ended under COUID-19910,5%

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury

► Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service 2019, and ending For calendar year 2019 or tax year beginning 20 A Employer identification number Name of foundation 26-2248439 CSX Foundation, Inc Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 904-359-3403 500 Water Street City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here... Jacksonville, FL 32202 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . . . . . H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method X Cash F If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > 8, 160, 968 (Part I, column (d), must be on cash basis) (d) Disbursements Part | Analysis of Revenue and Expenses (The (a) Revenue and for charitable total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net expenses per may not necessarily equal the amounts in purposes income income books (cash basis only) column (a) (see instructions) ) 1,300,000 1 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to 2 Check > attach Sch B. . . . . . . . . . 3 Interest on savings and temporary cash investments. 197,100 197,100 197,100 Dividends and interest from securities . . . . Gross rents . . . . . . . . . . . . . Net rental income or (loss) 68.738 Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,777,614 68,738 7 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. . . . 8 Income modifications Gross sales less returns and allowances . . . 10 a Less Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) . . . . . . 1,565,838 265,838 197,100 12 Total. Add lines 1 through 11 . . . . . . . . 13 Compensation of officers, directors, trustees, etc . . . Expenses 14 Other employee salaries and wages . . . . . Pension plans, employee benefits . . . . . 15 16 a Legal fees (attach schedule) 679 Accounting fees (attach schedule) . . . . . b ministrative Other professional fees (attach schedule). . . 17 18 Taxes (attach schedule) (see instructions). . . 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings . . 22 Printing and publications . . . . . 3,068 3,068 3,068 Other expenses (attach schedule) . . . . . 24 Total operating and administrative expenses. Operat 3,068 3,068 3,068 Add lines 13 through 23. . . . . . . . . . . . . 613,332 613,332 25 Contributions, gifts, grants paid . . . . . . 616,400 3,068 3,068 613,332 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 949,438 Excess of revenue over expenses and disbursements 262,770 b Net investment income (if negative, enter -0-) 194,032 c Adjusted net income (if negative, enter -0-).

Р	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	of year
		_	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ıng	457,588	313,238	313,238
	2		cash investments	37,694	52,612	52,612
	3	Accounts receivable ▶		11	1	
		· · · · · · · · · · · · · · · · · · ·	ibtful accounts ►			
	4					,
			ibtful accounts ►			
	5					<u></u>
	6		officers, directors, trustees, and other			
		disqualified persons (at	tach schedule) (see instructions)			
	7		receivable (attach schedule)	"	<del></del>	
		Less allowance for dou	ibtful accounts >			
ঠ	8	Inventories for sale or us	se			
ssets	9		deferred charges	- <del>-</del>		
ĕ	10 a		te government obligations (attach schedule)			
	b	Investments - corporate	e stock (attach schedule)	3,886,995	4,452,250	5,593,265
	С	Investments - corporate	e bonds (attach schedule)	1,681,469	2,155,733	2,201,853
	11	Investments - land, building and equipment basis				
		Less accumulated deprecia (attach schedule)	ation >			
	12	· ·	loans			
	13	Investments - other (atta	ach schedule)			
	14	Land, buildings, and equipment basis	<b>&gt;</b>			
		Less accumulated deprecia	ation			
	15		<b>&gt;</b> )			
	16		completed by all filers - see the			
_		instructions Also, see p	page 1, item I)	6,063,746	6,973,833	8,160,968
	17	Accounts payable and a	accrued expenses			
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons			
횰	21	Mortgages and other no	otes payable (attach schedule)			
_	22	Other liabilities (describe	e ▶) }			
_	23		es 17 through 22)			
nces			w FASB ASC 958, check here			
2		and complete lines 24,	, 25, 29, and 30.			
읆	24		or restrictions	=	<del></del>	
四四	25		estrictions			
Ĕ		Foundations that do not t and complete lines 26 thr	follow FASB ASC 958, check here			
Ē	24 25 26 27 28 29 30	•		5,954,396	6,973,834	
ō	26	Capital stock, trust prin	cipal, or current funds	3, 334, 330	0,575,054	
뙲	27		r land, bidg , and equipment fund			
155	28		d balances (see instructions)	5,954,396	6,973,834	
<u>بر</u>	29		net assets/fund balances (see	3,334,330	0,313,034	
ž	30		· · · · · · · · · · · · · · · · · · ·	5,954,396	6,973,834	
E	art II		inges in Net Assets or Fund Bala		0,3,3,031	<u></u>
_			balances at beginning of year - Part		must agree with	
•			ed on prior year's return)			5,954,396
2			, line 27a			949, 438
			ded in line 2 (itemize) ▶			70,000
						6,973,834
		reases not included i		• • • • • • • • • • • • •	5	3,510,001
			palances at end of year (line 4 minus	line 5) - Part II, column (		6,973,834
<u> </u>	, 0,,	abbott or fund t	Talanto at and of your time 4 millios	oj . uren, columni	-/,0	- 000 DE

Pa		and Losses for Tax on Inve		(b) How		
	2-story b	scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200 s		acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
	Common Stock and			P	VARIOUS	3/27/2019
	Common Stock and			P	VARIOUS	7/9/2019
c	Common Stock and	Corporate Bonds		P	VARIOUS	12/23/2019
<u>d</u>						
<u> </u>				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	1,319,554		1,313,399			6,155
b			347,178			46,968
c	63,914		48,299	_		15,615
d						
е						
	Complete only for assets s	howing gain in column (h) and owned l	by the foundation on 12/31/69		Gains (Col (h) ga	
	(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		(k), but not less t Losses (from co	han -0-) <b>or</b>
a						6,155
b					<del></del> .	46,968
С						15,615
d						
e						
2	Capital gain net income	or (net capital loss)	in, also enter in Part I, line 7 ss), enter -0- in Part I, line 7	2		68,738
3	If gain, also enter in P	ain or (loss) as defined in sections art I, line 8, column (c) See inst	ructions If (loss), enter -0- in	3		
Pa	rt V Qualification \	Jnder Section 4940(e) for Red	luced Tax on Net Investment I	ncome		
Was		leave this part blank the section 4942 tax on the distributed the qualify under section 4940(e)	<del></del>	ase period	d?	Yes X No
1	Enter the appropriate ai	mount in each column for each yea	ir, see the instructions before make	ng any er	tries	
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2018	315,838	6,235,348		( (,	0.0507
	2017	680,581	6, 156, 302			0.1106
	2016	2,869,306	7,260,628			0.3952
	2015	396,730	6,351,566			0.0625
	2014	231,522	409,927			0.5648
	<del></del>					<del></del>
2	Total of line 1 column (	d)		2		1.1838
3		o for the 5-year base period - divide		-		
3	•	foundation has been in existence if	•	3		0.2368
4	Enter the net value of n	oncharitable-use assets for 2019 fr	om Part X, line 5	4		
5	Multiply line 4 by line 3.			_		7,492,882
				5		7,492,882 1,774,314
6	Enter 1% of net investm					
6 7						1,774,314

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 - see i	nstru	ctions	s)	•
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		5,3	255	
	here  and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2				
3	Add lines 1 and 2	3		5,	<u> 255</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5		<b>5,</b> :	<u> 255</u>	
6	Credits/Payments					
а	2019 estimated tax payments and 2018 overpayment credited to 2019   6a					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d	7	_			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			255	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		ο,	255	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11 	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11				
	t VII-A Statements Regarding Activities			Yes	No	
па	During the tax year, did the foundation attempt to influence any national, state, or local legislation participate or intervene in any political campaign?		1a	162	X	•
						-
U	<b>b</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 all		1b	-		-
	published or distributed by the foundation in connection with the activities	,				
С	Did the foundation file Form 1120-POL for this year?		1c		Х	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					•
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	ımposed				
	on foundation managers   \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х	-
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	-
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	-
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		- V	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	-
_	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or	4 45-4				
	By state legislation that effectively amends the governing instrument so that no mandatory directively the state legislation that effectively amends the governing instrument so that no mandatory directively the state legislation that effectively amends the governing instrument so that no mandatory directively.		6	х		
_	conflict with the state law remain in the governing instrument?		7	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),	anu Part AV	<u> </u>			-
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	nev General				
_	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	-	8b	Х		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4					Ĩ/\
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part X	=-				ہ
	complete Part XIV	· • • • • •	9		Х	$_{ackslash} U$
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing their				
_	names and addresses		10	<u> </u>	Х	_
_				<u> </u>		

Par	t 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	11		Χ_
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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			
14	The books are in care of ▶ JOHN KITCHENS  Telephone no ▶ 904-359-	1780	1	
	Located at ► 500 WATER STREET (C-420) JACKSONVILLE, FL ZIP+4 ► 32202-44	23		
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			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶			
Par	t 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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			'
	disqualified person?			
	(b) Further goods, services, or taskings to (c) assept them notify a disquarities person.			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		]	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
_	7////////			
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1b		
	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			
·	were not corrected before the first day of the tax year beginning in 2019?	1c		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))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
_	6d and 6e) for tax year(s) beginning before 2019? Yes X No			'
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			İ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-		
	all years listed, answer "No" and attach statement - see instructions )	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			ļ ,
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			1
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019 )	3b		<u></u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			١.,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Pai	t VII-B Statements Regarding Activities	for Which Form	4/20 May Be Red	uirea (cont	mueu)			
5a	During the year, did the foundation pay or incur any am	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (sectio	n 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public ele	-						
	directly or indirectly, any voter registration drive?				X No			
	(3) Provide a grant to an individual for travel, study, or							
	(4) Provide a grant to an organization other than a	• •			<del></del>			
	section 4945(d)(4)(A)? See instructions	<del>-</del>			X No			
	(5) Provide for any purpose other than religious, c			. —				
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							
	Regulations section 53 4945 or in a current notice rega		• •	=		5b	ľ	
	Organizations relying on a current notice regarding disa	-						
_								
С	If the answer is "Yes" to question 5a(4), does the		-	f 1	No			
	because it maintained expenditure responsibility for the	•						1
•	If "Yes," attach the statement required by Regulations s							
6a	Did the foundation, during the year, receive any fu	•		Yes	X No			
	on a personal benefit contract?			. —		65		Х
b	Did the foundation, during the year, pay premiums, dir	ectly or indirectly, on a	personal benefit contri	act,		6b		
_	If "Yes" to 6b, file Form 8870				X No			
7a	At any time during the tax year, was the foundation a p						1	
b	If "Yes," did the foundation receive any proceeds or ha	•		10117		7b		
8	Is the foundation subject to the section 4960 tax on pa	• • • •			X No	1		
D-	remuneration or excess parachute payment(s) during the tVIII Information About Officers, Director	year/	ndation Manager	. Yes		OVAAS		
	and Contractors					,		
1	List all officers, directors, trustees, and foundate	tion managers and	their compensation	. See instruc	tions.			
					lione to			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben and deferred co	efit plans	(e) Expens other al	se accoi lowance	unt, es
	(a) Name and address ATTACHED STATEMENT	(b) Title, and average	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expensor	se accor lowance	unt, es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expendent other al	se accoi lowance	unt, es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expension other al	se accor	unt, es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expension other al	se accor	unt, es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expensore	se accor	unt,
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expenother al	se accordowance	unt, es
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expension other al	se accoi	unt,
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	efit plans	(e) Expension	se accoi	unt,
		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben and deferred co	efit plans npensation	other al	lowance	
SEE 2	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average	(c) Compensation (if not paid, enter -0-)	e 1 - see	instructio	ns). If n	one,	enter
SEE 2	ATTACHED STATEMENT  Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (If not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	other al	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those (b) Title, and average	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribu	instructio	ns). If n	one,	enter
SEE 2	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (other than those to the following per week devoted to position)	(c) Compensation (if not paid, enter -0-)	e 1 - see  (d) Contribuendo Con	instructio	ns). If n	one,	enter
2 (a)	ATTACHED STATEMENT  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  se included on lin  (c) Compensation	e 1 - see  (d) Contribuendo Con	instructio tions to benefit eferred atron	ns). If n	one,	enter

Part VIII Information and Contract	About Officers, Directors, Trustees, Foundation (continued)	on Managers, Highly Paid Employ	yees,
	dependent contractors for professional services. S	See instructions. If none, enter "NONE	
	nd address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		_	
Total number of others reco	eiving over \$50,000 for professional services		
Part IX-A Summary	of Direct Charitable Activities		
List the foundation's four larges organizations and other benefici	st direct charitable activities during the tax year. Include relevant sanes served, conferences convened, research papers produced, etc.	statistical information such as the number of	Expenses
1 Receive contribu	tions for distribution to 501(c)(3	) organızations.	
			616,400
2			
3			
4			
	of Program-Related Investments (see instruction		A a a
	am-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1			
2			
All other program-related investi	ments See instructions		
3			
T.A.I. Add Inc. 4 Absorbed	n		

Form **990-PF** (2019)

Pai	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	gn fo	oundations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purpo		1a	7,297,912
		age monthly fair market value of securities	1b	309,075
		age of monthly cash balances	1c	303,073
C		market value of all other assets (see instructions)	1d	7,606,987
d	Dod	I (add lines 1a, b, and c)	IU	7,000,307
е				
_		ittach detailed explanation)	2	
2	•	sistion indebtedness applicable to line 1 assets	3	7,606,987
3		ract line 2 from line 1d	3	7,000,307
4		, <del>-</del>	4	114,105
_		uctions)	5	7,492,882
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	6	374,644
6		mum investment return. Enter 5% of line 5		<u> </u>
Га	LAI	and certain foreign organizations, check here ▶ and do not complete this part )	idalio	oris
_	Mana	num investment return from Part X, line 6	1	374,644
1			<u> </u>	3/1/011
	lax	shi invocatione income for 2010 income are 11, into 0 :		
b		me tax for 2019 (This does not include the tax from Part VI) 2b	2c	5,255
C		lines 2a and 2b	3	369,389
3		ibutable amount before adjustments Subtract line 2c from line 1	4	303,303
4		overies of amounts treated as qualifying distributions	5	369,389
5		lines 3 and 4	6	309,309
6		uction from distributable amount (see instructions)	0	
7		ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	7	369,389
	ime	<u>1 </u>		309,309
Pa	rt XII	Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Ехре	enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	613,332
b	Prog	ram-related investments - total from Part IX-B	1b	
2	Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses	2	
3	Amo	unts set aside for specific charitable projects that satisfy the		
а	Suita	ability test (prior IRS approval required)	3a	1
b		n distribution test (attach the required schedule)	3b	
4	Quali	fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	613,332
5		idations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		r 1% of Part I, line 27b See instructions	5	
6		sted qualifying distributions. Subtract line 5 from line 4	6	613,332
		e: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	ilcula	ting whether the foundation
		qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2019)

$\overline{}$	art XIII Undistributed Income (see ınstru	ctions)			Page 3
	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
•	line 7		_		369,389
2	Undistributed income, if any, as of the end of 2019				
_	Enter amount for 2018 only				
	Total for prior years 20,20,20				
3	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016 2,509,413				
	From 2017				
	From 2018				
	Total of lines 3a through e	3,186,363	** '		
	Qualifying distributions for 2019 from Part XII,				
_	line 4 ▶ \$ 613,332				
á	Applied to 2018, but not more than line 2a			<u></u> .	
ı	Applied to undistributed income of prior years	-			
	(Election required - see instructions)				
(	: Treated as distributions out of corpus (Election required - see instructions)				
(	Applied to 2019 distributable amount				369,389
	Remaining amount distributed out of corpus	243,943			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
á	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,430,306			
ı	Prior years' undistributed income Subtract				
	line 4b from line 2b				
(	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				
(	Subtract line 6c from line 6b Taxable				
	amount - see instructions	_ · · · _ · · · · · · · · · · · · · · ·			
•	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
1	Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)			<u>-</u>	
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	211,026			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	3,219,280			
10	Analysis of line 9				
	Excess from 2015 82,052				
١	Excess from 2016 2,509,413				
•	Excess from 2017 376, 085	•			
•	d Excess from 2018 7,787				
_	Excess from 2019 243, 943				Form <b>990-PF</b> (2019

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	
	If the foundation has	received a ruling or de	etermination letter tha	t it is a private opera	ating	
/	foundation, and the rulin	g is effective for 2019, er	nter the date of the ruling		▶	
b	Check box to indicate i	whether the foundation	is a private operating	foundation described in	section 4942(	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	-	Prior 3 years		(-) T-4-1
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	I or the minimum investment					
	return from Part X for each year listed					
<b>.</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	1				
_	of exempt activities					-
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line	1 1				
3	2d from line 2c					<del></del>
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets		<del></del>			
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income	1				
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties)					<del></del>
	(2) Support from general public and 5 or more					_
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(III)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.				<u> </u>	7
Pa				only if the founda	ation had \$5,000	or more in assets at
		luring the year - see	•			
1	Information Regardin					
а						ived by the foundation
	before the close of any	y tax year (but only if th	ey nave contributed i	nore than \$5,000) (S	ee section 507(a)(2)	)
		<u></u>				
b						lly large portion of the
	ownership of a partne	rship or other entity) of	which the foundation	n has a 10% or greater	interest	
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsl	nip, etc., Programs:		
						and does not accept
				ants, etc., to individua	ils or organizations i	under other conditions,
	•	c, and d See instructio				
а	The name, address, a	and telephone number	or email address of t	ne person to whom app	olications should be ac	ldressed
b	The form in which app	ilications should be sub	omitted and informati	on and materials they	should include	
					<del></del>	<del></del>
С	: Any submission deadl	ines				
	I Amil making trans			authori areas sheet	able fields loads -	i makikukana an akhan
d	I Any restrictions or I factors	imitations on awards	, sucn as by geogr	apriicai areas, charita	able fields, kinds of	f institutions, or other

Form 990-PF (2019)				Page <b>11</b>
Part XV Supplementary Information (	continued)		<u> </u>	
3 Grants and Contributions Paid Dur	ing the Year or App		Future Payment	<del> </del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUISI	
a Paid during the year				612 222
SEE ATTACHED STATEMENT				613,332
<b></b>				
÷ <b>÷</b>				
				,
\				
_				
		l		610, 220
Total	<u></u>	<u></u>		613,332
<b>b</b> Approved for future payment				
			,	
	}			
Total		1	▶ 3h	

Part X\	/I-A Analysis of Income-Prod	ucing Acti	ivities			<del></del>
•	s amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
_	im service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_						(See instructions)
	<del></del>					
				<b> </b>		
. —						
	<del></del>					
f —	· · · · · · · · · · · · · · · · · · ·					
	s and contracts from government agencies					-
•	ership dues and assessments					
	t on savings and temporary cash investments					
	nds and interest from securities			14	197,100	
	ntal income or (loss) from real estate					
	bt-financed property					<u>.</u>
	t debt-financed property					
6 Net rer	ntal income or (loss) from personal property					
7 Other	investment income					
8 Gain oi	(loss) from sales of assets other than inventory			18	68,738	
9 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a	<u></u>				
ь						
	<del>.</del>				<u> </u>	
d	<del></del>			<u> </u>		<u> </u>
e				<del> </del>	265,838	
	al Add columns (b), (d), and (e)			,	· · · · · · · · · · · · · · · · · · ·	265,838
	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calc				13	203,030
Part XV			ccomplishment of Ex	rempt Pur	noses	
Line No.	Explain below how each activit accomplishment of the foundation	y for whicl	h income is reported in	n column (	e) of Part XVI-A contrib	
<del> </del>						
				<del></del>		
					=0	
	+					
						_
-						
	<del></del>					
						<u> </u>
					<del>-</del>	
				_		
				<del></del> ,		·

Part	XVII	Information Re Organizations	egarding Trans	fers to and Trans	actions and	l Relationships \	With Noncharit	able Ex	cempt
1 [	Old the	<del></del>	ly or indirectly er	ngage in any of the fo	ollowing with	any other organiza	tion described	Yes	No
				i01(c)(3) organizatioi					
c	rganiz	ations?							
a T	ransfe	ers from the reportin	ig foundation to a	noncharitable exemp	ot organization	of			
•	•								X
(	2) Oth	er assets					<u>1</u> 6	1(2)	X
ь (	Other t	ransactions						1	l
	•			ot organization					X
				le exempt organization					, X
-	-			ssets			<b> </b>		X
				• • • • • • • • • • • • • • • • • • • •					X
									$\frac{\Lambda}{X}$
-	-			or fundraising solicita					X
				other assets, or paid " complete the follow					
				complete the followers given by the repor					
				ment, show in colum					
(a) Lin		(b) Amount involved		ncharitable exempt organiza	ı	Description of transfers, to			
(4) 2	+	(b) / mount mount	(c) training of the		(-)	, , , , , , , , , , , , , , , , , , ,		,	
				<del> </del>					
						_			
						· <del></del>			
							-		_
					<del></del>	<del></del>			<del>.</del>
			1	. 4 . 4 . 4					
			-	ated with, or related				Yes	_ No
				ion 501(c)(3)) or in se	CHOH 5277			_ res [_	
<u>D</u> I	1 165,	complete the follow (a) Name of organization		(b) Type of organi	ızatıon	(c) De	escription of relationship		
		(4)		(-7 - 7 F - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		<u> </u>		-	
•				· · · <del>- ·</del>					
		$\sim$							
$\overline{D}$				d this return, including accompayer) is based on all information			best of my knowledge	and belief,	it is true
Sian	Correc	//// /// // Deciaration of	i preparer (other than tax	-1.11/2	· (1.1	) A sally knowledge	May the IRS	tiecuse this	return
Sig'n Lioro				12/11/00	20 Vr	Corporate	with the prepa		
Here	Sygn	ature of officer or trustee		Da/e /	Title	branco inschier	See instructions	Yes	No.
		/		<u></u>		TENNICH (NAT C	· <b>&gt;</b> (		
Paid	·	Print/Type preparer's na	ime	Preparer's signature		Date	Check if PTI	N	
	arer			_	<del>.</del>		self-employed		
Prep		Firm's name				Fim	n's EIN ►		
use	Only	Firm's address				l			

Phone no

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

**Schedule of Contributors** 

OMB No 1545-0047

2019

Internal Revenue Service **Employer identification number** Name of the organization 26-2248439 CSX Foundation, Inc Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization CSX Foundation, Inc

Employer identification number 26-2248439

Part I	Contributors (see instructions)	Use duplicate copies of Part I if additional space is needed

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CSX TRANSPORTATION  500 WATER STREET C-115  JACKSONVILLE, FL 32202-4423	\$1,300,000.00	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

CSX Foundation, Inc

Employer identification number

26-2248439

Part II	Noncash Property (se	ee instructions)	Hee duplicate copies of	f Part II if additional space	s s needed
raruu	Noticasii Property (5)	ee manuchons)	USE duplicate copies of	i Fait II II audilional spact	is liecucu

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization Employer identification number CSX Foundation, Inc 26-2248439 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

## CSX Foundation, Inc Tax Year Ended 12/31/2019 Grants Made in 2019

Organization Name	Sum of Payment Amount
Battle Mixon Inc.	2,870
BIG BROTHERS BIG SISTERS OF NORTHEAST FLORIDA	2,500
BOY SCOUTS OF AMERICA	764
BUFFALO YOUTH SPORTS	3,200
CHURCH OF ST. CLARE	1,000
CLAY COUNTY COMMUNITY BAND INC	400
Clay High School	400
DEVILS FASTPITCH	400
DOWN SYNDROME ASSOCIATION OF JACKSONVILLE INC	1,470
FEEDING NORTHEAST FLORIDA	650
FOCUS ON EXCELLENCE INC	400
FRIENDS OF STOCKTON INC	400
GATOR BOWL SPORTS CHARITIES INC	2,500
GIRL SCOUTS OF GATEWAY COUNCIL INC	2,500
GIRLS ON THE RUN OF NORTHEAST FLORIDA	1,000
GOING HOME GREYHOUNDS INC	400
HABITAT FOR HUMANITY OF JACKSONVILLE INC	1,000
HINDU SOCIETY OF NORTHEAST FLORIDA INC	3,051
HODGES BOULEVARD PRESBYTERIAN CHURCH INC	400
HOLY FAMILY CATHOLIC CHURCH	25
HUBBARD HOUSE, INC.	330
HUGH OBRIAN YOUTH LEADERSHIP MARYLAND LEADERSHIP SEMINAR	400
KEY LOCK AND LANTERN INC	400
MULTI-PURPOSE COMMUNITY ACTION AGENCY INC	400
NATIONAL MULTIPLE SCLEROSIS SOCIETY	3,900
Oakleaf Sports Association	400
PUMPKIN PEDALER FOUNDATION	1,600
RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE INC	600
SAINT ANDREWS LIGHTHOUSE DBA GABRIEL HOUSE OF CARE	5,000
SRI SHIRDI SAI SOCIETY OF NORTH EAST FLORIDA INC	1,900
STOW BOYS BASEBALL LEAGUE INC	1,200
SWEETWATER ATHLETIC ASSOCIATION	400
THE FRANK SHIRCLIFFE MEMORIAL BASKETBALL LEAGUE	3,920
THE MUSEUM OF CONTEMPORARY ART JACKSONVILLE	5,000
TOM COUGHLIN JAY FUND FOUNDATION	825
UNIVERSITY OF NORTH FLORIDA FOUNDATION	5,000
WEST NEWTON VOLUNTEER FIRE CO	400
WJCT, INC.	200
WOMENS CENTER OF JACKSONVILLE INC	1,800
YOUNG ACHIEVERS SPRINT CLUB INC	970
YOUNG LIFE	833
YOUNG MENS CHRISTIAN ASSOCIATION OF METROPOLITAN ATLANTA INC	1,000
YOUTH CRISIS CENTER INC	400
M SULZBACHER CENTER FOR THE HOMELESS INC	100
FORT HILL HIGH	400
TOLSIA HIGH SCHOOL	400
	400
INTERNATIONAL MISSION BUILDERS INC.	
JACKSONVILLE UNIVERSITY ENGINEERING DEPARTMENT	2,500 1,463
CSX EMPLOYEES DISASTER RELIEF FUND INC	•
CHILDRENS CHRISTMAS PARTY OF JACKSONVILLE	5,000

Form 990-PF Part VIII, Line 1 - Information About Officers, Directors Trustees, Foundation Managers Highly Paid Employees, and Contractors

	a)		(b)		(c)	(d) /	(e)
անում և ուսու անաստատան չու Հայաստանական է հանձենանան Աստանականանական ուսում Name ութենականանական ուսում	QUITHUMUNINEQSANASHIQUAR L C + 1 T		manamuniaaa a mayagammaaa a Trie Roistwalimm	amenimening manus per manus Ayerage hours per manus areas a series and	пишинини ст. ч. т. ст. ст. ст. опиния инищинини ст. ч. ст. ст. ст. ст. опиния инищинини соттретвать пака, детина	™Contributions to manuscreauqueummusen employee benefit linkom Leokanamikaananan awadaanarpitananananananananananananananananananan	III THE
Anderson Thomas	500 Water Street Jacksonville FL 32202	Director	Director	1	0	0	0
Austin, Mark D	500 Water Street Jacksonville FL 32202	Corporate Secretary	Officer	1	0	0	0
Butler Tammy	500 Water Street, Jacksonville FL 32202	Director	Director	1	0	0	0
Holman Anne	500 Water Street, Jacksonville FL 32202	Assistant Corporate Secretary	Officer	1	0 .	0	0
Krichens, John L	500 Water Street, Jacksonville FL 32202	Vice President	Officer	1	0	0	0
Kitchens, John L	500 Water Street, Jacksonville FL 32202	Director	Director	1	0	0	0
Pangborn, Joel W	500 Water Street, Jacksonville FL 32202	Chairman of the Board	Director	1	0	0	0
Ross, Michelle	500 Water Street, Jacksonville FL 32202	Director	Director	1	0	0	0
Tucker, Bryan	500 Water Street, Jacksonville FL 32202	Director	Director	1	0	0	0
Tucker, Bryan	500 Water Street, Jacksonville FL 32202	President	Officer	1	0	0	0
Williams Angeta C	500 Water Street, Jacksonville FL 32202	Director	Director	1	0	0	0
Williams Angela C	500 Water Street, Jacksonville FL 32202	Vice President and Treasurer	Officer -	1	0	0	0

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Organization Name: " " " " " " " " " " " " " " " " " " "	Sum of Payment, Amount 2000
VIRGINIA MUSEUM OF TRANSPORTATION INC	400
United States Treasury	0
MOTHERS CRY INC	250
BENS PLACE SERVICES INC	. 400
UNIVERSITY OF LOUISIANA AT LAFAYETTE FOUNDATION	5,000
Larry A. Ryle High School	1,000
Make-A-Wish Central and Northern Florida	1,000
ORANGE PARK COMMUNITY THEATRE INC	180
PARENT BOOSTER USA INC	200
Rotary Club of South Jacksonville Charities, Inc.	100
DIOCESAN CATHOLIC CHILDRENS HOME INC	. 50
FIRST COAST NO MORE HOMELESS PETS INC	25
FOOD FOR THE POOR INC	100
MANDARIN CHRISTIAN CHURCH INC	83
MERCY CORPS · :	25
PALM VALLEY ACADEMY PTO	50
REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES	150
SAVE GEORGIAS HEMLOCKS INC	30
AGNES SCOTT COLLEGE	150
3RTEC INC	30
Nashville Symphony Association ,	. 30,000
BOOTHBAY REGION HISTORICAL SOCIETY	400
JEAN RIBAULT MIDDLE SCHOOL	400
PTA FLORIDA CONGRESS	400
RONALD MCDONALD HOUSE OF CLEVELAND INC	400
RYLE HIGH SCHOOL BAND BOOSTERS	400
SUNSET MANOR INC	400
Grand Total	613,332

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Organization Name	Sum of Payment Amount
WOUNDED WARRIOR PROJECT INC	53
YOUTH CRISIS CENTER/ THE SAFE PLACE	12
AMELIA ISLAND NASSAU COUNTY YOUTH LACROSSE INC	40
BARTRAM BEARS ATHLETIC BOOSTER CLUB	2,50
CYSTIC FIBROSIS FOUNDATION	90
RIENDS OF THE MISSIONS INC	17
NORWIN PLAY IT FORWARD FUND INC	33
RAVENS ROOST FOUNDATION FOR FAMILIES INC	11
RESURRECTION CATHOLIC CHURCH	24
JNITED WAY OF CAMDEN COUNTY INC	46
CION CHRISTIAN ACADEMY FOUNDATION	25
NORTH UNION SOFTBALL FOR GIRLS	40
CITY YEAR JACKSONVILLE	7,50
ACKSONVILLE HISTORICAL SOCIETY INC	45
MARBURY HIGH SCHOOL BAND	40
MICHAEL J FOX FOUNDATION FOR PARKINSONS RESEARCH	2 50
REUTLEN HOUSE AT NEW EBENEZER INC RINITY FITNESS RIVERSIDE	10
NAGS & WISKERS PET RESCUE INC	5
WASHINGTON TENNIS & EDUCATION	12,50
ACKSONVILLE UNIVERSITY	20,00
AUREL-LONDON OPTIMIST FOUNDATION	31
FORCE BLUE INC	76
GALAPAGOS CONSERVANCY INC	25
EUKEMIA & LYMPHOMA SOCIETY INC	1,00
PREGNANCY RESOURCE CENTER	_,,
PURITAN REFORMED THEOLOGICAL SEMINARY	1
SHAOHANNAHS HOPE INC	, 11
THE AMERICAN FRIENDS OF MIGDAL OHR	50
THEOLOGY OF THE BODY HEALING AND TRAINING CENTER INC	1,00
NORLD BIRD SANCTUARY	32
Habitat for Humanity International	10
ITTLE LEAGUE BASEBALL INC	40
Mandarine Atheletic Association	40
American Red Cross East Alabama Chapter	5
BUCKMAN BRIDGE UNITARIAN UNIVERSALIST SOCIETY	37
CRU GLOBAL INC	1,00
irst Titus Missionary Baptist Church	. 1,00
HANDS SERVING ALL INC	1,00
ump4Jax	7
NATIONAL GEOGRAPHIC SOCIETY	10
NORTH JACKSONVILLE BAPTIST CHURCH	1,00
Quigley House Inc	1
TELUGU ASSOCIATION OF NORTH AMERICA INCORPORATED	1,88
TRINITARIAN BIBLE SOCIETY	1
TRINITY CHRISTIAN COLLEGE ASSOCIATION	1
TRINITY FITNESS RIVERSIDE INC	17
Nest Virginia University Hospitals Inc	1,00
WORD AND DEED	1
NAMI	40
WAKE FOREST UNIVERSITY FOUNDATION	28
ARYA DHARMA SAMAJ INC	80
ANNUNCIATION SCHOOL	1,00
Habitat for Humanity of Wood County	2,5

	and the same trays
Organization Name 1	Sum of Payment Amount 240
ST GERARD CAMPUS	783
ST JOHN PAUL II MISSION	
ST JUDE CHILDRENS RESEARCH HOSPITAL INC	1,345
THE ARC JACKSONVILLE. INC.	1,400
THE FOUNDATION FOR AIDS RESEARCH	110
THE GUARDIAN CATHOLIC SCHOOLS	50
THE SALVATION ARMY	100
TIM TEBOW FOUNDATION, INC	100
TRUE CHURCH OF GOD OF THE APOSTOLIC FAITH	1,300
UNITED NEGRO COLLEGE FUND INC	345
UNITED WAY OF SLOPENCE COUNTY	1,417
UNITED WAY OF FLORENCE COUNTY	1,183
UNIVERSITY OF NOTRE DAME DU LAC	1,300
UPSILON LAMBDA CHAPTER OF ALPHA PHI ALPHA FRATERNITY INC	165
VIRGINIA TECH FOUNDATION INC - VIRGINIA TECH ATHLETIC FUND	1,417
W VA CONFERENCE OF THE U M C	115
WWP INC.	125
AMERICAN HEART ASSOCIATION INC.	1,060
AUBURN UNIVERSITY FOUNDATION	1,000
BEACHES EPISCOPAL SCHOOL FOUNDATION TR FUND	1,000
BEST FRIENDS ANIMAL SOCIETY	250
BIBLE PROJECT	100
BISHOP MCNAMARA HIGH SCHOOL	1,000
BOB TEBOW EVANGELISTIC ASSOCIATION INC	500
BUFFALO SOLDIERS HISTORICAL SOCIETY INC	150
CHURCH AT CHETS CREEK INC	250
CLARA WHITE MISSION	125
COMPASSION INTERNATIONAL INCORPORATED	338
COPASSION INC	1,000
EKAL VIDYALAYA FOUNDATION OF USA INC	2,420
HANDS OF THE GODDESS	800
HIGH FIVES FOR HOPE INC	1,000
HODGENVILLE CHURCH OF CHRIST	500
HUMANE OHIO	630
LARCHE JACKSONVILLE INC	1,000
LONGWOOD UNIVERSITY FOUNDATION INC	250
LOVE BUS	1,000
NRIVA INC	3,000
PACE CENTER FOR GIRLS, JACKSONVILLE	125
PREGNANCY CARE CENTER OF RINCON INC	500
RENAISSANCE JAX	50
RETHREADED INC	400
RIVERSIDE PRESBYTERIAN CHURCH	1,000
SCIENCE OF THE SOUL	1,105
ST FRANCIS XAVIER CHURCH	1,000
ST JUSTIN THE MARTYR MISSION	1,000
THE COMMUNITY FOUNDATION INC.	750
THE NAVIGATORS	200
TOLEDO LAKE ERIE & WESTERN RAILWAY AND MUSEUM, INC	850
TRAVIS MANION FOUNDATION	100
UNITED WAY OF GREATER ATLANTA INC	117
UNITED WAY OF NORTHEAST KENTUCKY	20
USS YORKTOWN CV 10 ASSOCIATION INC	250
WAGS & WHISKERS PET RESCUE INC	28

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Organization Name	Sum of Payment Amount
ALAQUA ANIMAL REFUGE INC	58
AMERICAN CANCER SOCIETY	230
AMERICAN RED CROSS, INDIANA REGION	330
ANTIOCH CHRISTIAN CHURCH	400
BEACH UNITED METHODIST CHURCH	275
BOWLING GREEN CHURCH OF THE NAZARENE	1,100
BROADWAY CARES-EQUITY FIGHTS AIDS INC	700
CAMP AO-WA-KIYA	1,500
CATHOLIC CHARITIES	1,100
CATHOLIC CHARITIES APPEAL OF THE ARCHDIOCESE OF PHILADELPHIA	180
CATHOLIC CHARITIES BUREAU, INC., JACKSONVILLE REGIONAL OFFICE	275
CATHOLIC RELIEF SERVICES INC	152
CATTY SHACK RANCH WILDLIFE SANCTUARY INC	20
CELEBRATION CHURCH OF JACKSONVILLE INC	1,000
CHERRY STREET MISSION MINISTRIES	50
CITY RESCUE MISSION	1,800
CLEVELAND CLINIC CHILDRENS HOSPITAL FOR REHABILITATION	80
COUNTY UNITED WAY INC	1,548
DANIEL MEMORIAL, INC	550
DEMENTIA SOCIETY INC	275
DIOCESE OF ST AUGUSTINE	400
FAMILY FOUNDATIONS OF NORTHEAST FLORIDA INC	330
FLORIDA THEATRE PERFORMING ARTS CENTER, INC.	502
FOLDS OF HONOR FOUNDATION	795
FRIENDS OF ATLANTIC BEACH ELEMENTARY SCHOOL INC	110
FRIENDS OF GREAT SMOKY MOUNTAINS NATIONAL PARK	230
GIVE KIDS THE WORLD INC	230
GOODWILL INDUSTRIES OF NORTH FLORIDA INC	110
GREATER BIRMINGHAM HUMANE SOCIETY	58
GUARDIAN AD LITEM FOUNDATION OF FLORIDA'S FIRST COAST INC	50
HIGH COUNTRY UNITED WAY	230
HILLSDALE COLLEGE	50
HOLDING HANDS FOR HALEY FOUNDATION	1,100
HONORABLE ORDER OF KENTUCKY COLONELS INC	200
HUMANE SOCIETY FOR BOONE COUNTY INC	245
IMPACT CHURCH OF JACKSONVILLE INC	427
JACKSONVILLE HUMANE SOCIETY	- 652
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - NORTH FLORIDA CHAPTER	360
K9S FOR WARRIORS	220
KHAN ACADEMY INC	170
KINGDOM HOUSE	110
LOGANS RUN RESCUE	550 120
NATIONAL FOREST FOUNDATION	1,000
NORTH FLORIDA SCHOOL OF SPECIAL EDUCATION  NORTHEAST FLORIDA AMERICAN RED CROSS	205
OPERATION SUPPORT OUR TROOPS - AMERICA INC	100
	200
RAPHA HOUSE INTERNATIONAL INC RESURRECTION PARISH SCHOOL	440
RONALD MCDONALD HOUSE CHARITIES OF NORTHWEST OHIO INC	230
SAFE PET RESCUE INC	230
SHRINERS HOSPITALS FOR CHILDREN	210
SOUTH FLORIDA SPCA SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS I	220
SOUTH FLORIDA SPCA SOCIETY FOR THE PREVENTION OF CROELTY TO AMIMALS T SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC., D/B/A WOLFSON CHILDREN'S HOSPITAL	750
ST FRANCIS ANIMAL HOSPITAL INC	100
31 FINANCIS ANNIVIAL DUSTIFIAL INC	100

Organization Name	Sum of Payment Amount
NORTH FLORIDA LAND TRUST INC	250
AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST	675
BRIDEGROOM APOSTOLIC FAITH CHURCH INC	275
GREATER JACKSONVILLE AREA USO COUNCIL, INC	210
NATIONAL ASSOCIATION OF VETERANS & FAMILIES INC	5,000
CYSTIC FIBROSIS FOUNDATION - JACKSONVILLE CHAPTER	1,000
NOMADS YOUTH BASEBALL CLUB OF BARBERTON OHIO	400
American Cancer Society, Inc.	400
LEARN TO READ INC	500
CHESTER YOUTH SPORTS AUTHORITY INC	400
Cutler Foundation	400
JUNIOR LEAGUE OF JACKSONVILLE INC	500
SOL MARGIN FISHING & CONSERVATION FOUNDATION	400
UPPER ROOM MINISTRIES MANSFIELD	400
YOUNG MENS CHRISTIAN ASSOCIATION OF SOUTHWESTERN INDIANA INC	400
FOCUSED ULTRASOUND FOUNDATION	50,000
TRIGG-C M RUSSELL FOUNDATION INC	100,000
DREAMS COME TRUE OF JACKSONVILLE INC	5,000
EQUAL JUSTICE INITIATIVE	160
FANNIE E TAYLOR HOME FOR THE AGED TAYLOR MANOR INC	790
FLORIDA BALLET AT JACKSONVILLE INC	190
FRIENDS OF THE LOWER APPOMATTOX RIVER INC	210
GEORGE ROGERS CLARK ATHLETIC BOOSTERS INC	800
GLOBAL ORGANIZATION FOR DIVINITY	925
HEART FOR CHILDREN INC	190
HENDERSON COUNTY NORTH MIDDLE SCHOOL	400
HEROES ON THE WATER	350
HOPE CREATES	400
JUNIOR LEAGUE OF RICHMOND VIRGINIA	160
LINCOLN HERITAGE COUNCIL BSA	400
SAN JOSE ATHLETIC ASSOCIATION INC	7,800
SHEEP DOG CHALLENGE	160
SILICON ANDHRA	910
TAKE STOCK IN CHILDREN OF NASSAU COUNTY	230
UNITED WAY OF NORTHEAST FLORIDA INC	70,491
WILLIAMS SYNDROME ASSOCIATION INC	400
AMERICAN HEART ASSOCIATION	1,000
TEACH FOR AMERICA - JACKSONVILLE	25,000
COMMUNITIES IN SCHOOLS OF JACKSONVILLE	5,000
FAMILY PROMISE OF JACKSONVILLE INC	550
KERNAN BLVD BAPTIST CHURCH	400
ST JOHNS UNITED CHURCH OF CHRIST	1,164
BULLITT EAST HIGH SCHOOL	900
FUSION PARTNERSHIPS INC	400
TRAVIS MILLS FOUNDATION	1,435
SALEM CHURCH ATHLETIC ASSOCIATION INC	400
THE MOFFETT FAMILY FOUNDATION	50,000
BEACHES EMERGENCY ASSISTANCE MINISTRY (BEAM)	5,000
THREE GRAINS OF RICE MISSIONS, INC.	5,000
WEST NASSAU COUNTY HIGH SCHOOL	400
THE COLLEGE OF WILLIAM AND MARY FOUNDATION	25,000
SAN JUAN DEL RIO CATHOLIC SCHOOL	1,000
1K NATION INC	450
5 STAR VETERANS CENTER	200

## **CSX Foundation, Inc.**

Form 990 Return of Private Foundation
 Page 2, Part III – Other Increases not included in line 2
 2019

The change in net assets is caused by the return of a grant paid to University of North Florida in the amount of \$70,000 in prior years and returned to CSX Foundation, Inc. in 2019.