TX 78411	None	Public charity	Youth education	5,000.
Big Brothers Big Sisters Serving the Coastal Bend 924 Winnebago Street Corpus Christi, TX 78401	None	Public charity	Youth outreach	2,500.
Camp Aranzazu 5420 FM 1781 Rockport, TX 78382	None	Public charity	Youth recreation	5,000.
Catholic Charities of Corpus Christi 1322 Comanche Street Corpus Christi, TX 78401	None	Public charity	Youth legal aid	3,500.
Total	See continuation sheet(s)			410,500.
b Approved for future payment				
CASA (Court Appointed Special Advocates) of the Coastal Bend 2602 Prescott Corpus Christi, TX 78403	None	Public Charity	Youth legal aid	5,000.
Alabama Baptist Children's Home 1302 Ross Clark Circle Dothan, AL 36301	None	Public Charity	Youth housing and operations	5,000.
Annapolis Christian Academy 3875 S Staples Corpus Christi, TX 78411	None	Public Charity	Youth education	2,500.
Total	See continuation sheet(s)			410,750.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: _____ Date: _____ Title: **President**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	James D Berg CPA	<i>James D Berg</i>	06.02.2019		P01329988
	Firm's name ▶ James D Berg CPA	Firm's EIN ▶ 80-0663755			
Firm's address ▶ 41 Arnold Palmer San Antonio, TX 78257-1723				Phone no. 210-317-7393	

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a iShares 20+ years ETF - 190.000 shares	P	02/27/18	05/01/18
b iShares 20+ years ETF - 40.000 shares	P	07/20/18	12/19/18
c Vanguard GNMA - 11,805.169 shares	P	11/09/17	10/25/18
d BNY Mellon NA - 100,000 face	P	06/19/18	12/24/18
e iShares 20+ years ETF - 490.000 shares	P	11/11/16	01/30/18
f iShares 20+ years ETF - 145.000 shares	P	11/11/16	02/02/18
g iShares 20+ years ETF - 345.000 shares	P	11/11/16	02/08/18
h Nuveen Build America - .228 shares	P	08/26/13	11/20/18
i Direxion Shs ETF - .200 shares	P	03/29/18	03/29/18
j Vanguard GNMA - 14,648.438 shares	P	03/14/18	10/25/18
k BNY Mellon NA - 100,000 face	P	06/19/18	12/24/18
l Merchant Bank - 50,000 face	P	06/19/18	09/27/18
m Proshares TR II - .400 shares	P	09/18/18	09/18/18
n Gamco Glbl Gold - 6,740.000 shares	P	10/23/14	03/14/18
o Gamco Glbl Gold - 1,390.000 shares	P	10/31/16	03/14/18

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 22,520.		22,518.	2.
b 4,841.		4,852.	-11.
c 118,760.		124,072.	-5,312.
d 100,000.		100,015.	-15.
e 59,837.		59,796.	41.
f 17,329.		17,695.	-366.
g 41,055.		42,102.	-1,047.
h 4.		4.	0.
i 7.		54.	-47.
j 147,363.		150,000.	-2,637.
k 100,000.		100,000.	0.
l 50,000.		50,000.	0.
m 15.		239.	-224.
n 33,165.		45,954.	-12,789.
o 6,840.		5,615.	1,225.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			2.
b			-11.
c			-5,312.
d			-15.
e			41.
f			-366.
g			-1,047.
h			0.
i			-47.
j			-2,637.
k			0.
l			0.
m			-224.
n			-12,789.
o			1,225.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Bitcoin Invt Trust - 15.000 shares	P	05/24/17	01/08/18
b Blackrock Credit Alloc - 3,000.000 shares	P	03/14/18	07/05/18
c Blackrock Muni Yield - 16,205.000 shares	P	03/30/17	03/05/18
d Centercoast MLP - 9,185.772 shares	P	03/05/18	08/03/18
e Doublin Income Solutions - 3,800.000 shares	P	03/14/18	08/14/18
f iShares 20+ years ETF - 7,085.000 shares	P	03/30/17	12/19/18
g Nuveen AMT Free - 2,645.000 shares	P	03/24/17	03/05/18
h Nuveen Quality Muni - 5,050.000 shares	P	03/24/17	03/05/18
i US Treasury Stripped - 312,000 face	P	10/16/17	01/30/18
j US Treasury Stripped - 356,000 face	P	10/16/17	01/30/18
k BNY Mellon NA - 250,000 face	P	03/14/18	12/20/18
l Cadence Bank - 250,000 face	P	03/14/18	06/22/18
m Laurel Road Bank - 250,000 face	P	03/14/18	09/17/18
n Aberdeen Asia Pacific - 14,145.000 shares	P	08/22/13	06/12/18
o Blackrock Credit Alloc - 8,730.000 shares	P	09/13/13	07/05/18

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 34,135.		5,064.	29,071.
b 36,328.		37,892.	-1,564.
c 196,656.		207,342.	-10,686.
d 84,749.		86,293.	-1,544.
e 77,272.		76,143.	1,129.
f 843,419.		848,227.	-4,808.
g 34,366.		35,062.	-696.
h 66,394.		68,785.	-2,391.
i 147,885.		154,713.	-6,828.
j 147,575.		155,196.	-7,621.
k 250,000.		250,000.	0.
l 250,000.		250,000.	0.
m 250,000.		250,000.	0.
n 62,955.		80,033.	-17,078.
o 105,481.		108,743.	-3,262.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			29,071.
b			-1,564.
c			-10,686.
d			-1,544.
e			1,129.
f			-4,808.
g			-696.
h			-2,391.
i			-6,828.
j			-7,621.
k			0.
l			0.
m			0.
n			-17,078.
o			-3,262.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Centercoast MLP - 16,590.000 shares	P	04/08/15	07/31/18
b Doublin Income Solutions - 7,600.000 shares	P	05/19/16	08/14/18
c Federated Invts - 1,300.000 shares	P	11/03/11	10/24/18
d Gamco Glbl Gold - 10,455.000 shares	P	02/06/14	09/04/18
e iShares 20+ years ETF - 5,905.000 shares	P	11/11/16	02/02/18
f Matthews Intl Fund - 15,281.529 shares	P	01/25/17	07/06/18
g Nuveen AMT Free - 11,286.000 shares	P	06/12/13	03/05/18
h Nuveen Quality Muni - 8,469.000 shares	P	08/19/13	03/05/18
i Nuveen Municipal Credit - 5,001.000 shares	P	01/18/17	03/05/18
j Nuveen AMT Free - 7,750.000 shares	P	08/19/13	03/05/18
k Nuveen Build America - .906 shares	P	09/04/13	11/20/18
l Section 1231 loss - from Enterprise partnership	P	12/30/17	12/31/18
m Short term capital loss - from Proshares partners	P	01/01/18	12/31/18
n Section 1256 contracts - from Proshares partnersh	P	12/30/17	12/31/18
o Long term capital gain - from Resource partnershi	P	12/30/17	12/31/18

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 153,061.		212,521.	-59,460.
b 154,543.		134,754.	19,789.
c 29,465.		20,547.	8,918.
d 50,392.		74,346.	-23,954.
e 717,939.		719,473.	-1,534.
f 246,185.		248,800.	-2,615.
g 146,636.		148,006.	-1,370.
h 111,344.		109,900.	1,444.
i 104,009.		105,818.	-1,809.
j 111,678.		112,933.	-1,255.
k 17.		16.	1.
l		664.	-664.
m		324.	-324.
n 536.			536.
o 3,977.			3,977.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-59,460.
b			19,789.
c			8,918.
d			-23,954.
e			-1,534.
f			-2,615.
g			-1,370.
h			1,444.
i			-1,809.
j			-1,255.
k			1.
l			-664.
m			-324.
n			536.
o			3,977.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Section 1231 gain - from Resource partnership	P	12/30/17	12/31/18
b Capital Gains Dividends			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 157.			157.
b 3,738.			3,738.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			157.
b			3,738.
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-101,883.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

Allen Lovelace Moore and
Blanche Davis Moore Foundation

74-2675281

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Citizens for Educational Excellence PO Box 261125 Corpus Christi, TX 78426	None	Public charity	Youth education	2,500.
Coastal Bend Community Foundation 615 North Upper Broadway #1950 Corpus Christi, TX 78401	None	Public charity	Youth education	8,000.
Coastal Bend Fellowship of Christian Athletes 4202 Kostoryz Road Corpus Christi, TX 78415	None	Public charity	Youth outreach	10,000.
Corpus Christi Hope House Inc 658 Robinson Corpus Christi, TX 78404	None	Public charity	Youth housing and operations	5,000.
Corpus Christi Metro Ministries Inc 614 Horne Road Corpus Christi, TX 78416	None	Public charity	Youth housing and operations	10,000.
Corpus Christi Pregnancy Center 4730 Everhart Road Corpus Christi, TX 78411	None	Public charity	Youth outreach	15,000.
CASA (Court Appointed Special Advocates) of the Coastal Bend PO Box 4 Corpus Christi, TX 78403	None	Public charity	Youth legal aid	5,000.
Deaf & Hard of Hearing Center 5151 McArdle Street Corpus Christi, TX 78411	None	Public charity	Youth health care	5,000.
Del Mar College Foundation 101 Baldwin Blvd Corpus Christi, TX 78404	None	Public charity	Youth education	10,000.
Driscoll Children's Hospital 3533 S Alameda Corpus Christi, TX 78414	None	Public charity	Youth health care	2,500.
Total from continuation sheets				389,500.

Allen Lovelace Moore and
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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Emmanuel Christian Fellowship 2924 Ruth Street Corpus Christi, TX 78405	None	Public charity	Youth outreach	2,500.
Food Bank of Corpus Christi 826 Krill Street Corpus Christi, TX 78408	None	Public Charity	Youth meals	25,000.
Foster Angels of South Texas PO Box 3488 Corpus Christi, TX 78463	None	Public charity	Youth child care	5,000.
Fryderyk Chopin Society of Texas 4610 Abner Drive Corpus Christi, TX 78411	None	Public charity	Youth outreach	2,500.
Girl Scouts of Greater South Texas 2410 Bevecrest Street Corpus Christi, TX 78415	None	Public charity	Youth outreach	2,500.
Greenwood - Molina Children's Center 954 National Drive Corpus Christi, TX 78416	None	Public charity	Youth child care	15,000.
GROW Local South Texas 710 Buffalo Street Suite 802 Corpus Christi, TX 78401	None	Public charity	Youth education	3,200.
HE Butt Family Foundation PO Box 290670 Kerrville, TX 78029	None	Public charity	Youth recreation	10,000.
LEAD First 500 North Shoreline Blvd Suite 807N Corpus Christi, TX 78471	None	Public charity	Youth outreach	10,000.
Mary McLeod Bethune Day Nursery Inc 900 Kinney Avenue Corpus Christi, TX 78401	None	Public charity	Youth child care	5,000.
Total from continuation sheets				

Allen Lovelace Moore and
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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Milwaukee Rescue Mission 813 North 19th Street Milwaukee, WI 53233	None	Public charity	Youth housing and operations	5,000.
Miracle League of Corpus Christi PO Box 531 Corpus Christi, TX 78403	None	Public charity	Youth recreation	10,000.
New Life Refuge Ministries PO Box 9157 Corpus Christi, TX 78469	None	Public charity	Youth housing and operations	10,000.
Palmer Drug Abuse Program of Corpus Christi 3104 South Alameda Corpus Christi, TX 78404	None	Public charity	Youth outreach	2,500.
Ring of Champions PO Box 4054 Corpus Christi, TX 78104	None	Public charity	Youth outreach	12,500.
Ronald McDonald House Charities 3402 Ft Worth Street Corpus Christi, TX 78411	None	Public charity	Youth housing and operations	1,000.
Salvation Army PO Box 2507 Corpus Christi, TX 78403	None	Public charity	Youth housing and operations	50,000.
South Texas Children's Home PO Box 1210 Beeville, TX 78104	None	Public charity	Youth housing and operations	60,000.
South Texas Council Boy Scouts of America 700 Everhart Terrace Bldg A Corpus Christi, TX 78411	None	Public charity	Youth outreach	3,000.
The Womens Shelter of South Texas PO Box 3368 Corpus Christi, TX 78463	None	Public charity	Youth family Counseling	1,500.
Total from continuation sheets				

Allen Lovelace Moore and
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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Timons Ministries 10501 South Padre Island Drive Corpus Christi, TX 78418	None	Public charity	Youth healthcare	2,500.
West Side Help PO Box 5431 Corpus Christi, TX 78465	None	Public charity	Youth outreach	15,000.
Young Men's Christian Association Corpus Christi 417 South Upper Broadway Corpus Christi, TX 78401	None	Public charity	Youth outreach	2,500.
Young Women's Christian Association Corpus Christi 4601 Corona Drive Corpus Christi, TX 78411	None	Public charity	Youth outreach	3,780.
Youth Odyssey PO Box 331394 Corpus Christi, TX 78463	None	Public charity	Youth outreach	10,000.
Agape Ranch 6537 S Staples Street Suite 222 Corpus Christi, TX 78413	None	Public Charity	Foster care	5,000.
Ark Advocacy PO Box 331 Refugio, TX 78377	None	Public Charity	Youth child care	2,000.
Ark Assessment 12960 Leopard Street Corpus Christi, TX 78410	None	Public Charity	Youth child care	2,500.
Art Museum of South Texas 1902 North Shoreline Corpus Christi, TX 78401	None	Public Charity	Youth education	1,500.
Associated Builders & Contractors Merit Shop 7433 Leopard Street Corpus Christi, TX 78409	None	Public Charity	Youth education	10,000.
Total from continuation sheets				

Allen Lovelace Moore and
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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Boys & Girls Clubs of the Coastal Bend 3902 Greenwood Drive Corpus Christi, TX 78401	None	Public Charity	Youth outreach	10,000.
Corpus Christi Symphony Society Inc PO Box 495 Corpus Christi, TX 78403	None	Public Charity	Youth outreach	2,500.
Junior Achievement of the Coastal Bend 615 North Upper Broadway #618 Corpus Christi, TX 78477	None	Public Charity	Youth education	2,500.
Love Tennis & Education 2613 Fulton Drive Corpus Christi, TX 78414	None	Public Charity	Youth outreach	3,000.
Rockport Center for the Arts 902 Navigation Corpus Christi, TX 78382	None	Public Charity	Youth education	1,000.
South Texas Botanical Gardens 8545 South Staples Street Corpus Christi, TX 78413	None	Public Charity	Youth education	1,020.
Special Olympics 7715 Chevy Chase Drive Suite 120 Austin, TX 78752	None	Public Charity	Youth outreach	3,000.
Texas A&M University 6300 Ocean Drive Corpus Christi, TX 78412	None	Governmental entity	Youth education	2,500.
Total from continuation sheets				

Allen Lovelace Moore and
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Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
Big Brothers and Big Sisters Serving the Coastal Bend 924 Winnebago Street Corpus Christi, TX 78401	None	Public Charity	Youth outreach	2,500.
Camp Aranzazu 5420 FM 1781 Rockport, TX 78382	None	Public Charity	Youth recreation	5,000.
Catholic Charities of Corpus Christi 1322 Comanche Street Corpus Christi, TX 78401	None	Public Charity	Youth legal aid	3,500.
Citizens for Educational Excellence PO Box 261125 Corpus Christi, TX 78426	None	Public Charity	Youth education	2,500.
Coastal Bend Fellowship of Christian Athletes 4202 Kostoryz Road Corpus Christi, TX 78415	None	Public Charity	Youth outreach	10,000.
Corpus Christi Hope House Inc 658 Robinson Corpus Christi, TX 78404	None	Public Charity	Youth housing and operations	5,000.
Corpus Christi Pregnancy Center 4730 Everhart Road Corpus Christi, TX 78411	None	Public Charity	Youth outreach	15,000.
Deaf & Hard of Hearing Center 5151 McArdle Street Corpus Christi, TX 78411	None	Public Charity	Youth health care	5,000.
Del Mar College Foundation 101 Baldwin Blvd Corpus Christi, TX 78404	None	Public Charity	Youth education	10,000.
Driscoll Children's Hospital 3533 S Alameda Corpus Christi, TX 78411	None	Public Charity	Youth health care	2,500.
Total from continuation sheets				398,250.

Allen Lovelace Moore and
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Part XV **Supplementary Information**

3 Grants and Contributions Approved for Future Payment (Continuation)				
Recipient <small>Name and address (home or business)</small>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Emmanuel Christian Fellowship 2924 Ruth Street Corpus Christi, TX 78405	None	Public Charity	Youth outreach	4,000.
Food Bank of Corpus Christi 826 Krill Street Corpus Christi, TX 78408	None	Public Charity	Youth meals	25,000.
Foster Angels of South Texas PO Box 3488 Corpus Christi, TX 78463	None	Public Charity	Youth child care	5,000.
Fryderyk Chopin Society of Texas 4610 Abner Drive Corpus Christi, TX 78411	None	Public Charity	Youth outreach	2,500.
Girl Scouts of Greater South Texas 2410 Bevecrest Street Corpus Christi, TX 78415	None	Public Charity	Youth outreach	2,500.
Greenwood - Molina Children's Center 954 National Drive Corpus Christi, TX 78416	None	Public Charity	Youth child care	17,500.
GROW Local South Texas 710 Buffalo Street Suite 802 Corpus Christi, TX 78401	None	Public Charity	Youth recreation	3,750.
Laity Renewal Foundation PO Box 290670 Kerrville, TX 78029	None	Public Charity	Youth recreation	7,500.
LEAD First 500 North Shoreline Blvd Suite 807 N Corpus Christi, TX 78471	None	Public Charity	Youth outreach	10,000.
Mary McLeod Bethune Day Nursery Inc 900 Kinney Avenue Corpus Christi, TX 78401	None	Public Charity	Youth child care	5,000.
Total from continuation sheets				

Allen Lovelace Moore and
Blanche Davis Moore Foundation

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Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Metro Ministries 614 Horne Road Corpus Christi, TX 78416	None	Public Charity	Youth housing and operations	10,000.
Milwaukee Rescue Mission 813 North 19th Street Milwaukee, WI 53233	None	Public Charity	Youth housing and operations	5,000.
Miracle League of Corpus Christi PO Box 531 Corpus Christi, TX 78403	None	Public Charity	Youth recreation	10,000.
New Life Refuge Ministries PO Box 9157 Corpus Christi, TX 78469	None	Public Charity	Youth housing and operations	10,000.
A World for Children 5151 Flynn Parkway Ste 511 Corpus Christi, TX 78411	None	Public Charity	Youth outreach	1,000.
Ring of Champions PO Box 4054 Beeville, TX 78104	None	Public Charity	Youth outreach	12,500.
Ronald McDonald House Charities 3402 Ft Worth Street Corpus Christi, TX 78411	None	Public Charity	Youth outreach	1,000.
Salvation Army 521 Josephine Street Corpus Christi, TX 78401	None	Public Charity	Youth housing and operations	50,000.
South Texas Children's Home PO Box 1210 Beeville, TX 78104	None	Public Charity	Youth housing and operations	50,000.
South Texas Council Boy Scouts of America 700 Everhart Terrace Bldg A Corpus Christi, TX 78411	None	Public Charity	Youth outreach	3,000.
Total from continuation sheets				

Allen Lovelace Moore and
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Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Agape Ranch 6537 S Staples Street Suite 222 Corpus Christi, TX 78413	None	Public Charity	Youth housing	5,000.
Timons Ministries 10501 South Padre Island Drive Corpus Christi, TX 78418	None	Public Charity	Youth healthcare	1,000.
West Side Help PO Box 5431 Corpus Christi, TX 78465	None	Public Charity	Youth outreach	10,000.
Aim for Success 17817 Davenport Road Dallas, TX 75252	None	Public Charity	Youth outreach	2,000.
Young Women's Christian Association Corpus Christi 4601 Corona Drive Corpus Christi, TX 78411	None	Public Charity	Youth outreach	3,500.
Youth Odyssey PO Box 331394 Corpus Christi, TX 78463	None	Public Charity	Youth outreach	10,000.
Associated Builders & Contractors Merit Shop 7433 Leopard Street Corpus Christi, TX 78409	None	Public Charity	Youth education	12,000.
Boys & Girls Clubs of the Coastal Bend 3902 Greenwood Drive Corpus Christi, TX 78401	None	Public Charity	Youth education	7,500.
Coastal Bend Community Foundation 4202 Kostoryz Road Corpus Christi, TX 78415	None	Public Charity	Youth education	8,000.
Corpus Christi Symphony Society Inc PO Box 495 Corpus Christi, TX 78403	None	Public Charity	Youth outreach	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Habitat for Humanity Corpus Christi Inc 5541 Bear Lane Ste 236 Corpus Christi, TX 78405	None	Public Charity	Youth housing	5,000.
Harbor Playhouse 1802 N Chaparral Bldg 2 Corpus Christi, TX 78401	None	Public Charity	Youth outreach	3,500.
Junior Achievement of the Coastal Bend 615 North Upper Broadway #618 Corpus Christi, TX 78477	None	Public Charity	Youth outreach	2,500.
Love Tennis & Education 2613 Fulton Drive Corpus Christi, TX 78414	None	Public Charity	Youth outreach	5,000.
Rise School of Corpus Christi 2030 Rise Road Corpus Christi, TX 78411	None	Public Charity	Youth housing	1,000.
Rockport Center for the Arts 902 Navigation Corpus Christi, TX 78382	None	Public Charity	Youth outreach	1,000.
Sea City Work Camp PO Box 10449 Corpus Christi, TX 78460	None	Public Charity	Youth outreach	1,000.
Serenity Star Inc NW 1st Street Smithville, TX 78957	None	Public Charity	Youth counseling	5,000.
South Texas Botanical Gardens 8545 South Staples Street Corpus Christi, TX 78413	None	Public Charity	Youth outreach	1,000.
South Texas Light House for the Blind 4421 Agnes Street Corpus Christi, TX 78405	None	Public Charity	Youth health support	2,500.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Special Olympics 7715 Chevy Chase Drive Suite 120 Austin, TX 78752	None	Public Charity	Youth outreach	3,000.
Still Waters Ministries 624 N Main Street Ste 204 Boerne, TX 78006	None	Public Charity	Youth outreach	2,500.
Texas State Aquarium 2710 North Shoreline Blvd Corpus Christi, TX 78402	None	Public Charity	Youth outreach	2,500.
The Ark Assessment 12960 Leopard Street Corpus Christi, TX 78410	None	Public Charity	Youth outreach	2,500.
Wesley Community Center PO Box 7099 Corpus Christi, TX 78467	None	Public Charity	Youth housing	2,500.
Total from continuation sheets				

Form 990-PF	Dividends and Interest from Securities			Statement	1
Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Dividend income - from Argent Financial Group	636.	0.	636.	636.	
Dividend income - from Herndon Plant Oakley FI account	9,195.	0.	9,195.	9,195.	
Dividend income - from Herndon Plant Oakley OP account	283,403.	3,738.	279,665.	272,653.	
Dividend income - from Herndon Plant Oakley WC account	7,667.	0.	7,667.	7,667.	
Interest income - from Herndon Plant Oakley FI account	1,364.	0.	1,364.	1,364.	
Interest income - from Herndon Plant Oakley OP account	15,988.	0.	15,988.	15,988.	
Interest income - from Herndon Plant Oakley WC account	2,067.	0.	2,067.	2,067.	
Interest income - from Herndon Plant Oakley WC2 account	1.	0.	1.	1.	
Interest income - from Mt EBO partnership	39.	0.	39.	39.	
Interest income - from Northshore partnership	2.	0.	2.	2.	
Interest income - from Proshares Ultra Partnership	3.	0.	3.	3.	
Interest income - from Resource Land partnership	429.	0.	429.	429.	
To Part I, line 4	320,794.	3,738.	317,056.	310,044.	

Form 990-PF	Rental Income	Statement	2
Kind and Location of Property	Activity Number	Gross Rental Income	
Joe's Crab Shack Holdings Inc	1	18,712.	
From partnership - MT EBO partnership	2	10,065.	
From partnership - North Shore partnership	3	0.	
Total to Form 990-PF, Part I, line 5a		28,777.	

Form 990-PF	Rental Expenses	Statement	3
Description	Activity Number	Amount	Total
Net rental real estate loss (Joe's Crab Shack)		0.	
Net rental real estate loss (MT EBO partnership)		0.	
Net rental real estate loss (Northshore partnership)		4,417.	
- SubTotal -	3		4,417.
Total rental expenses			4,417.
Net rental Income to Form 990-PF, Part I, line 5b			24,360.

Form 990-PF Gain or (Loss) from Sale of Assets Statement 4

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
iShares 20+ years ETF - 190.000 shares	22,520.	22,518.	0.	0.	2.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
iShares 20+ years ETF - 40.000 shares	4,841.	4,852.	0.	0.	-11.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Vanguard GNMA - 11,805.169 shares	118,760.	124,072.	0.	0.	-5,312.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
BNY Mellon NA - 100,000 face	Purchased	06/19/18	12/24/18
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.
100,000.	100,015.	0.	0.
			(f) Gain or Loss
			-15.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
iShares 20+ years ETF - 490.000 shares	Purchased	11/11/16	01/30/18
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.
59,837.	59,796.	0.	0.
			(f) Gain or Loss
			41.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
iShares 20+ years ETF - 145.000 shares	Purchased	11/11/16	02/02/18
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.
17,329.	17,695.	0.	0.
			(f) Gain or Loss
			-366.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
iShares 20+ years ETF - 345.000 shares	41,055.	42,102.	0.	0.	-1,047.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Nuveen Build America - .228 shares	4.	4.	0.	0.	0.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Direxion Shs ETF - .200 shares	7.	54.	0.	0.	-47.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Vanguard GNMA - 14,648.438 shares	147,363.	150,000.	0.	0.	-2,637.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
BNY Mellon NA - 100,000 face	100,000.	100,000.	0.	0.	0.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Merchant Bank - 50,000 face	50,000.	50,000.	0.	0.	0.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Proshares TR II - .400 shares	15.	239.	0.	0.	-224.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Gamco Gbl Gold - 6,740.000 shares	33,165.	45,954.	0.	0.	-12,789.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Gamco Gbl Gold - 1,390.000 shares	6,840.	5,615.	0.	0.	1,225.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Bitcoin Invt Trust - 15.000 shares	34,135.	5,064.	0.	0.	29,071.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Blackrock Credit Alloc - 3,000.000 shares	Purchased	03/14/18	07/05/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
36,328.	37,892.	0.	0.	-1,564.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Blackrock Muni Yield - 16,205.000 shares	Purchased	03/30/17	03/05/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
196,656.	207,342.	0.	0.	-10,686.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Centercoast MLP - 9,185.772 shares	Purchased	03/05/18	08/03/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
84,749.	86,293.	0.	0.	-1,544.		

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Doubline Income Solutions - 3,800.000 shares	77,272.	76,143.	0.	0.	1,129.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
iShares 20+ years ETF - 7,085.000 shares	843,419.	848,227.	0.	0.	-4,808.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Nuveen AMT Free - 2,645.000 shares	34,366.	35,062.	0.	0.	-696.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Nuveen Quality Muni - 5,050.000 shares	66,394.	68,785.	0.	0.	-2,391.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
US Treasury Stripped - 312,000 face	147,885.	154,713.	0.	0.	-6,828.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
US Treasury Stripped - 356,000 face	147,575.	155,196.	0.	0.	-7,621.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	Manner Acquired	Date Acquired	Date Sold
BNY Mellon NA - 250,000 face	250,000.	250,000.	0.	0.	0.	Purchased	03/14/18	12/20/18

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	Manner Acquired	Date Acquired	Date Sold
Cadence Bank - 250,000 face	250,000.	250,000.	0.	0.	0.	Purchased	03/14/18	06/22/18

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	Manner Acquired	Date Acquired	Date Sold
Laurel Road Bank - 250,000 face	250,000.	250,000.	0.	0.	0.	Purchased	03/14/18	09/17/18

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss	Manner Acquired	Date Acquired	Date Sold
Aberdeen Asia Pacific - 14,145.000 shares	62,955.	80,033.	0.	0.	-17,078.	Purchased	08/22/13	06/12/18

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Blackrock Credit Alloc - 8,730.000 shares	105,481.	108,743.	0.	0.	-3,262.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Centercoast MLP - 16,590.000 shares	153,061.	212,521.	0.	0.	-59,460.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Doubline Income Solutions - 7,600.000 shares	154,543.	134,754.	0.	0.	19,789.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Federated Invt - 1,300.000 shares	29,465.	20,547.	0.	0.	8,918.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Gamco Gbl Gold - 10,455.000 shares	50,392.	74,346.	0.	0.	-23,954.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
iShares 20+ years ETF - 5,905.000 shares	717,939.	719,473.	0.	0.	-1,534.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Matthews Intl Fund - 15,281.529 shares	Purchased	01/25/17	07/06/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
246,185.	248,800.	0.	0.	-2,615.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Nuveen AMT Free - 11,286.000 shares	Purchased	06/12/13	03/05/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
146,636.	148,006.	0.	0.	-1,370.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Nuveen Quality Muni - 8,469.000 shares	Purchased	08/19/13	03/05/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
111,344.	109,900.	0.	0.	1,444.		

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Nuveen Municipal Credit - 5,001.000 shares	104,009.	105,818.	0.	0.	-1,809.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Nuveen AMT Free - 7,750.000 shares	111,678.	112,933.	0.	0.	-1,255.

(a) Description of Property	(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss
Nuveen Build America - .906 shares	17.	16.	0.	0.	1.

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Section 1231 loss - from Enterprise partnership	Purchased	12/30/17	12/31/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
0.	664.	0.	0.	-664.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Short term capital loss - from Proshares partnership -	Purchased	01/01/18	12/31/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
0.	324.	0.	0.	-324.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Section 1256 contracts - from Proshares partnership	Purchased	12/30/17	12/31/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
536.	0.	0.	0.	536.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Long term capital gain - from Resource partnership	Purchased	12/30/17	12/31/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
3,977.	0.	0.	0.	3,977.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Section 1231 gain - from Resource partnership	Purchased	12/30/17	12/31/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
157.	0.	0.	0.	157.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold			
Enbridge Energy - 9,135.000 shares	Purchased	01/11/12	03/05/18			
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.	(f) Gain or Loss		
115,654.	83,967.	0.	0.	31,687.		

(a) Description of Property	Manner Acquired	Date Acquired	Date Sold
Tallgrass Energy Part - 5,994.000 shares	Purchased	09/12/13	07/02/18
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense of Sale	(e) Deprec.
265,654.	164,008.	0.	0.
			(f) Gain or Loss
			101,646.
Net Gain or Loss from Sale of Assets			27,712.
Capital Gains Dividends from Part IV			3,738.
Total to Form 990-PF, Part I, line 6a			31,450.

Form 990-PF	Legal Fees	Statement	5
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Professional fees - legal fees	150.	150.		0.
To Fm 990-PF, Pg 1, ln 16a	150.	150.		0.

Form 990-PF	Accounting Fees	Statement	6
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Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Professional fees - accounting	27,442.	27,442.		0.
To Form 990-PF, Pg 1, ln 16b	27,442.	27,442.		0.

Form 990-PF	Other Professional Fees			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Professional fees - investment advisory	38,910.	38,910.			0.
Professional fees - payroll report preparation	2,193.	2,193.			0.
Professional fees - contract labor	1,892.	1,892.			0.
To Form 990-PF, Pg 1, ln 16c	42,995.	42,995.			0.

Form 990-PF	Taxes			Statement	8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Taxes - unrelated business tax	21,180.	0.			0.
Taxes - excise	1,568.	0.			0.
Taxes - state income taxes	1,633.	1,633.			0.
Taxes - payroll	8,397.	1,679.		6,718.	
Taxes - foreign withheld	2,726.	2,726.			0.
To Form 990-PF, Pg 1, ln 18	35,504.	6,038.		6,718.	

Form 990-PF	Other Expenses			Statement	9
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Insurance - employee health	9,226.	1,845.		7,381.	
Insurance - general	3,203.	3,203.			0.
Telephone and internet expenses	3,096.	3,096.			0.
Dues and subscriptions	1,500.	1,500.			0.
Office expenses	7,619.	7,619.			0.
Ordinary loss - from Enbridge Energy partnership	741.	0.			0.
Ordinary loss - from Enterprise Products	21,651.	0.			0.

Ordinary loss - from Resource Land partnership	4,094.	0.	0.
Ordinary loss - from Tallgrass partnership	547.	0.	0.
Net rental real estate loss (Joe's Crab Shack)	0.	0.	0.
Net rental real estate loss (MT EBO partnership)	0.	0.	0.
Net rental real estate loss (Northshore partnership)	4,417.	0.	0.
To Form 990-PF, Pg 1, ln 23	56,094.	17,263.	7,381.

Form 990-PF	U.S. and State/City Government Obligations	Statement 10
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Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
iShares Trust Barclays 20+years	X		1,230,214.	1,250,945.
Nuveen Build America Bond Fund	X		504,138.	496,351.
Total U.S. Government Obligations			1,734,352.	1,747,296.
Total State and Municipal Government Obligations				
Total to Form 990-PF, Part II, line 10a			1,734,352.	1,747,296.

Form 990-PF	Corporate Stock	Statement 11
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Description	Book Value	Fair Market Value
Aberdeen Asia Pacific Income Fund Inc	350,922.	273,725.
Advent Claymore Conv Secs & Income Fund	26,526.	25,905.
Agnico Eagle Mines Limited	106,919.	149,884.
Bank of America Series L Preferred	63,439.	95,190.
Barrick Gold Corp	15,113.	27,080.
BlackRock Build America Bond Trust	357,546.	336,951.
CBRE Clarion Global Real Estate	142,426.	114,206.
Center Coast MLP & Infrastructure	58,308.	55,596.
Clearbridge Energy MLP Total Return	282,611.	234,363.
Direxion Shares ETF Tr	12,211.	1,925.
Flaherty and Crumrine Dynamic Pfd and Income	224,934.	190,765.
Gamco GBLB Natural Resources	197,896.	147,168.
Gamco Natural Resources	33,718.	25,096.
Goldcorp Inc New	89,672.	44,002.
Goldman Sachs Group Inc Shares Repstg	104,600.	98,525.
Guggenheim Taxable Muni Managed	207,353.	203,291.

Medical Properties	60,562.	93,505.
Morgan Stanley 6.875% Preferred Fixed	155,106.	150,220.
Newmont Mining Corp Holding Co	110,104.	167,360.
Nuveen Multi-Strategy Income & Growth Fund	21,401.	19,240.
Pan American Silver Corp	115,606.	104,536.
Partnership interest - Enterprise Products	249,321.	267,785.
Partnership Interest - Proshares Ultra VIX	4,529.	736.
Regions Financing Corp 6.375 Preferred	154,460.	153,630.
Tortoise MLP Fund Inc	160,421.	122,436.
Vaneck Vectors ETF	221,192.	201,199.
Vanguard GNMA Fund	123,828.	120,764.
Voya Emerging Markets High Div	140,334.	140,879.
Wheaton Precious Metals Corp	67,222.	64,449.
Wasatch Advisors Funds Inc	410,160.	438,883.
BlackRock Income Trust Inc	224,032.	215,702.
Doubleline Opportunistic	114,519.	102,235.
Flaherty and Crumrine /Claymore Pfd	234,933.	207,117.
Tallgrass Energy LP	345,080.	394,503.
Cohen & Steers REIT	150,482.	143,201.
First Trust Preferred	153,804.	143,331.
Huntington Natl Bank (certificate of deposit)	250,003.	253,696.
Safra National Bank (certificate of deposit)	200,003.	202,957.
Total to Form 990-PF, Part II, line 10b	5,941,296.	5,732,036.

Form 990-PF	Corporate Bonds	Statement 12
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Description	Book Value	Fair Market Value
Ichan Enterprises (6.00%)	133,107.	133,833.
JPMorgan Chase & Co 4.625%	82,012.	72,837.
Redwood Trust Inc	115,289.	111,283.
Total to Form 990-PF, Part II, line 10c	330,408.	317,953.

Form 990-PF	Other Investments	Statement 13
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Description	Valuation Method	Book Value	Fair Market Value
Argent Financial Group Inc	FMV	39,259.	71,075.
Gold (held in-kind)	FMV	317,290.	243,599.
Land Lease	FMV	1.	142,798.
Royalty interest - Hall-Houston 1996 Expl & Dev ORRI Trust	COST	1.	1.
Royalty interest - Hall-Houston 1999 EC88/89 A&D ORRI Trust	COST	1.	1.

SA Ingnite	COST	300,000.	300,000.
Silver (held in-kind)	FMV	339,435.	123,864.
Partnership interest - MT EBO 22	FMV	0.	117,010.
Partnership interest - North Shore Plaza	COST	94,621.	94,621.
Total to Form 990-PF, Part II, line 13		1,090,608.	1,092,969.

Form 990-PF	Other Assets	Statement 14
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Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
Prepaid federal and state taxes	12,865.	7,721.	7,721.
Receivable - dividends	7,021.	7,607.	7,607.
Receivable - from Land Resource partnership	0.	6,702.	6,702.
To Form 990-PF, Part II, line 15	19,886.	22,030.	22,030.

Form 990-PF	Other Liabilities	Statement 15
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Description	BOY Amount	EOY Amount
Partnership interest - Mt EBO 22 Associates LLC	40,710.	38,606.
Total to Form 990-PF, Part II, line 22	40,710.	38,606.

Form 990-PF Part VIII - List of Officers, Directors Statement 16
 Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
Gary J Leach 5037 Maylands Drive Corpus Christi, TX 78413	President and Director 40.00	78,725.	0.	0.
Paul Davis 13895 West Morningview Court New Berlin, WI 53151	Director 5.00	12,000.	0.	0.
Chelsea J Knight 5521 Canyon Road Apt 1218 Benbrook, TX 76126	Director 5.00	11,000.	0.	0.
Robyn Abernathy 4821 Bucking Bronc Drive Benbrook, TX 76126	Director 5.00	12,000.	0.	0.
Amy Byars 575 Moores Mill Road Auburn, AL 36830	Director 5.00	12,000.	0.	0.
Brandon Leach 1492 Pacific #4 San Francisco, CA 94109	Director 5.00	12,000.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		137,725.	0.	0.

Form 990-PF

Grant Application Submission Information
Part XV, Lines 2a through 2d

Statement 17

Name and Address of Person to Whom Applications Should be Submitted

Gary J Leach, Allen Lovelace Moore and Blanche Davis Moore Foundation,
700 Everhart Road Suite J-21
Corpus Christi, TX 78411

Telephone Number

361-814-6700

Email Address

garyl@moorefoundationcc.com

Form and Content of Applications

Any organization requesting a gift, grant, etc may make application by use of the form provided by the Foundation. To obtain a copy of the form, please submit requests to the Foundation either by fax, mail or website.

Any Submission Deadlines

Requests for gifts, grants, etc. must be postmarked on or before July 1 of each grant year.

Restrictions and Limitations on Awards

Yes. Gifts, grants, etc are restricted to organizations providing programs to children eighteen years of age or younger in the Coastal Bend Texas area. For more detailed information regarding restrictions or limitations on the use of gifts, grants, etc, please contact the Foundation.

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) Form 990-T

2019

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

Department of the Treasury
Internal Revenue Service

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	10,467.
c	2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	Adjusted To 10,468.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/15/19	06/17/19	09/16/19	12/16/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	2,617.	2,617.	2,617.	2,617.
13	2018 Overpayment. See instructions	13	2,617.	2,617.	2,617.	2,617.
14	Payment due (Subtract line 13 from line 12)	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

Estimated Tax	10,468.
Overpayment Applied	10,468.
Amount Due	0.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2018

Prepared for	Allen Lovelace Moore and Blanche Davis Moore Foundation 700 Everhart Road No. J-21 Corpus Christi, TX 78411-1941
Prepared by	James D Berg CPA 41 Arnold Palmer San Antonio, TX 78257-1723
Amount due or refund	Overpayment of \$23,442 with \$10,468 applied to the estimated tax payments and the balance of \$12,974 refunded.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	<p>Please file one original Form 990-T with the Office of the Attorney General of the State of Texas at:</p> <p style="text-align: center;">Office of the Attorney General Charitable Trusts Section Consumer Protection Division P.O. Box 12548 Austin TX 78711-2548</p> <p>These returns were prepared from information provided by you or your representatives. The preparation of income tax returns does not include the independent verification of information used. Therefore, I recommend you review these returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to these returns, please contact me before filing them.</p> <p>Please file your tax returns by certified US mail return receipt request.</p>

**Special
Instructions**

These returns were prepared from information provided by you or your representatives. The preparation of income tax returns does not include the independent verification of information used. Therefore, I recommend you review these returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to these returns, please contact me before filing them.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Allen Lovelace Moore and Blanche Davis Moore Foundation</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 700 Everhart Road, No. J-21</p> <p>City or town, state or province, country, and ZIP or foreign postal code Corpus Christi, TX 78411-1941</p>	<p>D Employer identification number (Employees' trust, see instructions.) 74-2675281</p> <p>E Unrelated business activity code (See instructions.) 531110</p>
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C Book value of all assets at end of year **9,719,451.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **6** Describe the only (or first) unrelated trade or business here ▶ **See Statement 18**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **Gary J Leach** Telephone number ▶ **361-814-6700**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a 133,333.		133,333.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5 -58,628.	Stmt 19	-58,628.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 6,341.	4,417.	1,924.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 81,046.	4,417.	76,629.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	76,629.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	76,629.

Part III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 76,629.
34	Amounts paid for disallowed fringes 34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 20 25,786.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 50,843.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 49,843.

Part IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 10,467.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 40
41	Proxy tax. See instructions 41
42	Alternative minimum tax (trusts only) 42
43	Tax on Noncompliant Facility Income. See instructions 43
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 10,467.

Part V Tax and Payments	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a
b	Other credits (see instructions) 45b
c	General business credit. Attach Form 3800 45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d
e	Total credits. Add lines 45a through 45d 45e
46	Subtract line 45e from line 44 10,467.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 47
48	Total tax. Add lines 46 and 47 (see instructions) 10,467.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 0.
50a	Payments: A 2017 overpayment credited to 2018 9,922.
b	2018 estimated tax payments 50b
c	Tax deposited with Form 8868 24,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d
e	Backup withholding (see instructions) 50e
f	Credit for small employer health insurance premiums (attach Form 8941) 50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 50g
51	Total payments. Add lines 50a through 50g 33,922.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 13.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 23,442.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 10,468. Refunded 12,974.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 7,012.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ **President** _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	James D Berg CPA	James D Berg	06.02.2019		P01329988
	Firm's name ▶ James D Berg CPA	Firm's EIN ▶			80-0663755
	41 Arnold Palmer	Phone no.			210-317-7393
	Firm's address ▶ San Antonio, TX 78257-1723				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) From Partnership - Mt EBO 22			Statement 21
(2) Associates LLC	6,341.		
(3) From partnership - North Shore			
(4) Plaza	0.		4,417.
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
Statement 22	Statement 23		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2) 1.	1.	100.00%	6,341.
(3)		%	
(4) 1.	1.	100.00%	4,417.
Totals			Enter here and on page 1, Part I, line 7, column (A). 6,341.
Total dividends-received deductions included in column 8			Enter here and on page 1, Part I, line 7, column (B). 4,417.
			0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	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)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))	0.	0.				0.

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	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

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, line 14			0.

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement 18
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Debt financed rental real estate and ordinary business income activities conducted through partnerships in which the Foundation has investments

To Form 990-T, Page 1

Form 990-T	Income (Loss) from Partnerships	Statement 19
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Description	Net Income or (Loss)
Fully disposed - Ordinary Business Income (loss)	-741.
From partnership - Enterprise partnership - Ordinary Business Income (loss)	-21,651.
Fully disposed - Ordinary Business Income (loss)	-4,094.
Fully disposed - Ordinary Business Income (loss)	-546.
From partnership - PTP carryover to 2018 - Ordinary Business Income (loss)	-69,395.
From partnership - PTP carryover to 2019 - Ordinary Business Income (loss)	37,799.
Total Included on Form 990-T, Page 1, line 5	-58,628.

Form 990-T	Net Operating Loss Deduction	Statement 20
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Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/17	25,786.	0.	25,786.	25,786.
NOL Carryover Available This Year			25,786.	25,786.

Form 990-T	Schedule E - Other Deductions	Statement	21
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Description	Activity Number	Amount	Total
From Partnership - Mt EBO 22 Associates LLC		0.	
From Partnership - North Shore Plaza		4,417.	
- SubTotal -	2		4,417.
Total of Form 990-T, Schedule E, Column 3(b)			4,417.

Form 990-T	Average Acquisition Debt on or Allocable to Debt-Financed Property	Statement	22
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Description	Activity Number	Amount	Total
From Partnership - Mt EBO 22 Associates LLC		1.	
- SubTotal -	1		1.
From Partnership - North Shore Plaza		1.	
- SubTotal -	2		1.
Total of Form 990-T, Schedule E, Column 4			2.

Form 990-T Average Adjusted Basis of or Statement 23
 Allocable to Debt-Financed Property

Description	Activity Number	Amount	Total
From Partnership - Mt EBO 22 Associates LLC			
- SubTotal -	1	1.	1.
From Partnership - North Shore Plaza			
- SubTotal -	2	1.	1.
Total of Form 990-T, Schedule E, Column 5			2.

Capital Gains and Losses
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

2018

Name Allen Lovelace Moore and Blanche Davis Moore Foundation	Employer identification number 74-2675281
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Part I Short-Term Capital Gains and Losses (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses (See instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	381,308.	247,975.		133,333.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 133,333.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)				17 133,333.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.				18 133,333.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1
**Allen Lovelace Moore and
 Blanche Davis Moore Foundation**

**Social security number or
 taxpayer identification no.**
74-2675281

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	9135.000 SHARES - Enbridge Energy	01/11/12	03/05/18	115,654.	83,967.			31,687.
	5994.000 SHARES - Tallgrass Energy	09/12/13	07/02/18	265,654.	164,008.			101,646.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				381,308.	247,975.			133,333.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **Form 990-T**

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name Allen Lovelace Moore and Blanche Davis Moore Foundation	Employer identification number 74-2675281
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	10,467.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	10,467.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	10,467.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	2,617.	2,617.	2,616.	2,617.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	9,922.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		7,305.	4,688.	2,072.
13 Add lines 11 and 12	13		7,305.	4,688.	2,072.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	9,922.	7,305.	4,688.	2,072.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				545.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	7,305.	4,688.	2,072.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2018)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 5\%$ (0.05) ...	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 5\%$ (0.05) ...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 5\%$ (0.05) ...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	See Attached Worksheet		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 6\%$ (0.06) ...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366} \times \%$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 13.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. Allen Lovelace Moore and Blanche Davis Moore Foundation	Employer identification number (EIN) or 74-2675281
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 700 Everhart Road, No. J-21	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Corpus Christi, TX 78411-1941	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Gary J Leach

- The books are in the care of ▶ **700 Everhart Road Suite J-21 - Corpus Christi, TX 78411**
Telephone No. ▶ **361-814-6700** Fax No. ▶ **361-814-6701**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 33,922.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 9,922.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 24,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
December 31, 2018

Prepared for	Allen Lovelace Moore and Blanche Davis Moore Foundation 700 Everhart Road No. J-21 Corpus Christi, TX 78411-1941
Prepared by	James D Berg CPA 41 Arnold Palmer San Antonio, TX 78257-1723
Amount due or refund	No payment required
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	These returns were prepared from information provided by you or your representatives. The preparation of income tax returns does not include the independent verification of information used. Therefore, I recommend you review these returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to these returns, please contact me before filing them.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: Allen Lovelace Moore and Blanche Davis M	Employer Identification Number (EIN): 74-2675281
	Mailing Address: 700 Everhart Road, No. J-21	NY Registration Number: 200709250000036
	City / State / ZIP: Corpus Christi, TX 78411-1941	Telephone: 361 814-6700
	Website: www.moorefoundationcc.com	Email: garyl@moorefoundati
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input checked="" type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	Gary J Leach President	Date
	Signature	Print Name and Title
Chief Financial Officer or Treasurer:	Paul Davis Treasurer	Date
	Signature	Print Name and Title

3. Annual Reporting Exemption

James D Berg

Tax return preparer 06.02.2019

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ _____	Total fee: \$ _____	Make a single check or money order payable to: "Department of Law"
---	----------------------------	------------------------------	------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

2018 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

December 31, 2018

Prepared for	Allen Lovelace Moore and Blanche Davis Moore Foundation 700 Everhart Road No. J-21 Corpus Christi, TX 78411-1941
Prepared by	James D Berg CPA 41 Arnold Palmer San Antonio, TX 78257-1723
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 571.00 Less: payments and credits \$ 2,000.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 1,429.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the NYSDTF, please sign, date and return Form TR-579-CT to our office. We will then submit the electronic return to the NYSDTF. Do not mail the paper copy of the return to the NYSDTF.
Return must be mailed on or before	Not Applicable
Special Instructions	These returns were prepared from information provided by you or your representatives. The preparation of income tax returns does not include the independent verification of information used. Therefore, I recommend you review these returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to these returns, please contact me before filing them.



Department of Taxation and Finance
Request for Six-Month Extension to File
 (for franchise/business taxes, MTA surcharge, or both)
 Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-18** ending **12-31-18**

Employer identification number (EIN) 74-2675281	File number MM7	Business telephone number 361-814-6700	
Legal name of corporation Allen Lovelace Moore and Blanche Davis Moore Foundation		Trade name / DBA Blanche Davis Moore Foundatio	
Mailing name (if different from legal name) and address c/o 700 Everhart Road, No. J-21		State or country of incorporation TX	Date received (for Tax Department use only)
Number and street or PO box 700 Everhart Road, No. J-21		Date of incorporation 04-07-93	
City Corpus Christi, TX	State TX	ZIP code 78411-1941	Foreign corporations: date began business in NYS 06-26-01
City Corpus Christi, TX		State TX	ZIP code 78411-1941
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.			

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax		Payment enclosed
<input checked="" type="checkbox"/> Attach your payment here. Detach all check stubs. (See instructions for details.)	A.	1,000.

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in this box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**

Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box **C**

D. If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D**

Computation of estimated franchise tax

1 Franchise tax from the worksheet in Form CT-5-I	1	2,000.
2		
3		
4 Prepayments of franchise tax (from line 16, column A)	4	1,000.
5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	1,000.

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet in Form CT-5-I	6	
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B)	9	
10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	
11 Total balance due (see instructions)	11	1,000.

455001181019



868511
11-06-18

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment from Form CT-300 ...	12		
13a Second installment from Form CT-400	13a 06-15-18	1,000.	
13b Third installment from Form CT-400	13b		
13c Fourth installment from Form CT-400	13c		
14 Overpayment credited from prior years	14		
15 Overpayment credited from Form CT- _____	Period		
16 Total prepayments (total all entries in column A and column B)	16	1,000.	

Paid preparer use only <i>(see instr.)</i>	Firm's name (or yours if self-employed) James D Berg CPA		Firm's EIN 80-0663755	Preparer's PTIN or SSN P0132988
	Signature of individual preparing this document	Address 41 Arnold Palmer	City San Antonio	State ZIP code TX 78257-1723
	E-mail address of individual preparing this document jdberg@att.net		Preparer's NYTPRN or Excl. code 03	Date

See instructions for where to file

455002181019





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. ALLEN LOVELACE MOORE AND
BLANCHE DAVIS MOORE FOUNDATION

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 74-2675281

5 File number (FCC)

5. MM7

6 Period beginning date (mm-dd-yy)

6. 01-01-18

7 Period ending date (mm-dd-yy)

7. 12-31-18

8 Amended (Y=1; N=0)

8. 0

9 Address change (Y=1; N=0)

9. 0

10 Final (Y=1; N=0)

10.

11 NAICS code

11. 531110

12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)

12.

13 Federal 1120-H filed (Y = 1, N = 0)

13.

14 REIT/RIC indicator (Y=1, N=0)

14.

15 Tax due/MTA surcharge

15. 571.00

16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

16.

17a Return a Gift to Wildlife

17a.

17b Breast Cancer Research and Education Fund

17b.

17c Prostate and Testicular Cancer Research and Education Fund

17c.

17d 9/11 Memorial

17d.

17e Volunteer Firefighting & EMS Recruitment Fund

17e.

17f Veterans Remembrance

17f.

17g Women's Cancers Education and Prevention Fund

17g.

17h New York State Veterans' Homes

17h.

17i Love Your Library Fund

17i.

17j Lupus Education and Prevention Fund

17j.

17k Military Family Relief Fund

17k.

18 Balance due

18.

19 Amount of overpayment credited to next period - NYS

19. 1,429.00

20 Refund of overpayment

20.

21 Refund of unused tax credits

21.

22 Tax credits to be credited as an overpayment to next year's return

22.

23 Amount of overpayment credited to next period - MTA

23.

24 Amount of MTA surcharge retaliatory tax credit to be refunded

24.

25 Fixed dollar minimum

25.

26 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

26.

27 New York receipts

27.

28 Have you been convicted of an offence (NYS Penal Law, Art. 200 or 496, or section 195.20)?

28.

29 Paid preparer's EIN

29. 80-0663755

30 Preparer's NYTPRIN

30.

31 Excl. code

31. 03

541001181019



884951 12-03-18 1019

For office use only

Form CT-186-E filers only

32	Excise tax on telecommunication services - NYS	32.	<input type="text"/>	<input type="text"/>
33	Excise tax on mobile telecommunication services subject to the 2.9% rate	33.	<input type="text"/>	<input type="text"/>
34	Total excise tax on telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	Tax on gross income - NYS	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to non-mobile telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge related to telecommunication service subject to the 0.721% tax rate	37.	<input type="text"/>	<input type="text"/>
38	Total MTA surcharge related to telecommunication services	38.	<input type="text"/>	<input type="text"/>
39	MTA surcharge on gross income	39.	<input type="text"/>	<input type="text"/>
40				
41				
42				
43				
44				
45				
46	Balance due - NYS	46.	<input type="text"/>	<input type="text"/>
47	Balance due - MTA	47.	<input type="text"/>	<input type="text"/>
48	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	48.	<input type="text"/>	<input type="text"/>
49	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	49.	<input type="text"/>	<input type="text"/>
50	Overpayment credited to next year's tax - NYS	50.	<input type="text"/>	<input type="text"/>
51	Overpayment credited to next year's tax - MTA	51.	<input type="text"/>	<input type="text"/>
52	Refund of overpayment - NYS	52.	<input type="text"/>	<input type="text"/>
53	Refund of overpayment - MTA	53.	<input type="text"/>	<input type="text"/>
54	Refund of unused tax credits - NYS	54.	<input type="text"/>	<input type="text"/>
55	Refund of unused tax credits - MTA	55.	<input type="text"/>	<input type="text"/>
56	Refundable tax credits to be credited to next year's tax - NYS	56.	<input type="text"/>	<input type="text"/>
57	Refundable tax credits to be credited to next year's tax - MTA	57.	<input type="text"/>	<input type="text"/>

541002181019





New York State E-File Authorization for Tax Year 2018

TR-579-CT

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: Allen Lovelace Moore and

Return type (mark an X for all that apply):

CT-3 CT-3-A CT-3-M CT-3-S CT-13 CT-33

CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M

CT-186-E CT-300 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our website at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2018 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit 1. _____

2 Financial institution routing number 2. _____

3 Financial institution account number 3. _____

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2018 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2018 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2018 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title Gary J Leach, President	Date
--	---	------

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2018 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2018 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature <i>James D Berg</i>	Print name James D Berg	Date 06.02.2019
Paid preparer's signature <i>James D Berg</i>	Print name James D Berg CPA	Date 06.02.2019



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

Tax Law - Article 13

beginning 01-01-18

ending 12-31-18

Employer identification number (EIN) 74-2675281	File number MM7	Business telephone number 361-814-6700	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation ALLEN LOVELACE MOORE AND BLANCHE DAVIS MOORE FOUNDATION		Trade name/DBA BLANCHE DAVIS MOORE FOUNDATION	
Mailing name (if different from legal name above) c/o	State or country of incorporation TX	Date received (for Tax Department use only)	
Number and street or PO box 700 EVERHART ROAD, NO. J-21	Date of incorporation 04-07-93		
City CORPUS CHRISTI, TX	State TX	ZIP code 78411-1941	Foreign corporations: date began business in NYS 06-26-01
NAICS business code number (from federal return) 531110	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	Audit (for Tax Department use only)
Principal unrelated business activity (see instructions) DEBT FINANCED RENTAL RE			

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax	Payment enclosed
◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	A

Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	75,629.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions)	5	
6	Add lines 1 through 5	6	75,629.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions) SEE STATEMENT 1	9	69,288.
10	Total subtractions (add lines 7, 8, and 9)	10	69,288.
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	6,341.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13	Taxable income (subtract line 12 from line 11)	13	6,341.
14	Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14	6,341.
15	Tax based on income (multiply line 14 by 9% (.09))	15	571.
16	Minimum tax	16	250.00
17	Tax (line 15 or line 16, whichever is larger)	17	571.
18	Total prepayments from line 46	18	2,000.
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20	Interest on late payment (see instructions)	20	
21	Late filing and late payment penalties (see instructions)	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	1,429.
24	Amount of overpayment on line 23 to be credited to next year	24	1,429.
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions)	26		
27 Gross rents (attach list; see instructions)	27		
28 Inventories owned	28		
29 Other tangible personal property owned (see instructions)	29		
30 Total (add lines 26 through 29)	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31		%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32		
33 All sales of tangible personal property	33		
34 Services performed	34		
35 Rentals of property	35		
36 Other business receipts	36		
37 Total (add lines 32 through 36)	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40		%
41 Total of New York State percentages (add lines 31, 38, and 40)	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42		%

Composition of prepayments claimed on line 18*

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	05-15-19	1,000.
44a Second installment from Form CT-400	44a	06-15-18	1,000.
44b Third installment from Form CT-400	44b		
44c Fourth installment from Form CT-400	44c		
45 Amount of overpayment credited from prior years	45		
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46		2,000.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Capital loss carryback Federal return filed Form 1139 •

Amended Form 990-T

400002181019



Third-party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) JAMES D BERG CPA	Designee's phone number 210-317-7393
	Designee's e-mail address JDBERG@ATT.NET		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person GARY J LEACH	Signature of authorized person	Official title PRESIDENT
	E-mail address of authorized person		Telephone number 361-814-6700 Date

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) JAMES D BERG CPA		Firm's EIN 80-0663755	Preparer's PTIN or SSN P01329988
	Signature of individual preparing this return <i>James D Berg</i>	Address City State ZIP code 41 ARNOLD PALMER SAN ANTONIO, TX 78257-1723		
	E-mail address of individual preparing this return JDBERG@ATT.NET		Preparer's NYTPRIN or Excl. code 03	Date 06.02.2019

See instructions for where to file.

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Form CT-13	Other Subtractions	Statement	1
<u>Description</u>		<u>Amount</u>	
Unrelated trade or business income apportioned to other states		69,288.	
Total to Form CT-13, Page 1, Line 9		69,288.	
