Form 990-PF
Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

For calendar year 2019 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
THE M.U.S.E. FOUNDATION, I	INC		31-1563794	
Number and street (or P O box number if mail is not delivered to stree	address)	Room/suite	B Telephone number	
827 COACHWAY			410-849-72	63
City or town, state or province, country, and ZIP or foreign pannapolis, MD 21401	oostal code		C If exemption application is p	ending, check here
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
Final return	Amended return	,		
Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H Check type of organization X Section 501(c)(3) e	xempt private foundation	+()	E If private foundation sta	tus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation O	under section 507(b)(1)	
·	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
	ther (specify)		under section 507(b)(1)	(B), check here
	nn (d), must be on cash bas	IS.)		(4) -
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(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	86,606.			
2 Check I If the foundation is not required to attach Sch. B Interest on savings and temporary				
3 cash investments		0.4		a=1 ==1
4 Dividends and interest from securities	24.	24.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)	-4,961.		· · · · · · · · · · · · · · · · · · ·	
b Gross sales price for all 53,876.	7,701.			
b Gross sales price for all		0.		
8 Net short-term capital gain	-		0.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)			·	
11 Other income	21 660	0.4	24	
12 Total Add lines tilrough 11	81,669.	24.	24. 0.	
13 Compensation of officers, directors, trustees, etc	0.			0.
14 Other employee salaries and wages 15 Pension plans, employee benefits				
16a Legal fees				
b Accounting feeRECEIVESTMT 2	1,005.	61.	0.	944.
C Other professional fees				
AUG 03 2020 S				
IS Taxes S AUU V 3 2020 IS				
19 Depreciation and depletion				
夏20 Occupancy OGDEN, UT				
21 Travel, conferences, and meetings				
22 Printing and publications	96.	0.	96.	
23 Other expenses STMT 3	30.	<u> </u>		0.
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees ECEIVESTMT c Other professional fees 17 Interest AUG 0 3 2020 18 Taxes O AUG 0 3 2020 19 Depreciation and depletion 20 Occupancy OGDEN, UT 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 3 24 Total operating and administrative expenses Add lines 13 through 23	1,101.	61.	96.	944
25 Contributions, gifts, grants paid	90,350.		20.	944. 90,350.
26 Total expenses and disbursements.	20,000			
Add lines 24 and 25	91,451.	61.	96.	91,294.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-9,782.			
b Net investment income (if negative, enter -0-)		0.		
C Adjusted net income (if negative, enter -0-)			0.	

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

			S.E. FOUNDA					_	3	<u>1-156</u>	<u> 3794</u>	Page 3
P	art IV , Capital Gains a	and Lo	sses for Tax on In	vestment	Income	1/63/1	m=					
	2-story brick wa	rehouse; c	of property sold (for examor common stock, 200 shs	mple, real esta s. MLC Co)	te, 	(0)	- Purc - Dona	iiase į	(c) Date ((mo., d	acquired ay, yr.)	(d) Dat (mo., da	ay, yr.)
	100 SHS DUKE EI									7/18	01/0	
	32 SHS DUKE EN					1			12/2		01/0	
	21 SHS DUKE EN									$\frac{7/18}{7/19}$	01/0	
d	200 SHS UNITED	PARC	EL SVC			ļ		D	12/2	7/18	04/2	6/19
е	<u> </u>	5				L				(1	1	
	(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	(g))	
a	8,321.				8,59							-275.
b	2,663.				2,75							-88.
C	1,747.				1,80							<u>-57.</u>
d	41,145.			<u> </u>	45,68	6.					<u>-4</u>	<u>,541.</u>
е				<u> </u>								
	Complete only for assets showin							(I)	Gains (C	col. (h) gain not less tha	minus	
	(i) FMV as of 12/31/69	()	i) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any					(from col. ((h))	
a			<u> </u>									-275.
b												-88.
C												<u>-57.</u>
d											-4	<u>,541.</u>
е												
2	Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter of the loss of the los	r ın Part I, line - ın Part I, line	7 7	}	2				- 4	,961.
3	Net short-term capital gain or (los	ss) as defir	ned in sections 1222(5) ar	nd (6):								
	If gain, also enter in Part I, line 8,			` '		\		1				
	If (loss), enter -0- in Part I, line 8		1: 40.40() (B	. 		3				- 4	<u>,961.</u>
			ection 4940(e) for					nent inc	ome_			
(Fo	r optional use by domestic private	foundation	ns subject to the section (4940(a) tax on	net investment in	come	e)					
lf e	ection 4940(d)(2) applies, leave th	his part hla	nk									
	, , , , , ,	·									<u> </u>	[32]
	s the foundation liable for the sect					riod?					Yes	X No
	Yes," the foundation doesn't qualif					ntrior						
1_	Enter the appropriate amount in e	each colur		nstructions de	tore making any e						(d)	
	(a) Base period years		(b) Adjusted qualifying dis	tributions	Net value of no	(C)		uce accete		Distril	bution ratio	(=))
	Calendar year (or tax year beginnii	ng in)			Net value of no		madic			(coi. (b) ai	vided by col.	
	2018			7,405.				1,444 1,681				<u>54986</u> 90958
_	2017			9,500.			2	$\frac{1,001}{9,713}$				68972
	2016			4,079.				$\frac{9,713}{6,901}$				63066
	2015	+		5,650. 1,900.				$\frac{3,301}{7,787}$				13855
	2014			1,900.	<u>L </u>			1,101	+	1		12022
_	= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								2		133.5	91837
	Total of line 1, column (d)	C boo	a acread - duuda tha tatal	on line 2 hij E i	O or butho numb	or of	voore		-		133.3	<u> </u>
	Average distribution ratio for the			on line 2 by 5.	o, or by the numb	ei oi	years		3		26 7	18367
	the foundation has been in exister	nce ii iess	than 5 years						-	-	40.7	10307
4	Enter the net value of noncharitab	ole-use ass	sets for 2019 from Part X,	line 5					4_		26	,346.
											5 00	000
5	Multiply line 4 by line 3								5		703	<u>,922.</u>
												•
6	Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6	<u> </u>		0.
											E 0 0	000
7	Add lines 5 and 6								7	-	703	<u>,922.</u>
8	Enter qualifying distributions from	n Part XII.	line 4						8		91	,294.
-	If line 8 is equal to or greater than			tb, and com	plete that part usin	ng a 1	% tax	rate.				-
	See the Part VI instructions.			,								

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	rt VI Excise Tax Based on Investment Income (Section 494			or 4	948 - :	see instr	uctio	ns)	_
1a	Exempt operating foundations described in section 4940(d)(2), check here and exempt operating foundations described in section 4940(d)(2), check here	enter "N/A" on I	ine 1.						
	Date of ruling or determination letter: (attach copy of letter if ne								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶	nter 1%		1			0.	_
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of	others, enter -0	-)	Į	2			0.	
3	Add lines 1 and 2			ļ	_3			_0.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	others, enter -C)-)		4			0.	
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				5			0.	_
	Credits/Payments:	1 1							
	2019 estimated tax payments and 2018 overpayment credited to 2019	6a		0.					
	Exempt foreign organizations - tax withheld at source	6b		0.	[
C	Tax paid with application for extension of time to file (Form 8868)	6c		0.					
	Backup withholding erroneously withheld	6d		0.				_	
	Total credits and payments. Add lines 6a through 6d			}	7			<u>0.</u>	-
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached		1	8			0.	
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				9			0.	-
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1		10				-
	Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded		11				-
	rt VII-A Statements Regarding Activities						1.	1 81 -	-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it	participate or inter	rvene	ın	<u> </u>	Tes	No	-
	any political campaign?					<u>1a</u>	-	X	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo			detini	tion	_ <u>1b</u>	ļ —	X	-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any material	is published or						
	distributed by the foundation in connection with the activities.							3,7	
	Did the foundation file Form 1120-POL for this year?					<u>1c</u>	 	X	-
G	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			^					
_	(1) On the foundation. > \$ 0. (2) On foundation managers		and an favordation	0.		İ		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	illure lax impos	sed on roundation				}		
٥	managers. > \$ 0.	inco						x	
2	Has the foundation engaged in any activities that have not previously been reported to the If "Yes," attach a detailed description of the activities.	inor				2	╁┈─	<u> </u>	-
9	,	instrument ar	tiolog of incornorat	100.0					
J	Has the foundation made any changes, not previously reported to the IRS, in its governing bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	msuument, a	ucies of incorporat	1011, 01	1	3		х	
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?				4a	1	X	-
	If "Yes," has it filed a tax return on Form 990-T for this year?	ur í			N/			 **	-
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	2			14/	A 40 5	 	X	•
•	If "Yes," attach the statement required by General Instruction $\mathcal T$						 	1	•
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	oither:							
·	By language in the governing instrument, or						1		
	 By state legislation that effectively amends the governing instrument so that no mandato. 	ry directions th	nat conflict with the	state	law				
	remain in the governing instrument?	.,				6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	olete Part II. co	ol. (c), and Part XV			7	X		-
·		,	(-//				1		-
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ons. >						ľ	
	MD								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney Gener	al (or designate)			_			
•	of each state as required by General Instruction G? If "No," attach explanation	•	. ,			86	X	1	1
9	Is the foundation claiming status as a private operating foundation within the meaning of si	ection 4942(j)(3) or 4942(j)(5) fo	r caler	ndar				
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," con					9	Х		_ , '
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched					10		X	_

Pa	art VII-A Statements Regarding Activities (continued)			
	1		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_		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	_12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► KENNETH H. ROBERTS Telephone no. ► 410 – 84	9-7	263	
	Located at ▶827 COACHWAY, ANNAPOLIS, MD ZIP+4 ▶21			
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 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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.)			
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 N/A	16		
	Organizations relying on a current notice regarding disaster assistance, check here			
c	E 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 2019?	1c		Х
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?			
	If "Yes," list the years \blacktriangleright	'		
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	2b		
c	of 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?			
h	of "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
4	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 Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3ь		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2019?	4b		х
_				

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	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 statistica number of organizations and other beneficiaries served, conferences convened, research papers product	I information such as the ed, etc.	Expenses
1 PERFORMS BENEFIT CONCERTS FOR CYCTIC FIBROSIS	FOUNDATION	
		0.
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 line	s 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

P	art X 'Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndatio	ns, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	550. 26,197.
b	Average of monthly cash balances	1b	26,197.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	26,747.
е	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	26,747.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	401.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,346.
6	Minimum investment return Enter 5% of line 5	6	1,317.
_P:	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here X and do not complete this part.)	d certa	ain
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	/
6	Deduction from distributable amount (see instructions)	6/	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	/1	<u> </u>
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a_	91,294.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	91,294.
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_	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	91,294.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifie	s for the section

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4940(e) reduction of tax in those years.

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PUBLIC SUPPORT RESEARCH FOR A ALZHEIMER'S ASSOCIATION 322 EIGHTH AVENUE, 7TH FLOOR CURE FOR ALZHEIMER'S 450. DISEASE NEW YORK, NY 10001 501(C)3 TO ASSIST WITH CANCER AMERICAN CANCER SOCIETY NONE RESEARCH. 7500 GREENWAY CTR. DR. STE 300 250. GREENBELT, MD 20770 AMERICAN HEART ASSN. NONE PUBLIC CONTRIBUTE TO CURE FOR HEART DISEASES 839 QUINCE-ORCHARD ROAD GAITHERSBURG MD 20878 1,000, ANNE ARUNDEL MEDICAL CENTER NONE PUBLIC CONTRIBUTE TO MEDICAL RESEARCH 8026 RITCHIE HIGHWAY PASADENA, MD 21122 2,000, NONE PUBLIC SUPPORT WELL-BEING AND ARNIE'S ARMY CHARITABLE FOUNDATION DEVELOPMENT OF 9000 BAY HILL BLVD. CHILDREN THROUGH ORLANDO, FL 32819 HEALTH AND WELLNESS INITIATIVES 500. SEE CONTINUATION SHEET(S) ➤ 3a 90,350. Total b Approved for future payment NONE **▶** 3b Total

THE M.U.S.E. FOUNDATION, INC

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		T		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
			COMMO TOVINO TO MAID	
ASPEN VALLEY HOSPITAL FOUNDATION	NONE	PUBLIC	CONTRIBUTE TO THE DELIVERY OF HEALTHCARE	
0401 CASTLE CREEK ROAD ASPEN, CO 81611			IN THE ASPEN CO. AREA.	1,000
ASPEN, CO 01011	··		IN THE HOLEN CO, INC.	
ATLANTIC GENERAL HOSPITAL FOUNDATION,	NONE	PUBLIC	SUPPORT QUALITY	
INC.			MEDICAL AND HEALTH	
9733 HEALTHWAY DRIVE			CARE FOR WICOMICO	
BERLIN, MD 21811			COUNTY RESIDENTS	1,000
BABE RUTH BIRTHPLACE FOUNDATION	NONE	PUBLIC	CONTRIBUTE TO	
216 EMORY ST.			BALTIMORE'S CULTURE &	
BALTIMORE, MD 21230			HISTORY REMEMBRANCE OF	
			BABE RUTH	1 000
DANCE DROTTER DIRECT	YOUT	501 (C)(3)	;LISTTOTAL 0	1,000
BARCS - PROJECT RUNWAY 301 STOCKHOLM ST	NONE	B01 (C)(3)	ORGANIZATION THAT	
BALTIMORE, MD 21230			HELPS TO SHELTER AND	
Bhailmona, 115 21230			RELOCATE ABUSED,	
<u> </u>			ABANDONED AND LOST	1,000
		1		
BETHANY BEACH VFC	NONE	501 (C)(3)	TO SUPPORT PROVIDING	
215 HOLLYWOOD ST			EMERGENCY SERVICES TO	250
BETHANY BEACH, DE 19930			VICTIMS OF FIRES.	250
BRIDGING BIONICS FOUNDATION	NONE	501 (C)(3)	CONTRIBUTE TO MEDICAL	
P. O. BOX 3767			RESEARCH BY ADVANCING	
BASALT, CO 81621			RESEARCH & DEVELOPMENT	
			FOR EXOSKELETONS	3,000
		L		
CALL OF THE SEA FOUNDATION	NONE	501 (C)(3)	CONTRIBUTE TO	
2330 MARINSHIP WAY #150			ENVIORNMENTAL EDUCATION THROUGH	
SAUSALITO, CA 94965			EXPLORATION	1,000
CAMP PUH TOK	NONE	501 (C)(3)	CONTRIBUTE TO	
17433 BIG FALLS ROAD			EDUCATION THROUGH	
MONKTON, MD 21111		 	OUTDOOR LEARNING	500
CANALLY COMPANY TO THE THE TANK THE THE	NONE	DUBL TO	COMMET BIME WO	
CANINE COMPANIONS FOR INDEPENDENCE	NONE	PUBLIC	CONTRIBUTE TO ORGANIZATIONS AIDING	
286 MIDDLE ISLAND ROAD MEDFORD, NY 11763			ANIMAL SHELTERS AND	
MEDICAD, NI II/03		<u> </u>	FOSTER PROGRAMS	1,000
CAT R US	NONE	PUBLIC	SUPPORT EDUCATING	
P. O. BOX 160			COMMUNITIES ABOUT	
GAMBRILLS, MD 21054			NON-LETHAL AND HUMANE	
			CARE OF CATS.	100
Total from continuation sheets				86 150

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor CHAMP HOUSE NONE 501 (C)(3) HELP INDIVIDUALS FIND 8655 NORMAL SCHOOL ROAD SOBRIETY FROM ALCOHOL BOWIE, MD 20715 AND DRUGS 1,000. CHESAPEAKE BAY FOUNDATION, INC. NONE PUBLIC TO SUPPORT 6 HERNDON AVE CONSERVATION AND RESTORATION OF THE ANNAPOLIS MD 21403 CHESAPEAKE BAY 1,000. PUBLIC SUPPORT THE MEDICAL CHILDREN'S HOSPITAL OF DENVER NONE 8401 ARISTA PLACE CARE OF CHILDREN BROOMFIELD, CO 80021 2,000. CHRIST CHILD SOCIETY NONE 501 (C)(3) AID TO HELP MEET THE 5101 WISCONSIN AVE NW SUITE 304 MATERIAL, EDUCATIONAL, WASHINGTON, DC 20016 AND EMOTIONAL NEEDS OF THE CHILDREN 500. CLEVELAND CLINIC FOUNDATION NONE 501 (C)(3) SUPPORT THE MEDICAL 2049 EAST 100TH STREET TREATMENT OF THOSE WHO CLEVELAND OH 44195 ARE IN NEED. 2,000. COLORADO PUBLIC TELEVISION NONE PUBLIC SUPPORT CONNECTING DIVERSE PEOPLE IN 2900 WALTON ST., 1ST FLR. COLORADO THROUGH DENVER, CO 80205 EDUCATION AND REFLECTIVE CIVIC 100. CYSTIC FIBROSIS FOUNDATION NONE PUBLIC CONTRIBUTE TO MEDICAL 10155 YORK ROAD, SUITE 101 RESEARCH AND TO COCKEYSVILLE, MD 21030 FINDING A CURE FOR CYSTIC FIBROSIS 5,000. TO SUPPORT CHILDREN DANNY'S DAY FOUNDATION NONE PUBLIC 1251 CASTINE CT WITH EPILEPSY. PASADENA MD 21122 1,000. DEFENDERS OF ANIMAL RIGHTS, INC. NONE PUBLIC SUPPORT A SHELTER THAT HOLDS ADOPTABLE 14412 OLD YORK ROAD, P. O. BOX 25 PHOENIX, MD 21131 ANIMALS FOR AS LONG AS IT TAKES TO FIND THEM HOMES. 200, HERO DOGS, INC. NONE PUBLIC SUPPORTING SUPPLYING TRAINED DOGS TO P. O. BOX 6477 MILITARY VETERANS, 250, BROOKEVILLE MD 20833-0064 Total from continuation sheets

Part XV

THE M.U.S.E. FOUNDATION, INC.

3 Grants and Contributions Paid During the	Vear (Continuation)			
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	T		
	show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
OSPICE OF CHESAPEAKE FOUNDATION	NONE	PUBLIC	CONTRIBUTE TO THE	-
45 DEFENSE HIGHWAY			HOSPICE CARE FOR THE	
NNAPOLIS MD 21401			ELDERLY.	1,000
OSPICE OF THE VALLEY	NONE	501(C)3	CONTRIBUTE TO THE	
55 GOLD RIVERS CT			HOSPICE CARE FOR THE	
ASALT, CO 81621			ELDERLY,	500
OHNS HOPKINS CHILDRENS' CENTER	NONE	PUBLIC	FINANCIALLY AID SCHOOL	
00 NORTH WOLFE ST.			OF NURSING	
BALTIMORE, MD 21287				10,000
ENNEDY KRIEGER INSTITUTE	NONE	PUBLIC	HELP INDIVIDUALS WITH	
07 NORTH BROADWAY			DEVELOPMENTAL	500
BALTIMORE MD 21205			DISABILITIES,	
	VOVE	F01 (0)(2)	SUPPORT FAMILIES AND	
IM SERIO CHILDREN'S FOUNDATION 175 N INDIAN HILL BLVD SUITE B200	NONE	501 (C)(3)	CHILDREN THAT ARE IN	
CLAREMONT CA 91711			NEED.	5,000
AB RESCUE OF THE LCRP INC.	NONE	PUBLIC	SUPPORT THE RESCUE AND	
P. O. BOX 1814			PLACEMENT OF HOMELESS	
ANNANDALE VA 22003			LABRADOR RETRIEVERS.	200
JIFT UP	NONE	PUBLIC	ORGANIZING AND	
300 RAILROAD AVENUE			DISTRIBUTING MEAL	
ASPEN, CO 81611			BASKETS FOR FAMILIES	
			AND INDIVIDUALS IN NEED OF	250
			NEED OF	
ADDUM TO SOURCE	NONE	PUBLIC	SUPPORT THE CARE FOR	
MEDSTAR FRANKLIN SQUARE 9000 FRANKLIN SQUARE DRIVE	NONE	E OPPIC	THOSE WHO ARE IN NEED	
BALTIMORE MD 21237			OF MEDICAL ATTENTION.	5,000
MBTIMORE, MB 21237				
MOUNTAIN RESCUE ASPEN	NONE	501 (C)(3)	TO SUPPORT MOUNTAIN	
37925 CO-82		[, , , , , , ,	RESCUES	
ASPEN_ CO 81611				250
OLD OTTERBEIN CHURCH	NONE	PUBLIC	CONTRIBUTE TO CHURCH'S	
112 WEST CONWAY ST			ACTIVITIES	
BALTIMORE, MD 21201	ŀ			3,000

Part XV Supplementary Information	n			
.3 Grants and Contributions Paid During the	Year (Continuation)			
• Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager	status of	contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
PARKINSON'S FOUNDATION	NONE	PUBLIC	SUPPORT RESEARCH TO	-
8830 CAMERON ST., # 201			CURE PARKINSON'S	
SILVER SPRING, MD 20910		<u> </u>	DISEASE,	300,
PARTNERS IN CARE	NONE	501 (C)(3)	RECOGNIZED FOR	
22 SOUTH MARKET STREET SUITE 15			PROGRAMS AND SERVICES	
FREDERICK, MD 21701			THAT SUPPORT	
			INDEPENDENCE OF OLDER	
			ADULTS	1,000,
PHI DELTA THETA FOUNDATION	NONE	501 (C)(3)	SUPPORT TRADITION OF	
2 S CAMPUS AVE			BUILDING STRONG CORE	
OXFORD, OH 45056			VALUES, FRIENDSHIP,	
			AND SOUND LEARNING FOR	
			YOUNG MEN	1,000.
RIVER VALLEY RANCH	NONE	PUBLIC	SUPPORT A SUMMER YOUTH	
4443 GRAVE RUN RD	NONE	FOBLIC	CAMP THAT PROVIDES A	
			CHRISTIAN AND FAMLY	
MANCHESTER, MD 21102			ATOMOSPHERE.	1,000.
			ATOMOST MENE,	
SALVATION ARMY	NONE	PUBLIC	SUPPORT A CHRISTIAN	
814 LIGHT STREET			MINISTRY BASED ON THE	200
BALTIMORE, MD 21230			BIBLE,	200.
SEVERN RIVER ASSOCIATION	NONE	501 (C)(3)	TO SUPPORT	
7076 BEMBE BEACH ROAD #203			PRESERVATION OF THE	100
ANNAPOLIS, MD 21403			SEVERN RIVER	100.
,				
SHRINERS CHILDREN'S HOSPITAL	NONE	501 (C)(3)	TO SUPPORT CHILDREN'S	
2900 NORTH ROCKY POINT DRIVE			MEDICAL CARE	
TAMPA, FL 33607			_	500.
SNOWMASS CHAPEL & COMMUNITY CENTER	NONE	PUBLIC	TO AID IN THE	
5307 OWL CREEK ROAD			MINISTRIES AND	
SNOWMASS VILLAGE, CO 81615		ļ	PROGRAMS OF THE	
			CHAPEL.	
		<u> </u>	;LISTTOTAL 0	9,000,
SOCCER - OUTREACH	NONE	PUBLIC	SUPPORT AN	
27W650 W NORTH AVE			ORGANIZATION THAT	
WEST CHICAGO, IL 60185			TEACHES VALUE LIFE	
			SKILLS AND	1,000,
		_	RESPONSIBILITIES TO	1,000,
SPCA	NONE	501 (C)(3)	TO PROVIDE AID TO	
		i	ANIMALS WITH SHELTER	
1815 BAY RIDGE AVENUE ANNAPOLIS MD 21403			AND FOSTER PROGRAMS	1,000.

THE M.U.S.E. FOUNDATION, INC

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)	· · · · · · · · · · · · · · · · · · ·		
 Recipient 	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE _	501 (C)(3)	CONTRIBUTE TO SDVANCING CURES AND MEANS OF PREVENTION OF DISEASE,	500.
TALISMAN THERAPEUTIC RIDING FOUNDATION 300 TALISMAN FARM CIRCLE	NONE	501 (C)(3)	TO SERVE INDIVIDUALS WHO CAN BENEFITS FROM THE GUIDANCE OF PROFESSIONAL	
GRASONVILLE, MD 21638		<u> </u>	THERAPISTS AND	5,000.
THE TRASHMASTERS PO BOX 6200 SNOWMASS VILLAGE, CO 81615	NONE	501(C)3	SUPPORT SCHOLARSHIPS TO DESERVING STUDENTS.	1,000.
UNIVERSITY OF MARYLAND COLLEGE PARK - RICHARD REED ENDOWMENT 4603 CALVERT PARK ROAD COLLEGE PARK, MD 20740	NONE	501 (C)(3)	TO AID IN CONSTRUCTION OF A UNIVERSITY HOUSE, A FACILITY THAT WILL PROVIDE EVENT AND WORK	
			SPACE TOGETHER WITH	1,000,
WEST ANNAPOLIS VOLUNTEER FIRE DEPT. 121 JENNIFER ROAD ANNAPOLIS, MD 21401	NONE	PUBLIC	TO SUPPORT PROVIDING EMERGENCY SERVICES TO VICTIMS OF FIRES,	250.
WETA 3939 CAMPBELL AVENUE ARLINGTON, VA 22206	NONE	501 (C)(3)	TO SUPPORT PUBLIC BROADCASTING	100.
WILD ANIMAL SANCTUARY 1946 COUNTRY ROAD 53 KEENESBURG, CO 80643	NONE	PUBLIC	TO SUPPORT A SANCTUARY FOR WILD ANIMALS.	1,000,
EVERGREEN HIGH SCHOOL 29300 BUFFALO PARK RD EVERGREEN CO 80439	NONE	501 (C)(3)	EDUCATION	2,000,
MUSIC THERAPY OF THE ROCKIES PO BOX 3536 ASPEN, CO 81612	NONE	501 (C)(3)	MEDICAL THERAPY	1,000.
ARC BALTIMORE 7215 YORK ROAD BALTIMORE MD 21212 Total from continuation sheets	NONE	501 (C)(3)	SUPPORTS PEOPLE WITH DEVELOPMENTAL DISABILITIES	300.

THE M.U.S.E. FOUNDATION, INC 31-1563794

PUTTS FORE MUTTS WEST STREET ANNAPOLIS, MD 21403 UNIV OF MO MEDICAL SYSTEM FOUNDATION NONE UNIV OF MO MEDICAL SYSTEM FOUNDATION NONE FILS OAK ST KANSAS CITY, MO 64112 ROARING FORK FIRE & RESCUE AUTHORITY NONE PUBLIC FIRE SAFETY SPECIAL OLYMPICS OF COLORADO NONE SO1 (C)(3) HEALTH CENTENNIAL, CO 80112 NAPLES ZOO NONE SO1 (C)(3) EDUCATION SEDUCATION SONE SPECIAL OLYMPICS OF COLORADO NONE SO1 (C)(3) MEDICAL HEALTH 10 E HALLAM ST ASPEN, CO 81611 UMB FOUNDATION NONE PUBLIC RNCOURAGE INNER CITY KOUTH TO ENTER MEDICAL	Part XV Supplementary Information	1			
Name and address (home or business) None Sol (c)(3) EDUCATION DUCATION 1.0 PUTOS FORE MUTTS NONE NONE Sol (c)(3) ANIHAL CARE PUTOS FORE MUTTS NONE Sol (c)(3) ANIHAL CARE NEST STREET ANNAPOLIS, ND 21403 1.0 UNIV OF HO MEDICAL SYSTEM FOUNDATION UNIV OF HO MEDICAL SYSTEM FOUNDATION NONE Sol (c)(3) EDUCATION 1.0 ROARING FORK FIRE & RESCUE AUTHORITY 1083 J WEST DRIVE CARBONDALE, CO 81623 SPECIAL OLYMPICS OF COLORADO 12450 E ARAPANOE RD CENTENNIAL, CO 80112 NAPLES ZOO NAPLES ZOO NAPLES LOS NAPLES LOS CHRIS KLUG FOUNDATION NONE Sol (c)(3) EDUCATION MEALTH SOUCATION SPECIAL OLYMPICS OF COLORADO NONE Sol (c)(3) EDUCATION MEALTH SOUCATION MEALTH SOUCATION SPECIAL OLYMPICS OF COLORADO NAPLES ZOO SPECIAL OLYMPICS OF COLORADO NAPLES LOS SPECIAL OLYMPICS OF COLORADO NAPLES LOS SPECIAL OLYMPICS OF COLORADO NONE Sol (c)(3) EDUCATION MEALTH SOUCATION SOUCATION SOUCATION SOUCATION MEDICAL HEALTH 1.0 UMB FOUNDATION NONE PUBLIC ENCOURAGE INNER CITY KOUTH TO ENTER MEDICAL	3 Grants and Contributions Paid During the Y	ear (Continuation)			
BOYS & GIRLS CLUB OF WESTMINSTER NONE 501 (C)(3) EDUCATION 71 E. MAIN ST WESTMINSTER, MD 21157 1.0 PUTTS FORE MUTTS NONE 501 (C)(3) ANIMAL CARE WEST STREET ANNAPOLIS, MD 21403 1.0 UNIV OF MO MEDICAL SYSTEM FOUNDATION NONE 5115 OAX ST KANSAS CITY, MO 64112 1.0 ROARING FORK FIRE & RESCUE AUTHORITY 1089 J WEST DRIVE CARBONDALE. CO 81623 5.5 SPECIAL OLYMPICS OF COLORADO NONE 501 (C)(3) HEALTH 12450 E ARAPANOE RD CENTENNIAL. CO 80112 3.5 NAPLES ZOO NONE 501 (C)(3) EDUCATION WEDICAL HEALTH 150 (C)(3) HEALTH 150 (C)(3) HEALTH 150 (C)(3) MEDICAL HEALTH 150 (C)(4) (C)(4		show any relationship to		Purpose of grant or	Amount
TI E. MAIN ST MESTMINSTER, MD 21157 PUTTS FORE MUITS WEST STREET ANNAPOLIS, MD 21403 UNIV OF MO MEDICAL SYSTEM FOUNDATION NONE Sol (C)(3) UNIV OF MO MEDICAL SYSTEM FOUNDATION UNKC S115 OAK ST KANSAS CITY, MO 64112 ROARING FORK FIRE & RESCUE AUTHORITY 1089 J WEST DRIVE CARBONDALE, CO 81623 SPECIAL OLYMPICS OF COLORADO NONE Sol (C)(3) MEALTH CENTENNIAL, CO 80112 NAPLES ZOO NAPLES ZOO NAPLES TO 34102 CHRIS KLUG FOUNDATION NAPLES FL 34102 CHRIS KLUG FOUNDATION 110 E HALLAM ST ASPEN, CO 81611 UNB FOUNDATION 220 N, ARCH ST., 14TH FLR.	Name and address (home or business)	or substantial contributor		VOITH TOURIST	
WEST STREET ANNAPOLIS, MD 21403 UNIV OF MO MEDICAL SYSTEM FOUNDATION NONE 501 (C)(3) EDUCATION WEST STREET ANNAPOLIS, MD 64112 ROARING FORK FIRE & RESCUE AUTHORITY 1089 J WEST DRIVE CARBONDALE, CO 81623 SPECIAL OLYMPICS OF COLORADO NONE 501 (C)(3) MEALTH SPECIAL OLYMPICS OF COLORADO NONE 501 (C)(3) MEALTH SPECIAL CO 80112 NAPLES ZOO NONE 501 (C)(3) MEDICATION SOURCETERNIAL, CO 80112 CHIST KLUG FOUNDATION NONE 501 (C)(3) MEDICAL HEALTH 1,0 UMB FOUNDATION NONE FUBLIC ENCOURAGE INNER CITY XOUTH TO ENTER MEDICAL	71 E. MAIN ST	NONE	501 (C)(3)	EDUCATION	1,000.
UMKC 5115 OAK ST KANSAS CITY, MO 64112 ROARING FORK FIRE & RESCUE AUTHORITY 1089 J WEST DRIVE CARBONDALE, CO 81623 SPECIAL OLYMPICS OF COLORADO 12450 E ARAPAHOE RD CENTENNIAL, CO 80112 NONE SOURCE SOUR	WEST STREET	NONE	501 (C)(3)	ANIMAL CARE	1,000,
ROARING FORK FIRE & RESCUE AUTHORITY NONE PUBLIC PIRE SAFETY 1089 J WEST DRIVE CARBONDALE, CO 81623 SPECIAL OLYMPICS OF COLORADO NONE SPECIAL OLYMPICS OF COLORADO NONE SO1 (C)(3) HEALTH CENTENNIAL, CO 80112 NONE SO1 (C)(3) EDUCATION SO1 (C)(3) EDUCATION SO1 (C)(3) MEDICAL HEALTH 10 E HALLAM ST ASPEN, CO 81611 NONE PUBLIC ENCOURAGE INNER CITY YOUTH TO ENTER MEDICAL	UMKC	NONE	501 (C)(3)	EDUCATION	
1089 J WEST DRIVE CARBONDALE, CO 81623 SPECIAL OLYMPICS OF COLORADO 12450 E ARAPAHOE RD CENTENNIAL, CO 80112 NONE S01 (C)(3) HEALTH CENTENNIAL, CO 80112 NONE S01 (C)(3) EDUCATION S01 (C)(3) EDUCATION S01 (C)(3) MEDICAL HEALTH 10 E HALLAM ST ASPEN, CO 81611 NONE PUBLIC ENCOURAGE INNER CITY YOUTH TO ENTER MEDICAL	KANSAS CITY, MO 64112				1,000,
12450 E ARAPAHOE RD CENTENNIAL, CO 80112 NAPLES ZOO 1590 GOODLETTE FRANK RD NAPLES, FL 34102 CHRIS KLUG FOUNDATION 110 E HALLAM ST ASPEN, CO 81611 NONE PUBLIC ENCOURAGE INNER CITY YOUTH TO ENTER MEDICAL	1089 J WEST DRIVE	NONE	PUBLIC	FIRE SAFETY	500,
1590 GOODLETTE FRANK RD NAPLES, FL 34102 CHRIS KLUG FOUNDATION 110 E HALLAM ST ASPEN, CO 81611 UMB FOUNDATION 220 N. ARCH ST., 14TH FLR. SO1 (C)(3) MEDICAL HEALTH 1,0 ENCOURAGE INNER CITY YOUTH TO ENTER MEDICAL	12450 E ARAPAHOE RD	NONE	501 (C)(3)	HEALTH	300,
110 E HALLAM ST ASPEN, CO 81611 UMB FOUNDATION 220 N. ARCH ST., 14TH FLR. NONE PUBLIC ENCOURAGE INNER CITY YOUTH TO ENTER MEDICAL	1590 GOODLETTE FRANK RD	NONE	501 (c)(3)	EDUCATION	500.
220 N. ARCH ST., 14TH FLR. YOUTH TO ENTER MEDICAL	110 E HALLAM ST	NONE	501 (c)(3)	MEDICAL HEALTH	1,000,
	220 N. ARCH ST., 14TH FLR.	NONE	PUBLIC	YOUTH TO ENTER MEDICAL	5,000,
Total from continuation sheets	Total from continuation charte				

923655 04-01-19

THE M.U.S.E. FOUNDATION, INC	31-1563794
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
ENDOWMENT	
TO AID IN CONSTRUCTION OF A UNIVERSITY HOUSE, A FACILITY	THAT WILL
PROVIDE EVENT AND WORK SPACE TOGETHER WITH RESIDENTIAL QUA	ARTERS FOR THE
CURRENT UNIVERSITY PRESIDENT AND FUTURE	
PRESIDENTS AND THEIR FAMILIES.	
	-
	-
923655 04-01-19	

Part XVI-A	Analysis of Income-Prod	ducing Activities
Enter groce amount	s unless otherwise indicated	Unrelated but

		usiness income		y section 512, 513, or 514	(e)
inter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code		code	Amount	function income
a	_				
b		·····			· · · · · · · · · · · · · · · · · · ·
c					
d	_				
e	_				
·	-				
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	24.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal				·	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-4,961.	·—
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b	_				
C	-				
d					
e				4 007	
2 Subtotal. Add columns (b), (d), and (e)		0	<u>.•l</u> _	-4,937.	4 025
3 Total. Add line 12, columns (b), (d), and (e)				13	-4,93
See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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Part XVII	」· Information Re Exempt Organ		nsfers to a	and Transactions	and Relations	hips With Nonch	naritable	•	
1 Did the or			of the followin	ng with any other organizat	ion described in sec	tion 501(c)		Yes	No
	•			g to political organizations		11011 30 1(0)			
	from the reporting founda	•		• •	;				
(1) Cash	from the reporting lounds	ation to a noncharite	able exempt of	yanızanon ol.			10/1)		Х
(2) Other	accate						1a(1)		X
b Other tran							1a(2)	<u> </u>	
		bla a					45/45		v
	of assets to a noncharital						1b(1)		X
	nases of assets from a no	•	organization				1b(2)		_X
1	il of facilities, equipment,						1b(3)		X
1_1	bursement arrangements						1b(4)	-	X
	s or loan guarantees						1b(5)		X
	rmance of services or me	•	•				1b(6)		X
	f facilities, equipment, ma						1c	<u> </u>	X
				edule. Column (b) should a ed less than fair market va				sets,	
	s given by the reporting it 1) the value of the goods,				ide ili aliy transactio	if of sharing arrangemen	it, 3110W III		
<u>_</u> _	(b) Amount involved	,		e exempt organization	(d) Description	n of transfers, transactions,	and sharing ar	rangeme	nts
			N/A						
	·								
				<u></u>					
							_		
								_	
							_		
	ndation directly or indirect 501(c) (other than section	•		or more tax-exempt organ	nizations described		Yes	×] No
	omplete the following sch		0011011 021						
<u> </u>	(a) Name of org			(b) Type of organization	T	(c) Description of relation	onship	_	
	N/A			,,,,		· · · · · · · · · · · · · · · · · · ·	···		
							·		
	· · · · · · · · · · · · · · · · · · ·				 				
<u></u>		·							
				ng accompanying schedules an			May the IRS	discuss I	his
Here	Heut !	Poleut	reparer (other tha	n taxpayer) is based on all info	PRESI		May the IRS or return with the shown below Yes	7 See in:	er str No
Į Sigr	nature of officer or trustee		1	Date	Title	L			
	Print/Type preparer's na	ime	réparer's s	ignatura n n	Date	Check if PT	IN		
			1/1/20	01 4140 lhV 1		self- employed			
Paid	JIM KEHL,	CPA	XW	W VWW	07/10/20		00535		
Preparer Use Only	Firm's name ► WEI	L, AKMAN	, B AYLĪ	N & COLEMAN	, P.A.	Firm's EIN ► 52-	16454	72	
Jud Offiny	Firm's address > 20	1 WEST D	A DONT A	RD, SUITE 6	<u> </u>	 			
		MONIUM, N			0 0	Phone no. 410 -	561-4	411	

Form **990-PF** (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization Employer identification number THE M.U.S.E. FOUNDATION, INC 31-1563794 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 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 contributors 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 totaling \$5,000 or more during the year

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

Name of organization

Employer identification number

THE M.U.S.E. FOUNDATION, INC

31-1563794

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	\$45,686.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	\$40,920.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE M.U.S.E. FOUNDATION, INC

31-1563794

	<u> </u>	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
400 SHS UNITED PARCEL SERVICE CL B	_	
	\$\$\$	04/26/19
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	- - - - s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	- - - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-	
	(b) Description of noncash property given 400 SHS UNITED PARCEL SERVICE CL B (b) Description of noncash property given (c) FMV (or estimate) (See instructions) (b) Description of noncash property given (c) FMV (or estimate) (See instructions) \$ (c) FMV (or estimate) (See instructions)	

lame of orga	anization			Employer identification number
CHE M.U	U.S.E. FOUNDATION, INC			31-1563794
Part III	Exclusively religious, charitable, etc., contributions t from any one contributor. Complete columns (a) throi completing Part III, enter the total of exclusively religious, charital Use duplicate copies of Part III if additional space.	ugh (e) and the following line en ble, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the year
(a) No. from	a) No.		(d) Desc	cription of how gift is held
Part I	(b) Lipose of gilt	(c) Use of gift	(0) 200	STIPLION OF NEW GITLES HOLD
-		(e) Transfer of gif		
-	Transferee's name, address, and ZI	P + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gif		nsferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	- -	
-	Transferee's name, address, and ZI			insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, and Zi	P + 4	Relationship of tra	nsferor to transferee
-				

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUE	RITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
MERRILL LYNCH	24.	•	0. 24.	24.	24.
TO PART I, LINE 4	24.	•	0. 24.	24.	24.
FORM 990-PF		ACCOUNTI	NG FEES	នា	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEE		1,005.	61.	0.	944.
TO FORM 990-PF, PG 1	, LN 16B	1,005.	61.	0.	944.
FORM 990-PF		OTHER E	XPENSES	Si	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
BANK FEES	-	96.	0.	96.	0.
TO FORM 990-PF, PG 1	, LN 23	96.	0.	96.	0.

	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	PRESIDENT 2.00	0.	0.	0.
VERNON L. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	ASST. SECRETAR 3.00	0.	0.	0.
BRIAN V. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401	SECRETARY 0.00	. 0.	0.	0.
CONNIE CALDWELL 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
DOUG DOLLENBERG 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
RICHARD S. PINEAU 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
M. DELMAR RITCHIE 827 COACHWAY ANNAPOLIS, MD 21401	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 5 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KENNETH H. ROBERTS 827 COACHWAY ANNAPOLIS, MD 21401

TELEPHONE NUMBER NAME OF GRANT PROGRAM

410-849-7263 NONE

EMAIL ADDRESS

KENNROBERTS@COMCAST.NET

FORM AND CONTENT OF APPLICATIONS

RESUME' FORM. INCLUDE ALL RELEVANT INFORMATION ABOUT ORGANIZATION REQUESTING AWARD.

ANY SUBMISSION DEADLINES

THERE ARE NO SUBMISSION DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THERE ARE NO RESTRICTIONS OR LIMITATIONS ON AWARDS.