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2019

OMB No 1545-0052

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.

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number NOLAN FAMILY CHARITABLE FOUNDATION C/O MATTHEW M NOLAN 31-1577561 Number and street (or P O box number if mail is not delivered to street address) 10904 STANMORE DRIVE B Telephone number (see instructions) (202) 857-6013 City or town, state or province, country, and ZIP or foreign postal code POTOMAC, MD $\,$ 20854 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end **J** Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), line 16) ▶\$ 451,064 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment Adjusted net (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 9,920 9,920 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 11.154 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 21,083 21,083 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . اروه 319 0 0 319 3,550 888 0 2,662 Accounting fees (attach schedule) Other professional fees (attach schedule) [چە 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 4.845 4.845 Total operating and administrative expenses. 24 Add lines 13 through 23 8,899 5,918 2,981 28,000 28,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 36,899 5,918 0 30,981 27 Subtract line 26 from line 12 Excess of revenue over expenses and -15,816 disbursements Net investment income (If negative, enter -0-) 15,165 Adjusted net income (if negative, enter -0-) . . .

363,305

374.740

374,952

374,740

374.740

0

-212

349.590

358.924

359,136

358,924

358,924

1 2

3

4

5

-212

374,740

-15,816

358,924

358,924 Form **990-PF** (2019)

0

441,730

451,064

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule) ▶

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

Less accumulated depreciation (attach schedule) ▶

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

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

Less accumulated depreciation (attach schedule)

Foundations that follow FASB ASC 958, check here ▶

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

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Net assets without donor restrictions . . .

Other assets (describe > .

Other liabilities (describe -

Grants payable

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

ets	
ASS	

7

8

9 10a

b

C

11

12

13 14

15

16

17

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20

21

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23

24

25

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27

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29

30

Part III

2

3

4

Liabilities

Fund Balances

ö

Assets

Net

			(b)		
	ee the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Additional Data Tabl	e		D—Donation		
b					<u> </u>
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) or (loss) i) minus (g)
a See Additional Data Tabl					, ,,,,
b					
c					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	((I)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a See Addıtıonal Data Tabl			(37)	,	
b					
С					
d					
e					
2 Capital gain net income3 Net short-term capital of	e or (net capital loss)	If gain, also enter in F If (loss), enter -0- in [2	11,154
·	rrt I, line 8, column (c) (see instructi		· }	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come	
	private foundations subject to the sec				
(1.0. 0)				,	
If section 4940(d)(2) applies, le	eave this part blank			_	_
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do		· ·	γ <u>Γ</u>	es 🔽 No
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rat (col (b) divided by c	col (c))
2018	33,256		474,986		0 070015
2017	34,080		478,073		0 071286
2016	32,553		460,487		0 070693
2015	31,317		474,714		0 065970
2014	26,761		471,637	1	0 056741
2 Total of line 1, column (•		2		0 334705
number of years the four	o for the 5-year base period—divide ndation has been in existence if less oncharitable-use assets for 2019 fron	than 5 years	0, or by the 3		0 066941 444,326
5 Multiply line 4 by line 3		•	5		29,744
• • • • • •	ent income (1% of Part I, line 27b)		6		152
			7		29,896
	ions from Part XII, line 4 ,		8		30,981
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	e the Part VI

Form	990-PF (2019)					ſ	Page (
Pai	t VIII-B Statements Regard	ing Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year did the foundation p	ay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	•		☐ Yes ✓	No		
	(2) Influence the outcome of any sp	·	• • • • • • • • • • • • • • • • • • • •				
	on, directly or indirectly, any vot	-		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual i	• • • • • • • • • • • • • • • • • • • •		☐ Yes 🗹	No		
	(4) Provide a grant to an organization		· -				
	in section 4945(d)(4)(A)? See in (5) Provide for any purpose other th			·· ·	No		
	,, ,	• •	* * * * * * * * * * * * * * * * * * * *				
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$,	·		⊔ Yes 🖭	No		
b	Regulations section 53 4945 or in a c	•		•	5b		
	Organizations relying on a current no				35		
c	If the answer is "Yes" to question 5a						
Ĭ	tax because it maintained expenditure	• • •	•				
	If "Yes," attach the statement requir			' ' ∐ Yes ∐	No		
6a	Did the foundation, during the year,	· -		ıms on			
	a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,					
ь	Did the foundation, during the year,			⊔ Yes 🖭	No 6b		No
	If "Yes" to 6b, file Form 8870	. , , , ,	,, ,				
7a	At any time during the tax year, was	the foundation a party to a p	orohibited tax shelter trai	nsaction? Yes	No.		
b	If "Yes", did the foundation receive a	ny proceeds or have any net	income attributable to th	ne transaction?	7b		
8	Is the foundation subject to the section	on 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or			
	excess parachute payment during th	e year [?]		· · 🔲 Yes 🗸	No L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid En		,	
Ра	t VIIII and Contractors						
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	See instructions			
	(-) None and address	(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowan	ces
See /	Addıtıonal Data Table	'	,	'			
_2	Compensation of five highest-pai	d employees (other than t	hose included on line :		ne, enter "	NONE	."
(2)	Name and address of each employee :	(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	CO 3000	ount
(a)	more than \$50,000	nours per week	(c) Compensation	plans and deferred	other al		
		devoted to position		compensation			
NON							
-							
Tota	I number of other employees paid ove						
	Hamber of other employees paid ove	. φου,ουσι ι ι ι ι	 		Form 99	O-DE	(2010

Page **6**

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

2

3a 3b

4

5

30.981

30.829

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152

Page 9

22,064

22,064

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0

Form	990-PF	(2	019)
Pa	rt XIII	T	U

b Total for prior years

From 2014.

b From 2015. . . . c From 2016. . .

d From 2017.

e From 2018.

)-PF	(20)1	9)
			-	-

PF	(2	019)			
_				-	

Indistributed Income (see instructions) 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019

a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

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

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. . .

c Excess from 2017. . . .

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

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f 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) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

3.293 7,739

9 889

10.618 9,947

> 7.739 9,889

10.618

9.947

8.917

- Corpus

41,486

8.917

50,403

3.293

47,110

0

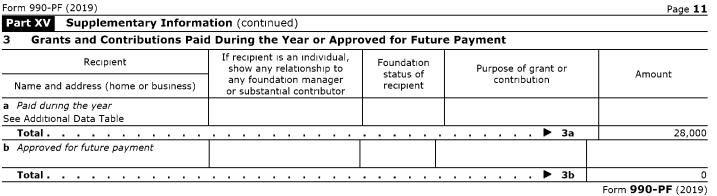
(a)

(b)

Years prior to 2018

(c)

2018



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
		1					
	and contracts from government agencies						
	ership dues and assessments						
3 Interes	t on savings and temporary cash nents			14	9		
	nds and interest from securities			14	9,920		
	ntal income or (loss) from real estate						
	financed property						
	ebt-financed property						
	ntal income or (loss) from personal property						
	nvestment income	1					
invento	• •			18	11,154		
	ome or (loss) from special events			10	11,134		
	profit or (loss) from sales of inventory						
1 Other	revenue a						
d							
2 Subtot	al Add columns (b), (d), and (e)		0		21,083		
.2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				21,083		
2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e)	lations)		13	<u>'</u>		
2 Subtot 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to		
2 Subtot 3 Total. (See work Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to		
2 Subtot 3 Total. (See work Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to		
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2 Subtot 3 Total. (See work Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to		

OI	rm 990-PF (20	19)		Pa	ige
	Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able		
1		nization directly or indirectly engage in any of the following with any other organization described in section 501 an section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	r
а	Transfers from	m the reporting foundation to a noncharitable exempt organization of	1-(1)		

			,	,	·····			1	
	from the reporting foun						4 (4)		
	h						. 1a(1) 1a(2)	 	No No
b Other tra							[18(2)		NO
	es of assets to a nonchar	ıtable exempt	organization.				1b(1)		No
	chases of assets from a r						1b(2)	1 1	No
	tal of facilities, equipmer						1b(3)	1	No
	nbursement arrangemen	•					. 1b(4)	_	No
	ns or loan guarantees.						1b(5)		No
(6) Perfo	ormance of services or m	embership or	fundraising so	licitations			. 1b(6)		No
c Sharing o	of facilities, equipment, n	naılıng lısts, o	ther assets, or	paid employees.			. 1c		No
of the go in any tra	swer to any of the above ods, other assets, or ser ansaction or sharing arra	vices given by ngement, sho	y the reporting ow in column (foundation If the d) the value of the	foundation receives goods, other as:	ved less than fair ma sets, or services rece	arket value eived		
a) Line No	(b) Amount involved	(c) Name of I	noncharitable exe	empt organization	(d) Description	of transfers, transaction	s, and sharing arra	ingemen	ts
described	undation directly or indire in section 501(c) (other complete the following s (a) Name of organization	r than section chedule	501(c)(3)) or	•			Yes		
			+						
of r wh	der penalties of perjury, my knowledge and belief ich preparer has any kno	, it is true, co							
Sign Here	*****			2020-04-24	*****		May the IRS d return with the prepa		
	Signature of officer or t	rustee		Date	Title		below (see instr)	∕ Yes □] _{No}
	Print/Type preparer's	name	Preparer's Sig	nature	Date	Check if self-	PTIN		
Paid	WILLIAM M APPLE					employed ▶ □	P0019	3452	
Prepare Use Only	Third Harrie P Divin	ER TILLY VIRO	CHOW KRAUSE	LLP			Firm's EIN ▶39	-08599	10
•	-	19 LEESBURG	G PIKE SUITE 8	300					
	TY	SONS, VA 22	2182				Phone no (703	923-8	3300

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date sold Date acquired (mo, day, yr) (mo, day, yr) P-Purchase D-Donation 208 171 SHS DFA US LGCP VAL Ρ 2009-11-04 2019-11-11 169 875 SHS DFA INTL VAL I Р 2007-07-24 2019-11-11 40 638 SHS VNGRD SMCP GRW IDX ADML Р 2008-03-14 2019-11-11 365 336 SHS VNGRD INT BD IDX ADML Р 2013-10-15 2019-11-11 Ρ 78 909 SHS VNGRD GRW IDX ADML 2008-03-13 2019-11-11 Ρ CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 7,974 4.305 3,669 2,974 4.420 -1,4462,674 868 1,806 4,274 4,119 155 6,974 2,359 4,615 2,355 2,355 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 3,669 -1,4461.806 155 4,615 2,355

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation MICHAEL C NOLAN DIRECTOR 0 00 243 NW OVERLOOK CT GRESHAM, OR 97030 MATTHEW M NOLAN DIRECTOR 0.00 10904 STANMORE DRIVE POTOMAC, MD 20854 JESSE NOLAN DIRECTOR 0 00 4936 N GANTENBEIN AVENUE PORTLAND, OR 97217 DIRECTOR ELIZABETH A NOLAN 0 0 00 2141 NW 60TH CIRCLE

0

DIRECTOR 0 00

DIRECTOR 0 00

0 00

EXECUTIVE DIRECTOR

BOCA RATON, FL 33496

EMILY JAKUBOWICS

1801 FOREST ROAD DURHAM, NC 27705

243 NW OVERLOOK CT GRESHAM, OR 97030 LILLIAN P NOLAN

10904 STANMORE DRIVE POTOMAC, MD 20854

JOEL NOLAN

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DUDLEC

INTERNATIONAL RESCUE COMMITTEE INC 263 WEST 38TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	CHARITY	ORGANIZATION'S EXEMPT PURPOSE	2,500
BREAD FOR THE CITY 1525 7TH STREET NORTHWEST	NONE		TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT	2,500

BREAD FOR THE CITY 1525 7TH STREET NORTHWEST WASHINGTON, DC 20001	NONE	 TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500
DC CENTRAL KITCHEN 425 2ND STREET NW WASHINGTON, DC 20001	NONE	 TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500

28,000

WASHINGTON, DC 20001		CHARITY	PURPOSE	
DC CENTRAL KITCHEN 425 2ND STREET NW WASHINGTON, DC 20001	NONE		TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DISABLED AMERICAN VETERANS NONE PUBLIC TO PROMOTE & FURTHER THE 2,500

CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076		CHARITY	ORGANIZATION'S EXEMPT PURPOSE	,
DOCTORS WITHOUT BORDERS 333 7TH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500

DOCTORS WITHOUT BORDERS 333 7TH AVE 2ND FLOOR NEW YORK, NY 10001	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500
UNITE OREGON1390 SE 122ND AVENUE PORTLAND, OR 97233	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500
Total			28,000	

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

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

a raid during the year				
PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM ST NEW YORK, NY 10038	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500
SO OTHERS MIGHT EAT	NONE	PUBLIC	TO PROMOTE & FURTHER THE	5,000

NEW YORK, NY 10038				
SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	5,000
WORLD CENTRAL KITCHEN INC 1250 24TH STREET NW	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT	2,000

SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	5,000
WORLD CENTRAL KITCHEN INC 1250 24TH STREET NW WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,000

WASHINGTON, DC 20001			PURPUSE	
WORLD CENTRAL KITCHEN INC 1250 24TH STREET NW WASHINGTON, DC 20037	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,000
Total			▶ 3a	28,000

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

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

Foundation status of recipient recipient

Purpose of grant or contribution

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

PORTLAND HOMELESS FAMILY SOLUTIONS 1221 SW YAMHILL ST 210 PORTLAND, OR 97205	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	2,500

ANNUNCIATION HOUSE 815 MYRTLE AVENUE EL PASO, TX 79901	NONE	PUBLIC CHARITY	TO PROMOTE & FURTHER THE ORGANIZATION'S EXEMPT PURPOSE	1,000
Total			> 3a	28,000

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Da	:a -		DLN: 93491140005080
TY 2019 Accounting Fe	es Sch	edule			
	Name:	NOLAN FA	MILY CHARITABL	E FOUNDATION	
		C/O MATT	HEW M NOLAN		
EIN: 31-1577561					
Category	Am	ount	Net Investment	Adjusted Net	Disbursements

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,550	888	0	2,662

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491140005080

TY 2019 Investments - Other Schedule

Name: NOLAN FAMILY CHARITABLE FOUNDATION

C/O MATTHEW M NOLAN

ETN: 31-1577561

EIN: 31-1577561					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
455.411 SHS DFA INVT-GROUP INC EMERGING MKTS - DFCEX	AT COST	8,967	9,914		
461.983 SHS DFA INVT-GROUP INC US MICRO CAP CL I - DFSCX	AT COST	7,209	10,020		
1775.024 SHS DFA INVT-GROUP INC LARGE CAP VALUE INSTL CL - DFLVX	AT COST	39,699	68,658		
1548.315 SHS DIMENSIONAL INVT-GROUP INTL VALUE PORTFOLIO - DFIVX	AT COST	30,976	27,452		
1337.253 SHS DFA INVT-GROUP INC U S TARGETED VALUE PORTFOLIO - DFFVX	AT COST	22,202	30,998		
2212.909 SHS DFA INVT-GROUP INC US LARGE CAP INTL CL I - DFALX	AT COST	52,296	52,380		
319.272 SHS VANGUARD INDEX TR SML CAP GROWTH PORT INV - VSGAX	AT COST	6,787	22,308		
7045.304 SHS VANGAURD MUN BD INTER TERM BOND INDEX ADMIRAL CL - VBILX	AT COST	79,425	83,205		
8219.987 SHS VANGUARD MUN BD ST INDEX ADMIRAL CL - VBIRX	AT COST	86,499	86,885		
531.861 SHS VANGUARD GROWTH INDEX ADMIRAL CL - VIGAX	AT COST	15,530	49,910		

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	N: 93491140005080
TY 2019 Legal Fees Schedul	le			
Name: NOLAN FAMILY CHARITABLE FOUNDATION				
I	C/O MATTHEW M NOLAN			
EIN: 31-1577561				
EI	N: 31-1577561			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491140005080	
TY 2019 Other Expenses Schedule					
Name:	NOLAN FAMILY	CHARITABLE FOL	JNDATION		
C/O MATTHEW M NOLAN					
EIN:	31-1577561				
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

4,845

4,845

MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491140005080
TY 2019 Taxes Schedule				_
Name	: NOLAN FAM	ILY CHARITABLE F	OUNDATION	
	C/O MATTHE	EW M NOLAN		
EIN	: 31-1577561			
		<u> </u>		1
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	185	185	0	0