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2019

OMB No. 1545-0052

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

Form 990-PF

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

For	caler	ndar year 2019, or tax year beginning 01-01-20	19 , aı	nd ending 12-31-	2019			
		Indation HOUSE FOUNDATION		A Employer id	A Employer identification number			
				46-2986797				
		d street (or P.O. box number if mail is not delivered to street address) RIS PIKE	Room/suite	B Telephone nu	mber (see instruction	ns)		
			(859) 293-9252	2				
		n, state or province, country, and ZIP or foreign postal code , KY 40511		C If exemption	application is pendin	g, check here		
G Cl	neck al	I that apply: \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	ere		
		Final return Amended return			ganizations meeting k here and attach co			
		☐ Address change ☐ Name change		·	undation status was t	· -		
_		rpe of organization: ✓ Section 501(c)(3) exempt private to			n 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable trust Unther taxable detailed United Linear L		F If the found	stion is in a 60 month	h tammination —		
of	year (f	From Part II, col. (c), ↑\$ 4,702,131 Accounting method: Other (specify) (Part I, column (d) must		under sectio	ation is in a 60-montl n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and			(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,437,119					
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments						
rue	4	Dividends and interest from securities	86,042	86,042				
	5a	Gross rents						
	Ь	Net rental income or (loss)	20.004					
	6a	Net gain or (loss) from sale of assets not on line 10	39,884					
Revenue	р 7	Gross sales price for all assets on line 6a 39,884 Capital gain net income (from Part IV, line 2)		39,884				
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	1 562 045	125.026				
	12	Total. Add lines 1 through 11	1,563,045	·		0		
	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	0	0		0		
S	15	Pension plans, employee benefits						
ıse	16a	Legal fees (attach schedule)						
and Administrative Expenses	b	Accounting fees (attach schedule)	3,250	1,625		1,625		
ũ	С	Other professional fees (attach schedule)						
tive	17	Interest						
stra	18	Taxes (attach schedule) (see instructions)	2,233	1,434		0		
Ē	19	Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
ЧP	21	Travel, conferences, and meetings	17	0		17		
	22	Printing and publications						
jud	23	Other expenses (attach schedule)	1,081	961		120		
rat	24	Total operating and administrative expenses.						
Operating	35	Add lines 13 through 23	6,581			1,762		
_	25	Contributions, gifts, grants paid	235,000			235,000		
	26	Total expenses and disbursements. Add lines 24 and 25	241,581	4,020		236,762		
	27	Subtract line 26 from line 12: Excess of revenue over expenses and						
	a	disbursements	1,321,464					
	b c	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		121,906				
For		work Reduction Act Notice, see instructions.		Cat. No. 11289)		m 990-PF (2019)		

Beginning of year

3,182,237

3,182,237

3,182,237

4,503,701

4,503,701

4,506,951

1 2

3 4

5

6

3,182,237

1,321,464

4,503,701

4,503,701 Form **990-PF** (2019)

0

Page 2

End of year

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Accounts receivable ▶

Less: allowance for doubtful accounts ▶

3

Assets or Fund Ba

Net

2

3

26 27

28

29

30

Part III

- 1			1					
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less: allowance for doubtful accounts ▶						
<u>s</u>	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
As	10a	Investments—U.S. and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)						
	c	Investments—corporate bonds (attach schedule)						
	11	Investments—land, buildings, and equipment: basis ▶						·
		Less: accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)		281,213	% J	3,129,077		3,324,257
	14	Land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule) ▶						
	15	Other assets (describe >)	9	981	چ	1,785	*	1,785
	16	Total assets (to be completed by all filers—see the						
		instructions. Also, see page 1, item I)		3,182,237		4,506,951		4,702,131
	17	Accounts payable and accrued expenses				3,250		
	18	Grants payable						
es	19	Deferred revenue						
≝	20	Loans from officers, directors, trustees, and other disqualified persons						
Liabilities	21	Mortgages and other notes payable (attach schedule)						
┛	22	Other liabilities (describe						
	23	Total liabilities(add lines 17 through 22)		0		3,250		
Sé		Foundations that follow FASB ASC 958, check here ▶			_			
lances		and complete lines 24, 25, 29 and 30.						
딛	24	Net assets without donor restrictions						

Net assets with donor restrictions .

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

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

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds

and complete lines 26 through 30.

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

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

(b)

	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a CAPITAL GAINS DIVIDE	NDS		Р		
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis pense of sale	Gain	(h) or (loss) f) minus (g)
a	39,884				39,88
b					
c					
d					
е					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) ol. (j), if any	col. (k), but no	(h) gain minus t less than -0-) or rom col.(h))
			,		39,884
b					
c					
d					
e					
·	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi		0-	} 3	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	t Investment :	Income	
(For optional use by domestic p	private foundations subject to the se	ction 4940(a) tax on n	et investment inc	ome.)	
If section 4940(d)(2) applies, l	eave this part blank.				
If "Yes," the foundation does n	ne section 4942 tax on the distributa ot qualify under section 4940(e). Do	not complete this part	t		Yes 🗹 No
	nount in each column for each year;	see instructions befor	e making any ent		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital	ble-use assets	(d) Distribution ra (col. (b) divided by	
2018	74,664		1,121,925		0.066550
2017	47,510		870,804		0.054559
2016	47,500		892,816		0.053202
2015	49,425		929,518		0.053173
2014	151,920		957,037	<u>. </u>	0.158740
2 Total of line 1, column (d)		- 0 - 1 - 1 - 1	2	0.386224
number of years the four	ndation has been in existence if less oncharitable-use assets for 2019 fron	than 5 years	3.0, or by the		0.077245 4,561,886
5 Multiply line 4 by line 3				5	352,383
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)			5	1,219
7 Add lines 5 and 6				,	353,602
8 Enter qualifying distribut	ions from Part XII, line 4 , eater than line 7, check the box in Pa				236,762 ee the Part VI

	990-F1 (2019)		- 4-20.14	-			P	age (
श्च		ing Activities for Which	Form 4720 May Be	Required (continued)				
ā	During the year did the foundation p	·					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes 【	⊘ No			
	(2) Influence the outcome of any sp	ecific public election (see sect	tion 4955); or to carry					
	on, directly or indirectly, any vot	er registration drive?		· · 🔲 Yes	✓ No			
	(3) Provide a grant to an individual (for travel, study, or other sim	ilar purposes?	☐ Yes S	☑ No			
	(4) Provide a grant to an organization	on other than a charitable, etc	, organization described		<u> </u>			
	in section 4945(d)(4)(A)? See in	structions		· · □ v •	⊘ No			
	(5) Provide for any purpose other th	an religious, charitable, scien	tific, literary, or	· · Yes	✓ No			
	educational purposes, or for the		* * * * * * * * * * * * * * * * * * * *	— —	,			
b	If any answer is "Yes" to $5a(1)-(5)$,	•		centions described in	⊻ No			
_	Regulations section 53.4945 or in a c	•				5b		
	Organizations relying on a current no			_	_,			
_	If the answer is "Yes" to question 5a			[_			
C	•	• • •	•		_			
	tax because it maintained expenditu	, ,		''	⊔ No			
	If "Yes," attach the statement requir	· -						
ìа	Did the foundation, during the year,	receive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?			· 🗌 Yes	✓ No			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be		[6b		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter tra	nsaction?	✓ No			
b	If "Yes", did the foundation receive a	iny proceeds or have any net	income attributable to the	ne transaction?	<u>- </u>	7b		
3	Is the foundation subject to the secti	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or	Γ			
	excess parachute payment during th				.			
					✓ No L			
Pai	and Contractors	fficers, Directors, Trust	lees, roundation Ma	magers, migniy Paid	Employ	ees,		
_								
1	List all officers, directors, trustee				1			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans a			se acc	
	(-,	devoted to position	-0-)	deferred compensation		her al	lowand	es
ee A	Additional Data Table							
								,,
2	Compensation of five highest-pai	d employees (other than ti	nose included on line :		none, en	ter "	NONE.	
- \ I	Name and address of each employee :	(b) Title, and average		(d) Contributions to employee benefit	(a) F	vnanc	se acco	unt
u ,	more than \$50,000	nours per week	(c) Compensation	plans and deferred			owance	
	. ,	devoted to position		compensation				
ONE								
ota	I number of other employees paid ove	r \$50,000	<u></u> .					
					Forr	n 99 0	D-PF (2019

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	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 produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	·	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

3

4

5

6

7

1a

1b

2

3a 3b

4

5

225,656

225.656

225.656

236,762

236,762

236,762

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Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

a From 2014.

b From 2015. c From 2016. . .

d From 2017.

e From 2018.

225,656

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t	XΙ	į	Ī

Par

Form 990-

-PF (20	019)		
100	Undistributed 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. (If an amount appears in column (d), the

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

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

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

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 —see instructions 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 required—see instructions). (a)

Corpus

133.847

11.106

144,953

104.164

40,789

104.164 3,807

2.890

4.019 18,967

> 3.807 2,890

> 4.019

18,967

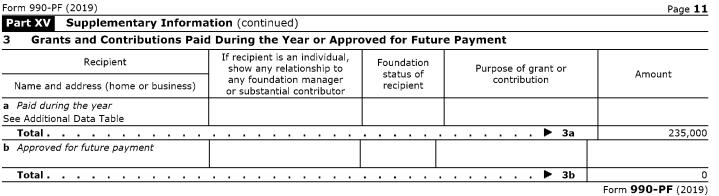
11.106

(b)

Years prior to 2018

(c)

2018



Enter gross amounts unless otherwi	ise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b						
с						
d e						
f						
g Fees and contracts from gove2 Membership dues and assessme						
	· · · · · ·					
4 Dividends and interest from sec 5 Net rental income or (loss) from	n real estate:			14	86,042	
a Debt-financed property.b Not debt-financed property.						
6 Net rental income or (loss) from7 Other investment income.	n personal property					
8 Gain or (loss) from sales of assortinventory				14	39,884	
9 Net income or (loss) from speci10 Gross profit or (loss) from sales						
1 Other revenue: a						
b						
d				 		
d			0		125.026	
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b)	and (e)		0	1	125,926 3	125,926
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru	and (e)), (d), and (e) octions to verify calcul	ations.)		1:	· · · · · · · · · · · · · · · · · · ·	125,926
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,926
d	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
d	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,926
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,92
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,926
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
d e 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
d	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
d	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,926
d	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920
de 2 Subtotal. Add columns (b), (d), 3 Total. Add line 12, columns (b) (See worksheet in line 13 instru Part XVI-B Relationship (Explain below how ea the accomplishment of	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,926
d	and (e)), (d), and (e) ctions to verify calcul of Activities to th	ations.) e Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	3tted importantly to	125,920

orm	990-PF	· ,							Pa	ge 13
Pa	rt XVII	Information Re Exempt Organi		nsfers To a	nd Transaction	ns and Relatio	nships With Noncha	ritable		
		rganization directly or in than section 501(c)(3)					on described in section 50 is?	1	Yes	No
a T	ransfers	from the reporting foun	dation to a non	charitable exe	mpt organization	of:				
(1) Cash			1a(1)		No				
(2) Othe	er assets		1a(2)		No				
b C	ther tran	nsactions:								
(1) Sales	s of assets to a nonchar	itable exempt o	rganization.				1b(1)		No
-	-	hases of assets from a r						1b(2)	_	No
-	-	al of facilities, equipmer	•					1b(3)	 	No
-	-	nbursement arrangemen Is or loan guarantees.						1b(4) 1b(5)	 	No No
•	-	rmance of services or m						1b(5)		No
-	-	f facilities, equipment, r	•	-				1c		No
	-						ways show the fair marke			1
ir			ngement, show) the value of the	goods, other asse	ed less than fair market vers, or services received.		ngemer	nts
(-, -		(-)	(0)			(1)				
d	escribed	ndation directly or indire in section 501(c) (othe complete the following s (a) Name of organization	r than section 5 chedule.	501(c)(3)) or ii	•			☑ No ationship		
C :-	of n		, it is true, corr				ing schedules and statem than taxpayer) is based o	on all info	rmatio	n of
Sig Hei	e)	*****			2020-07-08	*****	ret	h the prepa		
		Signature of officer or t	rustee		Date	' Title	(se	e instr.) 🛭	Yes	□No
	·	Print/Type preparer's	name P	reparer's Sign	ature	Date	PTIN			
Pai	d	JENNIFER SHAH					Check if self- employed ▶ □	P0044	3795	
	parer		N DORTON ALL	EN FORD PLLC	<u> </u>	1	Firm's	EIN ►27	-38582	 252
USE	Only		0 W MAIN STR	STE 1400						
			XINGTON, KY				Phone	no. (859) 255-	2341

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to hours per week (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred

			compensation	
ANTONY R BECK	TRUSTEE/CO-	0	0	0
3750 PARIS PIKE LEXINGTON, KY 40511	PRESIDENT 0.50			
ANGELA L BECK	TRUSTEE/CO-	0	0	0
3750 PARIS PIKE LEXINGTON, KY 40511	PRESIDENT 0.50			
SARA KAUFFMAN	TREASURER	0	0	0

LEXINGTON, KY 40511				
SARA KAUFFMAN	TREASURER	0	0	0
3750 PARIS PIKE LEXINGTON, KY 40511	0.50			
HILLARY MCCOWAN	SECRETARY	0	0	0
3750 PARIS PIKE	0.50			

	1 1 1 2 1 0 0 1 1 2 1 1		_	1
3750 PARIS PIKE LEXINGTON, KY 40511	0.50			
HILLARY MCCOWAN	SECRETARY	0	0	0
3750 PARIS PIKE LEXINGTON, KY 40511	0.50			

HILLARY MCCOWAN	SECRETARY	0	0	0
3750 PARIS PIKE LEXINGTON, KY 40511	1 0.50			
CONNIE HALE	CFO	0	0	0

750 PARIS PIKE EXINGTON, KY 40511	0.50			
ONNIE HALE	CFO	0	0	C
	0.50			

3750 PARIS PIKE LEXINGTON, KY 40511

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMAZON CONSERVATION NONE PC PROTECT AND CONSERVE THE 25,000 1012 14TH ST NW STE 625 AMAZON WASHINGTON DC 2000E

WASHINGTON, DC 20005				
AMERICAN ISRAEL EDUCATION FOUNDATION 251 H STREET NW WASHINGTON, DC 20001	NONE	PC	SUPPORT EDUCATIONAL AND OUTREACH INITIATIVES TO ENHANCE THE US/ISRAEL RELATIONSHIP	7

251 H STREET NW WASHINGTON, DC 20001			ENHANCE THE US/ISRAEL RELATIONSHIP	
AMPERSAND SEXUAL VIOLENCE RESOURCE CENTER OF THE BLUEGRASS PO BOX 1603	NONE	PC	SUPPORT INDIVIDUALS & ENGAGE COMMUNITIES TO ENCOURAGE FREEDOM FROM	10,000

7,500

235,000

3a

251 H STREET NW WASHINGTON, DC 20001			ENHANCE THE US/ISRAEL RELATIONSHIP	
AMPERSAND SEXUAL VIOLENCE RESOURCE CENTER OF THE BLUEGRASS PO BOX 1603	NONE	PC	SUPPORT INDIVIDUALS & ENGAGE COMMUNITIES TO ENCOURAGE EREFDOM FROM	10,00

AMPERSAND SEXUAL VIOLENCE	NONE	PC	SUPPORT INDIVIDUALS &	10,000
RESOURCE CENTER OF THE BLUEGRASS			ENGAGE COMMUNITIES TO	
PO BOX 1603			ENCOURAGE FREEDOM FROM	
LEXINGTON. KY 40588			SEXUAL VIOLENCE	

AMPERSAND SEXUAL VIOLENCE	NONE	PC	SUPPORT INDIVIDUALS &	10,0
RESOURCE CENTER OF THE BLUEGRASS			ENGAGE COMMUNITIES TO	
PO BOX 1603			ENCOURAGE FREEDOM FROM	
LEYINGTON KV 40588			SEVUAL VIOLENCE	

Total .

Recipient Foundation Purpose of grant or Amount If recipient is an individual, contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ANNIE'S ANSWER INC NONE PC ASSIST IN EMOTIONAL HEALING 3,500 301 E MAIN STREET SUITE 650 OF CHILDREN AND ADULTS LEXINGTON, KY 40507 THROUGH EQUINE ASSISTED THERAPY, EQUINE ASSISTED LEARNING, AND COMMUNITY

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

			OUTREACH	
BRILAND MODEM FUND 10153 RIVERSIDE DRIVE SUITE 244 LOS ANGELES, CA 91602	NONE	PC	PROMOTE BUSINESS AND COMMUNITY TECHNOLOGY DEVELOPMENT ON HARBOUR ISLAND AND OTHER ISLANDS IN THE BAHAMAS	8,000
CARNEGIE CENTER	NONE	PC	PROVIDE LITERACY AND	7,500

			THE BAHAMAS	
CARNEGIE CENTER 251 W SECOND STREET LEXINGTON, KY 40507	NONE	PC	PROVIDE LITERACY AND LEARNING PROGRAMS TO PEOPLE OF ALL AGES AND BACKGROUNDS	7,500
Total			▶ 3a	235,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHARITIES AID FOUNDATION OF NONE l PC MAKE GIVING 20,000

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

AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314			INTERNATIONALLY AND DOMESTICALLY SAFE, EASY, AND EFFECTIVE FOR US DONORS	,
DEWEY DAM DOG AND CAT PROTECTION SOCIETY INC	NONE	PC	PROVIDE AN ANIMAL SHELTER FOR THE AREA'S LOST AND	3,000

DEWEY DAM DOG AND CAT PROTECTION SOCIETY INC 111 WILLIAMS BR PRESTONSBURG, KY 41653	NONE	PC	PROVIDE AN ANIMAL SHELTER FOR THE AREA'S LOST AND ABANDONED ANIMALS	3,000
EVIDENCE ACTIONPO BOX 65480 WASHINGTON, DC 200355480	NONE	PC	PROVIDE SUPPORT TO PEOPLE IN THE POOREST PLACES TO PROVIDE THEM WITH BETTER OPPORTUNITIES AND IMPROVED	4,000

PRESTONSBURG, KY 41653				
EVIDENCE ACTIONPO BOX 65480 WASHINGTON, DC 200355480	NONE	PC	PROVIDE SUPPORT TO PEOPLE IN THE POOREST PLACES TO PROVIDE THEM WITH BETTER OPPORTUNITIES AND IMPROVED LIVES	4,000

Total . .

235,000

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

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

Total .

a Paid during the year				
FOODCHAIN501 W 6TH STREET LEXINGTON, KY 40508	NONE	PC	PROVIDE SUPPORT FOR EDUCATIONAL OUTREACH	3,000
GENTLE CAROUSEL MINIATURE THERAPY HORSES PO BOX 1672	NONE	PC	EASE HUMAN SUFFERING DURING TIMES OF NATURAL DISASTER, VIOLENCE,	5,000

THERAPY HORSES PO BOX 1672 HIGH SPRINGS, FL 32655			DURING TIMES OF NATURAL DISASTER, VIOLENCE, TRAUMATIC EVENTS, MEDICAL CONDITIONS AND PERSONAL LOSS	3,000
HIAS1300 SPRING STREET SUITE 500 SILVER SPRING, MD 20910	NONE	PC	PROVIDE SUPPORT FOR REFUGEES	6,000

235,000

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 HOPE CENTER INCPO BOX 6 NONE PC TO CARE FOR HOMELESS AND 1,500 LEXINGTON, KY 40588 AT-RISK PERSONS BY PROVIDING LIFE-SUSTAINING AND LIFE-REBUILDING SERVICES

INTERNATIONAL BOOK PROJECT INC 1440 DELAWARE AVENUE LEXINGTON, KY 40505	NONE	PC	PROMOTE EDUCATION AND LITERACY WHILE BROADENING AMERICANS' UNDERSTANDING OF THEIR NEIGHBORS	5,000
KENTUCKY 4-H FOUNDATION INC 212 SCOVELL HALL LEXINGTON, KY 40546	NONE	PC	INSTILL KEY VALUES IN YOUTH IN EVERY COUNTY ACROSS THE BLUEGRASS AND INSPIRE BELONGING, INDEPENDENCE, GENEROSITY, AND MASTERY IN	2,500

FUTURE COMMUNITY LEADERS

235,000

LEXINGTON, KY 40505			AMERICANS' UNDERSTANDING OF THEIR NEIGHBORS	
KENTUCKY 4-H FOUNDATION INC 212 SCOVELL HALL LEXINGTON, KY 40546	NONE	PC	INSTILL KEY VALUES IN YOUTH IN EVERY COUNTY ACROSS THE BLUEGRASS AND INSPIRE BELONGING, INDEPENDENCE, GENEROSITY AND MASTERY IN	2,5

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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
KENTUCKY EQUINE ADOPTION CENTER PO BOX 910124 LEXINGTON, KY 40591	NONE	PC	PROVIDE SUPPORT FOR VETERINARY CARE, TRAINING, REHABILITATIONS AND HOMES FOR HORSES	10,000	
MAZON A JEWISH RESPONSE TO HUNGER 10850 WILSHIRE BLVD 400 LOS ANGELES, CA 90024	NONE	PC	PROVIDE SUPPORT TO END HUNGER AMONG PEOPLE OF ALL FAITHS AND BACKGROUNDS IN THE UNITED STATES AND ISRAEL	10,000	
NEWTON'S ATTIC INC	NONE	PC	PROVIDE SUPPLEMENTAL	1,500	

235,000

HUNGER 10850 WILSHIRE BLVD 400 LOS ANGELES, CA 90024			HUNGER AMONG PEOPLE OF ALL FAITHS AND BACKGROUNDS IN THE UNITED STATES AND ISRAEL	
NEWTON'S ATTIC INC 4974 OLD VERSAILLES ROAD LEXINGTON, KY 40510	NONE	PC	PROVIDE SUPPLEMENTAL EDUCATION IN AREAS OF SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH TO CHILDREN FROM ELEMENTARY AGE THRU HIGH SCHOOL AGE	

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, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
OVI VIOLET INTERNATIONAL 325 ERRIN DR SOMERSET, KY 42503	NONE	PC	PROVIDE MEDICAL CARE FOR ORPHANED CHILDREN IN KENYA AND SURROUNDING AREAS IN AFRICA AND GIVE HOPE THROUGH LIFE-SAVING TREATMENT AND CARE INSPIRED BY THE LOVE CHRIST SHOWS FOR HIS CHILDREN	5,000	
PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE 15TH FLOOR NEW YORK, NY 100176745	NONE	PC	SUPPORT ACTIVITIES IN ISRAEL, SPECIFICALLY THE TAHEL - CRISIS CENTER FOR RELIGIOUS WOMEN AND CHILDREN	5,000	
RETIRED RACEHORSE PROJECT 2976 SOLOMONS ISLAND ROAD EDGEWATER, MD 21037	NONE	PC	PROMOTE AND INCREASE DEMAND FOR THOROUGHBRED EX-RACEHORSES AND ENSURE MORE FIND CAREERS THAT	10,000	

PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE 15TH FLOOR NEW YORK, NY 100176745	NONE	PC	SUPPORT ACTIVITIES IN ISRAEL, SPECIFICALLY THE TAHEL - CRISIS CENTER FOR RELIGIOUS WOMEN AND CHILDREN	5,000
RETIRED RACEHORSE PROJECT 2976 SOLOMONS ISLAND ROAD EDGEWATER, MD 21037	NONE	PC	PROMOTE AND INCREASE DEMAND FOR THOROUGHBRED EX-RACEHORSES AND ENSURE MORE FIND CAREERS THAT OFFER A LIFETIME OF QUALITY CARE	10,000

Total . .

235,000

▶ 3a

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 SOLAR ELECTRIC LIGHT FUND NONE PC PROVIDE SOLAR POWER AND 31,500 1612 K ST NW STE 300 WIRELESS COMMUNICATIONS WASHINGTON, DC 20006 TO A QUARTER OF THE WORLD'S

			POPULATION LIVING IN ENERGY POVERTY	
THE HEAD FOUNDATIONPO BOX 195861 WINTER SPRINGS, FL 32719	NONE	PC	PROVIDE RELIEF, RECOVERY, AND REBUILD OPERATIONS DURING HURRICANES	30,000
THE NEST - CENTER FOR WOMEN	NONE	PC	PROVIDE SUPPORT FOR WOMEN	10,000

THE NEST - CENTER FOR WOMEN NONE PC PROVIDE SUPPORT FOR WOMEN 10, CHILDREN AND FAMILIES INC & CHILDREN	WINTER SPRINGS, FL 32/19			DURING HURRICANES	
530 NORTH LIMESTONE STREET LEXINGTON, KY 40508	CHILDREN AND FAMILIES INC 530 NORTH LIMESTONE STREET	NONE	PC		10,000

Total .

235,000

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution status of contribution

any foundation manager

NONE

Name and address (home or husiness)

WINE TO WATERPO BOX 2567

BOONE, NC 28607

Total.

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
USA FOR UNHCR 1310 L STREET NW STE 450 WASHINGTON, DC 20005	NONE	PC	PROVIDE SUPPORT TO REFUGEES	7,500

PC

recipient

PROVIDE CLEAN WATER TO

THOSE IN NEED

3,000

235,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491190012320							
TY 2019 Accounting Fees Schedule							
Name: THE MUIR HOUSE FOUNDATION							
EIN: 46-2986797							
i i					1		
Category	Amoun	-	Investment	Adjusted Net	Disbursements		
			Income	Income	for Charitable Purposes		

3,250

ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491190012320

TY 2019 Investments - Other Schedule

Name: THE MUIR HOUSE FOUNDATION

EIN: 46-2986797

EIN: 40-2960/9/			
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
COLUMBIA INDIA CONSUMER ETF - 2,420 SHS	AT COST	87,075	102,172
VANGUARD FTSE PAC EFT - 1,958 SHS	AT COST	121,694	136,238
VANGUARD FTSE EUROPE EFT - 2,292 SHS	AT COST	119,098	134,311
VANGUARD FTSE EMERGING MARKETS - 6,650 SHS	AT COST	261,168	295,726
DOUBLELINE SHILLER ENHANCED CAP CLASS I - 58,599.064 SHS	AT COST	900,756	952,821
EDGEWOOD GROWTH FUND RETAIL CLASS NL - 744.51 SHS	AT COST	16,029	28,678
ISHARES IBOXX USD HIGH YIELD CORPORATE BOND - 816 SHS	AT COST	70,664	71,759
ISHARES FLOATING RATE BOND ETF - 11,308 SHS	AT COST	576,365	575,803
KRANESHARES BOSERA MSCI CHINA - 8,300 SHS	AT COST	249,279	270,746
COHEN & STEERS REAL ESTATE SECURITIES FUND - 5,795.066 SHS	AT COST	103,188	101,993
FIDELITY ADVISOR GROWTH OPPORTUNITY FUND CLASS I - 2,334.248 SHS	AT COST	210,670	225,302
JPMORGAN REALTY INCOME I - 3,565.618 SHS	AT COST	53,844	51,345
VANGUARD INFORMATION TECHNOLOGY INDEX ADMIRAL - 905.942 SHS	AT COST	99,614	113,650
VANGUARD DIVIDEND GROWTH FUND - 8,629.34 SHS	AT COST	259,633	263,713

Description

981

End of Year - Book

Value

1,785

Beginning of Year -

Book Value

DLN: 93491190012320

End of Year - Fair

Market Value

1,785

DIVIDENDS RECEIVABLE

Other Assets Schedule

EIN: 46-2986797

Name: THE MUIR HOUSE FOUNDATION

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491190012320	
TY 2019 Other Expenses Schedule					
Name: THE MUIR HOUSE FOUNDATION					
EIN: 46-2986797					
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
BANK FEES	120	0		120

MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491190012320		
TY 2019 Substantial Contributors Schedule					
Name:	THE MUIR HOL	JSE FOUN	IDATION		
EIN:	EIN: 46-2986797				
Name Address					
RB GROUP			NO 2 THE FORUM GRENVILLE STREET ST HELIER JE		
BRIDLE TRUST	-		NO 2 THE FORUM GRENVILLE STREET		

efile GRAPHIC print - DO NOT PROCES	PHIC print - DO NOT PROCESS As Filed Data - DLN: 93491190012320					
TY 2019 Taxes Schedule						
Nam	Name: THE MUIR HOUSE FOUNDATION					
EIN: 46-2986797						
EIN: 40-2300/3/						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FORM 990-PF	799	0		0		

1,434

1,434

FOREIGN TAXES

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491190012320		
Schedule B	Schee	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		ach to Form 990, 990-EZ, or 990-PF. v.irs.gov/Form990 for the latest information.				
Name of the organization THE MUIR HOUSE FOUNDA	TION		Employer i	dentification number		
Organization type (chec	k one).		46-2986797	7		
	,					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization				
	☐ 4947(a)(1) nonexempt ch	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					
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that c one contributor, during the year, t 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary,			
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution in the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions tot ne year for an e <i>xclusively</i> r rganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	that isn't covered by the General I t must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't r	2, of its Form 990; or check th	e box on line H of its Form	·		
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)		

for Form 990, 990-EZ, or 990-PF.

Employer identification number

THE MUIR HOUSE FOUNDATION		46-2986797	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NO 2 THE FORUM GRENVILLE STREET , ST HELIER JE1 4HH JE	\$ 1,436,619	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.)
(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
		\$ Schodulo P. (F	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
	rganization HOUSE FOUNDATION		Employer identification number 46-2986797
Part III	than \$1,000 for the year from any one contributo	r. Complete columns (a) th of exclusively religious, cha actions.) ► \$	ped in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For aritable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
		<u> </u>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift	elationship of transferor to transferee
(a) No. from Part I	(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		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
,	Transferee's name, address, and ZIP 4	(e) Transfer of gift R	elationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)