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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491244009060

OMB No 1545-0052

2019

## **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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	19 , aı	nd ending 12-31	-2019	
		Indation		A Employer id	entification numbe	r
		HOLLAND FOUNDATION		47-1186854		
		I street (or P O box number if mail is not delivered to street address).  ING HILLS	Room/suite	<b>B</b> Telephone nu	ımber (see ınstructıo	ns)
				(830) 522-092	2	
		n, state or province, country, and ZIP or foreign postal code NFELS, TX 78132		<b>C</b> If exemption	application is pendin	g, check here
G C	neck al	I that apply Initial return Initial return of a	former public charity	D 1. Foreign or	ganizations, check h	ere $\Box$
<b>u</b> c.	icck ui	☐ Final return ☐ Amended return	officer public charity		rganizations meeting	▶ ⊔
		☐ Address change ☐ Name change			k here and attach co	
H C	neck tv	rpe of organization	foundation		undation status was	
_		n 4947(a)(1) nonexempt charitable trust		under section	on 507(b)(1)(A), chec	ck here
			☑ Cash ☐ Accru	F If the found	ation is in a 60-mont	h termination 🖂
of '	year (f	rrom Part II, col (c),  ▶\$ 2,323,252			n 507(b)(1)(B), chec	
Рa	rt I	Analysis of Revenue and Expenses (The total				(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)	1,244,292			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B				
	3	Interest on savings and temporary cash investments	780	780		
	4	Dividends and interest from securities	30,961	30,961		
	5a	Gross rents				
	ь	Net rental income or (loss)				
KIE	6a	Net gain or (loss) from sale of assets not on line 10	2,310			
Revenue	ь 7	Gross sales price for all assets on line 6a 367,734  Capital gain net income (from Part IV, line 2)		2,310		
œ	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)				
	12	Total. Add lines 1 through 11	1,278,343			
	13	Compensation of officers, directors, trustees, etc	0	0		С
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
e .	16a	Legal fees (attach schedule)				
Expenses	Ь	Accounting fees (attach schedule)	of 1			
	C	Other professional fees (attach schedule)	6,575	6,575		С
aţ	17	Interest	AB 1			
Operating and Administrative	18	Taxes (attach schedule) (see instructions)	6,702	659		С
=	19	Depreciation (attach schedule) and depletion				
A G	20	Occupancy				
7	21	Travel, conferences, and meetings				
al	22	Printing and publications				
ing	23	Other expenses (attach schedule)				
rat	24	Total operating and administrative expenses.				
<u>8</u>		Add lines 13 through 23	13,277			72.000
_	25	Contributions, gifts, grants paid	70,800			70,800
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	84,077	7,234		70,800
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	1,194,266			
	Ь	Net investment income (if negative, enter -0-)	1,151,200	26,817		
	С	Adjusted net income (If negative, enter -0-)				
_				<u> </u>	l .	1

		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
y.	8	Inventories for sale or use				
sets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U S and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	927,658	<b>%</b> J	1,916,830	2,188,194
	С	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)				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule)				

2.051.888

2,051,888

2,051,888

2,051,888

1,043,517 1,194,266

2,237,783

2,051,888 Form **990-PF** (2019)

185,895

1

3

4

5

1,043,517

1,043,517

1,043,517

2.323.252

## 15 Other assets (describe > \_ 16 Total assets (to be completed by all filers—see the 1.043.517 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . 18 Grants payable 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule). . . . . . Other liabilities (describe >\_ 22 23 Total liabilities(add lines 17 through 22) . . . . . . .

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . . .

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

Foundations that do not follow FASB ASC 958, check here ▶

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** 

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

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

Liabilities

Net Assets or Fund Balances

24

25

26 27

28 29

30

Part III

2

3

		property sold (e g , mon stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a TD AMERITRADE				Р	2019-01-01	2019-02-15
<b>b</b> TD AMERITRADE				Р	2018-01-01	2019-02-15
c TD AMERITRADE				Р	2019-01-01	2019-01-31
d						
e						
(e) Gross sales price	De	<b>(f)</b> preciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	<b>h)</b> ir (loss) ) minus (g)
a1	21,917			124,10	5	-2,189
b 2	45,811			241,31	3	4,493
С	6					6
d						
e						
Complete only for asse	ts showing gain in	column (h) and ow	ned by the foundation	on 12/31/69	1	1)
(i) F M V as of 12/31/6	9	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a		· ·		7		-2,189
b						4,493
С						6
d						
e						
3 Net short-term capital If gain, also enter in F in Part I, line 8			1222(5) and (6) ons) If (loss), enter -0 	) <del>.</del> }	3	
Part V Qualification	Under Section	4940(e) for Re	duced Tax on Net	Investment Ir	icome	
(For optional use by domestic						
If section 4940(d)(2) applies, Was the foundation liable for if "Yes," the foundation does in the appropriate a	leave this part bla the section 4942 ta not qualify under s	nk ix on the distributa ection 4940(e) Do	ble amount of any year not complete this part	n the base period	,	es 🗹 No
(a)				aniaking any entri	:S (d)	
Base period years Calendar year (or tax year beginning in)		ying distributions	(c) Net value of noncharitab		Distribution rat (col (b) divided by c	ol (c))
2018		60,920		926,574		0 065748
2017		38,545		338,974		0 113711
2016		27,125		202,991		0 133627
2015		6,000 30,000		148,489		0 040407
2014	/ -IX			32,506	<u> </u>	0 922907
2 Total of line 1, column				2		1 276400
<ul><li>3 Average distribution rat number of years the for</li><li>4 Enter the net value of r</li></ul>	ındatıon has been	ın existence if less	than 5 years	0, or by the 3		0 255280 1,357,763
5 Multiply line 4 by line 3			•	5		346,610
<b>6</b> Enter 1% of net investr				6		268
	,				1	346,878
8 Enter qualifying distribu						70,800
If line 8 is equal to or g					ng a 1% tax rate Se	<u></u> _

Page **6** 

	930 11 (2019)						-/>				age <b>u</b>
_			Activities for Which	Form 4720 May Be	Required (co	ontinue	ea)			- I	
5a	During the year did the foundation		•							Yes	No
	(1) Carry on propaganda, or otherv			` Yes <b>Y</b> No							
	(2) Influence the outcome of any s		•	•							
							No				
	(3) Provide a grant to an individual	for t	avel, study, or other sım	ılar purposes?		Yes	<b>✓</b>	No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described										
	ın section 4945(d)(4)(A)? See ii	nstrud	tions		• • [	Yes	<b>✓</b>	No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or										
	educational purposes, or for the prevention of cruelty to children or animals? Yes 🗸 No										
b	If any answer is "Yes" to $5a(1)-(5)$ ,	did a	<b>ny</b> of the transactions fa	il to qualify under the ex	ceptions describ	ed in					
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizations relying on a current r	otice	regarding disaster assist	ance check here		. ▶					
С	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the							
	tax because it maintained expenditu	ure re	sponsibility for the grant?			Yes	П	No			
	If "Yes," attach the statement requi	red b	Regulations section 53	4945-5(d)	_		_				
6a	Did the foundation, during the year,	, rece	ve any funds, directly or	indirectly, to pay premit	ıms on						
	a personal benefit contract?				. [	Yes	J	No			
b	Did the foundation, during the year,	, pay	premiums, directly or ind	irectly, on a personal be	nefit contract? .	_ res		NO	6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	٦ ٧		No			
b	If "Yes", did the foundation receive					」Yes		NO	7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	in remuneration	or					
	excess parachute payment during the	he ye	ar <sup>9</sup>		г	٦.,	<b>✓</b>				
	Information About (	Offic	ere Directore Trust	ees Foundation Ma	nagers High	<u> Yes</u>		No mplo	VAAC		
Pa	and Contractors	J111C	ers, Directors, Trust	ecs, i oundation inc	illagers, riigi	ily Fai	u Li	пріо	yccs,		
_	List all officers, directors, truste	os fo	undation managers an	d their compensation	Can instruction						
	List all officers, directors, truste		<b>b)</b> Title, and average	(c) Compensation (If	(d) Contrib		.0	Τ.,	_		
	(a) Name and address	`	hours per week	not paid, enter	employee bene	fit plans	s and		•	se acco	
		_	devoted to position	-0-)	deferred com	pensat	ion	<u> </u>	ther u	TOWATTE	
	D MULHOLLAND	PRES 2 00	IDENT	0			C	기			0
	ALLING HILLS BRAUNFELS, TX 78132										
	ELLE MULHOLLAND-ALLERKAMP	DIRE	CTOR	0			-				0
	ALLING HILLS	2 00		· ·				1			·
NEW	BRAUNFELS, TX 78132										
CODY	ALLERKAMP	DIRE 2 00	CTOR	0			C				0
	ALLING HILLS BRAUNFELS, TX 78132	2 00									
2		id en	nlovees (other than th	ose included on line 1	  see instruct	ions). I	Γf no	ne. e	nter "	NONE.	71
_	tempendanen er nve mgnest pa				(d) Contrib		- т	,			
(a)	Name and address of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee			(e)	Expens	se acco	unt,
	more than \$50,000		devoted to position	(c) Compensation	plans and		d	ot	her all	owance	es
NON.	_				compen	sation					
NON	=										
				1	1						
Tota	I number of other employees paid ov	er \$5	0,000	<u> </u> 	<u></u>	<b>•</b>					0

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Part VIII Information About Officers, Directors, Trusto and Contractors (continued)	ees, Foundation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others recovers over \$50,000 for professional converse	·	
Total number of others receiving over \$50,000 for professional services.  Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include		Expenses
organizations and other beneficiaries served, conferences convened, research papers  1 THE FOUNDATION ASSISTS VETERANS AND FAMILIES OF VETERANS		0
2		<u> </u>
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation du	•	Amount
1		
		-
2		
All all and a final and a fina		
All other program-related investments See instructions  3		
		]
Tabal Addings 4 Abrasiah 2		_
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2019)
		101111 330-FF (2013)

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

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

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

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

4

5

3h

4

5

70,800

70.800

Form **990-PF** (2019)

67,352

Form **990-PF** (2019)

0

Form 990-PF (20	019)					
Part XIII U						

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

**d** From 2017.

e From 2018. .

XII, line 4 🕨 \$

indicated below:

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

**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) . . .

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

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. .

same amount must be shown in column (a) )

(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 —see instructions . . . . . . . . e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see 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

Form 990-PF (2019) Page <b>9</b>							
Part XIII Undistributed Income (see instruct	tions)						
	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019			
Distributable amount for 2019 from Part XI, line 7				67,352			
2 Undistributed income, if any, as of the end of 2019							
a Enter amount for 2018 only			0				
<b>b</b> Total for prior years 20, 20, 20		0					
<b>3</b> Excess distributions carryover, if any, to 2019							
3 From 2014 26 957							

83,988

3.448

87,436

26.957

60,479

16,999

22.274

17,758

3.448

16 999

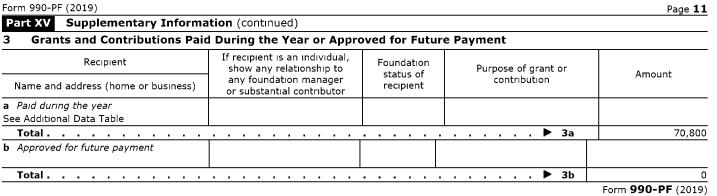
22.274 17,758

f Total of lines 3a through e. . . . .

4 Qualifying distributions for 2019 from Part 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). . . . . . .



Enter gross amounts unless otherwise indicated		Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
-	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )	
		+					
	and contracts from government agencies						
	rship dues and assessments						
3 Interes investn	t on savings and temporary cash nents			14	780		
	ds and interest from securities			14	30,961		
<b>5</b> Net rer	tal income or (loss) from real estate						
	financed property						
	ebt-financed property						
	tal income or (loss) from personal property						
	(loss) from sales of assets other than	<del>                                     </del>					
invento	• •			14	2,310		
	ome or (loss) from special events	<b>—</b>		14	2,510		
	profit or (loss) from sales of inventory						
1 Other	evenue a						
	al Add columns (b), (d), and (e).		0		34,051		
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	·	34,051	
Part XV	-B Relationship of Activities to the	ne Accomplish	ment of Exemi	ot Purposes			
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expressions (						

,			
/II	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
			-

FOL	r VATT	Exempt Organia	zations							
		ganization directly or in than section 501(c)(3)					on described in section 50 ns?	)1	Yes	No
a Tr	ansfers t	from the reporting foun	dation to a nonch	arıtable ex	empt organization	of				
(1	L) Cash.							1a(1)		No
(2	2) Other	assets						1a(2)		No
<b>b</b> O	ther tran	sactions								
(1	L) Sales	of assets to a nonchar	table exempt org	anızatıon.				1b(1)		No
-	-	ases of assets from a n						1b(2)		No
•	-	al of facilities, equipmen	•					1b(3)	_	No
		bursement arrangemen						1b(4)		No
•	•	s or loan guarantees.						1b(5)		No
•	•	mance of services or m	· ·	-				1b(6)		No
	-	facilities, equipment, n	-	-			ways show the fair marke	1c		No
of ın	the goo	ds, other assets, or ser	vices given by the	e reporting n column (d	foundation If the f  i) the value of the	oundation receive goods, other asse	ed less than fair market vets, or services received transfers, transactions, and	alue	ngemen	nts
<b>2a</b> Is	the four	ndation directly or indire	ectly affiliated wit	h, or relate	d to, one or more t	ax-exempt organ	ızatıons			
de	escribed	ın section 501(c) (other	than section 50:	L(c)(3)) or	ın section 527? .		🗆 Yes	<b>✓</b> No		
<b>b</b> If	"Yes," co	omplete the following so	chedule							
		(a) Name of organization	n	(1	<b>b)</b> Type of organizatio	n	(c) Description of re	ationship		
				-						
	of m whic		, it is true, correc				ing schedules and statem than taxpayer) is based			
Sig: Her	,	*****			2020-08-31	*****	ret wit	y the IRS d urn h the prepa		
	,	Signature of officer or to	rustee		Date	Title	be (se	e instr )	Yes [	□No
		Print/Type preparer's	name Pre	parer's Sıgı	nature	Date	Check if selfPTIN	D0041	2502	
Paid		CHRISTY CATES					employed ▶ □	P0044	J D U S	
	parer		TLEY PENN LLP				Firm'	s EIN ▶75	-23934	 178
Jse	Only		0 TAYLOR STREE	T SHITE 22	200					
			WORTH, TX 761				Phon	e no (817	') 259-9	9100
		1					1			

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 contribution status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

<u> </u>				
ALZAFAR SHRINE CHILDREN'S HOSPITAL	NONE	PC	GENERAL SUPPORT	40,000
901 NORTH LOOP 1604 W SAN ANTONIO, TX 78232				

901 NORTH LOOP 1604 W SAN ANTONIO, TX 78232				
HARVEY SOELL491 PARKVIEW BLVD NEW BRAUNFELS, TX 78130	NONE	INDIVIDUAL	GENERAL SUPPORT	800

SAN ANTONIO, TX 70232				
HARVEY SOELL491 PARKVIEW BLVD NEW BRAUNFELS, TX 78130	NONE	INDIVIDUAL	GENERAL SUPPORT	800
HORSING AROUND RECOVERY RANCH 14140 TX-195 KILLEEN,TX 76542	NONE	PC	GENERAL SUPPORT	1,000

NEW BRAUNFELS, TX 78130				
HORSING AROUND RECOVERY RANCH 14140 TX-195 KILLEEN, TX 76542	NONE	PC	GENERAL SUPPORT	1,000
Total			▶ 3a	70,800

HORSING AROUND RECOVERY RANCH	NONE	l L C	GLINEIVAL SUFFOINT	i -
14140 TX-195				
KILLEEN,TX 76542				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, 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 JUVENILE DIABETES FOUNDATION NONE PC GENERAL SUPPORT 5,000 8610 NORTH NEW BRAUNFELS AVE SAN ANTONIO, TX 78217

NEW BRAUNFELS CHRISTIAN ACADEMY INC 220 FM 1863 NEW BRAUNFELS, TX 78132	NONE	PC	GENERAL SUPPORT	5,000
ST JOSEPH'S CATHOLIC SCHOOL	NONE	PC	GENERAL SUPPORT	1,000

70,800

220 FM 1863 NEW BRAUNFELS, TX 78132				
ST JOSEPH'S CATHOLIC SCHOOL 535 NEW LAREDO HWY SAN ANTONIO, TX 78211	NONE	PC	GENERAL SUPPORT	1,000

Total .

Recipient If recipient is an individual, show any relationship to status of contribution Paid During the Year or Approved for Future Payment

Purpose of grant or show any relationship to status of contribution

Amount

recipient

70,800

any foundation manager

or substantial contributor

Name and address (home or business)

203 WEST MARKET ST SAN ANTONIO, TX 78205

Total .

	or substantial contributor			
a Paid during the year				
ST MARK'S SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 75230	NONE	PC	GENERAL SUPPORT	6,000
STS PETER AND PAUL SCHOOL PO BOX 310809 NEW BRAUNFELS, TX 78131	NONE	PC	GENERAL SUPPORT	7,500
UNITED SERVICE ORGANIZATIONS	NONE	PC	GENERAL SUPPORT	2,500

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

a Faid during the year				
YOUNG LIFE420 NORTH CASCADE AVE COLORADO SPRINGS, CO 80903	NONE	PC	GENERAL SUPPORT	2,000
Total			▶ 3a	70,800

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TY 2019 Investments Corporate Stock Schedule						
Name: 7	THE MULHOLLAND	FOUNDATION				

<b>EIN:</b> 47-1186854		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
TD AMERITRADE	1,916,830	2,188,194

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491244009060			
TY 2019 Other Decreases Schedule						
Name:	THE MULHOLL	AND FOUNDATION				
EIN:	47-1186854					
Do	escription		Amount			
		1	1			

UNREALIZED GAINS AND LOSSES

185,895

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491244009060			
TY 2019 Other Professional Fees Schedule							
Name: THE MULHOLLAND FOUNDATION							
<b>EIN:</b> 47-1186854							
Category	Amount	Net Investment	Adjusted Net	Disbursements			

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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6,575

6,575

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491244009060
TY 2019 Substantial Contribut Schedule	tors	
	THE MULHOLLANI 47-1186854	O FOUNDATION
Name		Address
DADDY-DGM LP		177 FALLING HILLS NEW BRAUNFELS, TX 78132
DAVID MULHOLLAND		177 FALLING HILLS NEW BRAUNFELS, TX 78132
SGMDGM LP		177 FALLING HILLS NEW BRAUNFELS, TX 78132
DAVID MULHOLLAND INVESTMENT TRUST		177 FALLING HILLS NEW BRAUNFELS, TX 78132

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TY 2019 Taxes Schedule							
Name: THE MULHOLLAND FOUNDATION							
EIN: 47-1186854							
EIN: 47-1100034							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXCISE TAXES	6,043	0		0			

FOREIGN TAXES

efile GRAPHIC print - [	OO NOT PROCESS	As Filed Data -				DLN: 93491244009060	
Schedule B		Schedul	e of Contributor	'S		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	1		orm 990, 990-EZ, or 990-F / <u>Form990</u> for the latest in			2019	
Name of the organization THE MULHOLLAND FOUN					Employer id	lentification number	
					47-1186854		
Organization type (che	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) org	ganization				
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	☐ 527 politic	☐ 527 political organization					
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private four	ndation				
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3)	501(c)(3) taxable private foundation					
			that received, during th				
Special Rules							
under sections to received from a	509(a)(1) and 170(b)	(1)(A)(vı), that check urıng the year, total	Form 990 or 990-EZ that sed Schedule A (Form 9 contributions of the grea ete Parts I and II	90 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	more than \$1,000 e	or (10) filing Form 990 or exclusively for religious, nimals Complete Parts	charitable, scien			
during the year, If this box is che purpose Don't o	contributions exclusions exclusions could be completed any of the property of	<i>ively</i> for religious, ch total contributions the parts unless the <b>Gen</b>	or (10) filing Form 990 or naritable, etc., purposes, hat were received during neral Rule applies to this r more during the year.	, but no such con g the year for an s organization be	tributions tota exclusively re cause it recei	aled more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), but	t it <b>must</b> answer "No'	on Part IV, line 2, o	and/or the Special Rule of its Form 990, or check t the filing requirements	the box on line	H of its Form		
For Paperwork Reduction of for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2019)	

(Complete Part II for noncash

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>3</b>	
Name of org		Employer identification number		
THE MULHC	LLAND FOUNDATION	47-1186854		
Part II	Noncash Property			
(a) No. from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	SECURITIES	\$ 901,231	2019-02-13	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
2	SECURITIES	\$ 243,061	2019-02-13	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$_		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-				
		Schedule B (Form	990, 990-EZ, or 990-PF) (2019)	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization OLLAND FOUNDATION			Employer identification number
Part III	than \$1,000 for the year from any one con	tributor. Complete cole total of exclusively remarks instructions.) ► \$	ions described umns (a) throug	47-1186854 in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For ble, 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
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh			onship 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	onship 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 g Transferee's name, address, and ZIP 4			onship 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	(e) Trans ZIP 4		onship of transferor to transferee
			90	hedule B (Form 990, 990-EZ, or 990-PF) (2019