EXTENSION GRANTED TO 11/16/2020 491505010 1000 Return of Private Foundation Or Section 4947(a)(1) Trust Treated to Company (1) 1 Trust Treated to Company (

Department of the Treasury Internal Revenue Service

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.

For calendar year 2019 or tax year beginning		, and ending		
Name of foundation			A Employer identificatio	n number
THE PRAXIS FOUNDATION			54-183054	6
Number and street (or P O box number if mail is not delivered to st	reet address)	Room/suite	B Telephone number	
427 PARK STREET			434-971-8	080
City or town, state or province, country, and ZIP or foreight CHARLOTTESVILLE, VA 229			C If exemption application is	pending, check here
G Check all that apply: Initial return		ormer public charity	D 1 Foreign organization	ne chack hara
Final return	Amended return	office public charity	b i roreign organization	is, official field
Address change	Name change		2 Foreign organizations macheck here and attach of	neeting the 85% test,
) exempt private foundation	ALI	1	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation () H	E If private foundation st under section 507(b)(
	unting method: X Cash	Accrual	1	
(from Part II, col. (c), line 16)	Other (specify)		F If the foundation is in a under section 507(b)(. [
▶\$ 1,305,958. (Part I, co		IS.)	under 3000000 007(b)(TADE GLOCK HOLD
Part I Analysis of Revenue and Expenses	(a) Daysays and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	15,000.		N/A	(
2 Check I If the foundation is not required to attach Sch. B				†
3 Interest on savings and temporary cash investments	35.	35.	<u> </u>	STATEMENT 1
4 Dividends and interest from securities	10,185.	10,185.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)			<u> </u>	1
62 Not gain or floor) from sale of assets not on line 10	6,551.			STATEMENT 3
b Gross sales price for all b assets on line 6a 6, 962				
b Gross sales price for all assets not of limits to asset not not of limits to asset not of limits to asse		6,574.		
8 Net short-term capital gain				
9 Income modifications				
10a and allowances			MEACH	ners 1
b Less Cost of goods sold			HEAF	- C
c Gross profit or (loss)			S OCT 0 5	8
11 Other income			E uci vo	MM 2
12 Total Add lines 1 through 11	31,771.	16,794.	OCOL	1=-,E
13 Compensation of officers, directors, trustees, etc	0.	0.	JOSEN	0
14 Other employee salaries and wages				
15 Pension plans, employee benefits				<u> </u>
16a Legal fees				
b Accounting fees STMT 4	3,250.	0.		3,250
c Other professional fees STMT 5	11,937.	11,937.		0
16a Legal fees b Accounting fees c Other professional fees STMT 5 17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	27.	27.		0
18 Taxes STMT 6	25.	0.		25
19 Depreciation and depletion				
E 20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications	0.550			
한 23 Other expenses STMT 7	2,553.	0.		2,553
ਰੋ 24 Total operating and administrative	15 500	11 004		F 000
expenses. Add lines 13 through 23	17,792.	11,964.	· · · · · · · · · · · · · · · · · · ·	5,828
25 Contributions, girls, grants paid	49,341.		 	49,341
26 Total expenses and disbursements	65.400	11 064		
Add lines 24 and 25	67,133.	11,964.		55,169
27 Subtract line 26 from line 12.	35 360			
8 Excess of revenue over expenses and disbursements	-35,362.	4 0 3 2	<u> </u>	
b Net investment income (if negative, enter -0-)		4,830.		
c Adjusted net income (if negative, enter -0-)	1		N/A	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2019)

Form 990-PF (2019) THE PRAXIS FOUNDATION	Beginning of year	54 -3 End of	1830546 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
·2 Savings and temporary cash investments	477,551.	447,814.	447,819.
3 Accounts receivable ►			,
Less: allowance for doubtful accounts			
4 Pledges receivable ►			-
Less: allowance for doubtful accounts		<u>-</u>	
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations			
I The state of the	32,873.	22 426	05 040
	34,013.	32,436.	85,849.
c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis			· · · · · · · · · · · · · · · · · · ·
Less accumulated depreciation			•
12 Investments - mortgage loans			
13 Investments - other STMT 9	696,162.	690,974.	772,290.
14 Land, buildings, and equipment; basis	0,00,102.	0,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	112,250.
Less accumulated depreciation			•
15 Other assets (describe)	-		
16 Total assets (to be completed by all filers - see the		· · · · · · · · · · · · · · · · · · ·	
instructions Also, see page 1, item I)	1,206,586.	1.171.224.	1,305,958.
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue			· · · · · · · · · · · · · · · · · · ·
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow FASB ASC 958, check here			
and complete lines 24, 25, 29, and 30			
24 Net assets without donor restrictions			
25 Net assets with donor restrictions			
Foundations that do not follow FASB ASC 958, check here			
and complete lines 26 through 30			
26 Capital stock, trust principal, or current funds	0.	0.	
27 Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	•
and complete lines 24, 25, 29, and 30 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total net assets or fund balances	1,206,586.	1,171,224.	<u> </u>
29 Total net assets or fund balances	1,206,586.	1,171,224.	
			•
30 Total liabilities and net assets/fund balances	1,206,586.	1,171,224.	
Part III Analysis of Changes in Net Assets or Fund Ba			•
Total net assets or fund balances at beginning of year - Part II, column (a), line 2	9		
(must agree with end-of-year figure reported on prior year's return)		1	1,206,586.
Enter amount from Part I, line 27a		2	-35,362.
Other increases not included in line 2 (itemize)		3	0.
Add lines 1, 2, and 3		4	1,171,224.
Decreases not included in line 2 (itemize)		5	0.
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	ımn (b), line 29	6	1,171,224.

		XIS FOUNDATI		t Income				5	4-183	0546	Page 3
(a) List and des	cribe the kind(s) of property sold (for exar or common stock, 200 shs	mple, real esta		(b)	How ac - Purch - Dona	quired (c) Date (mo., d	acquired ay, yr.)	(d) Dat (mo , da	
1a CAPITAL GAIN	S DIVI	DENDS									
<u>b</u>					_		_				
<u>c</u> d	 -				-						
e			<u></u>		1						
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus (
a 6,57	4.									6	,574.
<u>b</u>				-							
<u>c</u>	·										
d e							 ,			·	
	howing gain in	column (h) and owned by t	the foundation	1 оп 12/31/69.			(1)	Gains (C	Col. (h) gain	minus	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	, ,	cess of col. (i) col. (j), if any			còl. i	(k), but r	not less that (from col (n -0-) or	
a										6	,574.
_b			<u> </u>								
_ c d				_			_ 				
e											
2 Capital gain net income or (i	net capital loss	If gain, also enter If (loss), enter -0			}	2				6	,574.
3 Net short-term capital gain o		(())		,						 -	
If gain, also enter in Part I, Ii		, ,	.u (0).		}						
Part V Qualification	ne 8	Section 4940(e) for	Poducos	L Tay on Not	100	3	ont Inc		N/A		
(For optional use by domestic p							ient ince	me			
			1540(a) (ax 01	i net mvestment n	icomi	.,					
If section 4940(d)(2) applies, le	ave this part b	lank.									
Was the foundation liable for th				•	rıod?					Yes Yes	X No
1 Enter the appropriate amou					ntrioc	,					
		(b)	isti uctions be	TOTE ITIAKING ANY E	(c)			T		(d) oution ratio	
(a) Base period years Calendar year (or tax year be	ginning in)	Adjusted qualifying dist	tributions	Net value of no		ritable-	use assets		Distrib (col (b) div	oùtión ratio rided by col.	(c))
2018			7,157.		1	,35	3,478			.0	42230
2017			7,228.		_1		4,157				56612
2016			<u>2,723.</u>				<u>5,808</u>	-			<u>93744</u>
2015 2014	<u> </u>		9,115. 9,243.		_ <u></u>		3, <u>116</u> 7,101	-			<u>14801</u> 06368
2014			<i>J</i> , <u>4</u> =J•	<u></u>		, .	7,101	<u> </u>			<u> </u>
2 Total of line 1, column (d)								2		. 4	<u> 13755</u>
3 Average distribution ratio for	r the 5-year ba	se period - divide the total c	on line 2 by 5.	O, or by the numb	er of	years					
the foundation has been in e	existence if less	s than 5 years						3		.0	<u>82751</u>
4 Enter the net value of nonch	arıtable-use as	sets for 2019 from Part X, I	line 5					4		1,298	,082.
5 Multiply line 4 by line 3								5		107	,418.
6 Enter 1% of net investment	income (1% of	f Part I, line 27b)						6	_		48.
7 Add lines 5 and 6								7		107	,466.
8 Enter qualifying distributions	s from Part XII	, line 4						8		55	<u>,169.</u>
If line 8 is equal to or greate See the Part VI instructions.	r than line 7, cl	heck the box in Part VI, line	1b, and comp	olete that part usin	ng a 1'	% tax r	ate				

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Form **990-PF** (2019)

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	ıstru	ctior	age 4
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b. Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			97 .
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2		•	0.
3 Add lines 1 and 2			97.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			97.
6 Credits/Payments			
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,015.		•	
b Exempt foreign organizations - tax withheld at source 6b 0.			,
c Tax paid with application for extension of time to file (Form 8868)			•
d Backup withholding erroneously withheld 6d 0.			• -
7 Total credits and payments Add lines 6a through 6d		2,0	<u> 15.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		<u>1,9</u>	<u> 18.</u>
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax 1,918. Refunded 11			0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
any political campaign?	_1a		<u>X</u>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<u>1b</u>		<u>X</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities.	-		
c Did the foundation file Form 1120-POL for this year?	<u>1c</u>		<u> X</u>
d Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:	}		
(1) On the foundation. ► \$ O . (2) On foundation managers ► \$ O .			,
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers ▶ \$O.	_		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2		<u> </u>
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		٠	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	_4b		_ _ _
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5		X
If "Yes," attach the statement required by General Instruction T			
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		•
By language in the governing instrument, or Country leads to the following the country of the country			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	ا ۽	٠٠٠	
remain in the governing instrument?	6 7	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-'- 	^	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.			•
VA			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	Į		
of each state as required by General Instruction G? If "No," attach explanation	8ь	x	•
	OD	Λ	/
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	` ģ	 -	\mathbf{x}
10 Did any persons become substantial contributors during the tax year? It "Yes," attach a schedule listing their names and addresses	10		$\frac{-}{x}$
	n 99 0		(0040)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11_		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► FOUNDATION'S OFFICE Telephone no. ► 434-97	1-8	080	
	Located at ► 427 PARK STREET, CHARLOTTESVILLE, VA ZIP+4 ►22	902		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D	foreign country	L		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	a During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (1) Possey macon from lead macon to an otherwise outside and the foregoed to form.	1	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
	(5). Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	ļ		
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)		.	•
b	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c_		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	\		
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines]		
	6d and 6e) for tax year(s) beginning before 2019?	Ĭ		
	If "Yes," list the years ,,,,		•	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		•	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach)		
	statement - see instructions.) N/A	<u>2b</u>	_	
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		[
•	Dutthe found to a body and the second control of the second contro			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
		ļ		
	o If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		_	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		-
4-	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	o Did the foundation invest during the year any amount in a mariner that would jeopardize its charitable purposes? Out the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74	-	_41
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	<u> </u>	x
)_DE	(2019)

Form 990-PF (2019) THE PRAXIS FOUNDATION			<u>54-18305</u>	46	Page 6
Part\VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			1	
any voter registration drive?			s X No	i	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1	
4945(d)(4)(A)? See instructions			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			s 🔀 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	_		
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	ib	<u> </u>
Organizations relying on a current notice regarding disaster assistance, check t				l	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	I/A L Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			Bb	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	-		N/A	'b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o				
excess parachute payment(s) during the year?			s X No		<u> </u>
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	/		
	hair an ann an an an an				
List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(a) Ev	00000
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex	t, other
	to position	`enter'-0-)	compensation	allowa	ances
OPE CONTRACTOR 10					^
SEE STATEMENT 10		0.	0.		0.
	•				
		İ			
		<u> </u>			
	,				
	ŕ				
	<u> </u>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "			
	(b) Title, and average	The Hortz	(d) Contributions to	(e) Ex	oense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun allowa	t, other
NONE	devoted to position	 	compensation	allowe	211002
NONE					
		1			
		-			
		 			
		1			
	<u> </u>	<u> </u>			
Total number of other employees paid over \$50,000			Corm	990-PF	<u>`</u>

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. 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		D 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers proc	tical information such as the fuced, etc.	Expenses
1 THE FOUNDATION HAS NO DIRECT CHARITABLE ACTI	VITIES	
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments	1	
Describe the two largest program-related investments made by the foundation during the tax year on 1 THE FOUNDATION HAS NO PROGRAM RELATED INVEST		Amount
2		0.
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2019)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	851,769.
b		1b	466,081.
c		1c	
ď	Total (add lines 1a, b, and c)	1d	1,317,850.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,317,850.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,768.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,298,082.
6	Minimum investment return. Enter 5% of line 5	6	64,904.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	d certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	64,904.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI.)	i i	
C	Add lines 2a and 2b	2c	97.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	64,807.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	_64,807.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	64,807.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	55,169.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	55,169.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	55,169.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	the section
	4940(e) reduction of tax in those years		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI.				20.0
line 7				_64,807.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		,		· · · · · · ·
		0.		·
3 Excess distributions carryover, if any, to 2019			i	
a From 2014 86,842.				
b From 2015 97,093.				
c From 2016 61,933.				
d From 2017 9,020.				
e From 2018	254 000			
f Total of lines 3a through e	254,888.			
4 Qualifying distributions for 2019 from				
Part XII, line 4 ► \$ 55,169.			0.	
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount	0.			55,169.
e Remaining amount distributed out of corpus	0.			33,103.
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a))	9,638.			9,638.
6 Enter the net total of each column as indicated below				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	245,250.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u> </u>
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		0		
assessed		0.		
d Subtract line 6c from line 6b Taxable		0.		
amount - see instructions		<u> </u>		
e Undistributed income for 2018. Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2019 Subtract		· · · · · · · · · · · · · · · · · · ·		
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
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)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	77,204.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	168,046.			
10 Analysis of line 9				
a Excess from 2015 97,093.				
b Excess from 2016 61,933.				
c Excess from 2017 9,020.				
d Excess from 2018				
e Excess from 2019				Farm 000 - DE (0010)

Part XIV Private Operating F	XIS FOUNDAT oundations (see in	structions and Part V	II-A, question 9)	N/A	830546Page
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for					
b Check box to indicate whether the found			in section	4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	1
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for			 		
each year listed					
b 85% of line 2a					"
c Qualifying distributions from Part XII,					
line 4, for each year listed		!			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;				j	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		<u> </u>	 	\	
2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	· · · · · · · · · · · · · · · · · · ·				
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income			<u> </u>		<u> </u>
Part XV Supplementary Info at any time during t			if the foundatio	n had \$5,000 or n	ore in assets
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			tributions received by th	ne foundation before the c	ose of any tax
SEE STATEMENT 11					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contributi Check here ► if the foundation o the foundation makes gifts, grants, etc.,	nly makes contributions	to preselected charitable	organizations and does		quests for funds. If
a The name, address, and telephone number					<u> </u>
SEE STATEMENT 12_					
b The form in which applications should b	e submitted and informa	tion and materials they s	honlq iucinge.		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s such as hy generanhin	al areas charitable fields	kinds of institutions of	r other factore:	
d Any restrictions or limitations on awards	s, such as by geographic	ai areas, charnadie fields	, kiirus of institutions, 0	r other factors;	
223601 12-17-19					Form 990-PF (20

Total	 · <u> </u>	·		▶ 3a	49 341
b Approved for future payment					
NONE		}			
110112					
	 <u> </u>				
			•		

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▶ 3b

Total

l Unrelated h				
	usiness income		y section 512, 513, or 514	(e)
(a) Business	(b)	(C) Exclu-	(d)	Related or exemp
code	Amount	code	Amount	function income
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			13	16,7
to the Accom	plishment of	Exempt Pa	urposes	
				
•	, ,		importantly to the accomp	olishment of
in by providing lunds	for such purposes)	l .		
	to the Accom	to the Accomplishment of	to the Accomplishment of Exempt Po	DUSTITIONS CODE Amount 14 35. 14 10,185. 14 6,551. 0. 16,771. 13 to the Accomplishment of Exempt Purposes

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Did the arganization directly or indirectly engage in any of the following with any other organizations described in section 501(c) (1) Class (1)	Part		Information Re Exempt Organ		ers to ar	nd Transactions a	nd Relation	ships With Noncha	ritable		90 10
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cala (2) Other assets b Other transactions. 1 Select of Sections of Section of American (1) Sales of sected to a noncharitable exempt organization (2) Prichases of assets from a noncharitable exempt organization (3) Rental of Sections, a quirement or other assets (4) Remodursement arrangements (5) Loans or of Loan quarantees (5) Loans or of Loan quarantees (6) Performance of services or membership or fundrasing solicitations (7) Sales of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or paid employees (4) If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or severes given by the appointing foundation. If the foundation decreated less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or severes given by the appointing foundation. If the foundation decreated less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or severe received. (a) Live sec. (b) Amount involved. (c) Name of noncharitable exempt organization. (d) Description of relationship. N/A (b) If "Yes," complete the following schedule. (a) Name of organization. (b) Type of organization. (c) Description of relationship. N/A (a) Name of organization. (b) Type of organizations described and statements, and to the best of my knowledge with the property as any foundation of the property as	1 Di	d the organ	ization directly or indi	rectly engage in any of t	he following	with any other organizati	on described in se	ection 501(c)		Yes	No
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c Sharing of becilities, equipment, mailting lists, other assets, or paid employees d if the answer to any of the above is "visi," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) June no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of Ivanifers, vanisactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N/A Sign Violate potentials of purphy. Socials that I have insurance the anims, relating accompanying controlled and abstracts, and to the best of the Notificidal Potentials of the property has any knowledge. N/A Sign Peres IDENT Intel Prim/Type preparer's name Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Prim/Type preparer's name Proparer's signature Proparer's signature Prim/S EIN ► 54 - 0618213 Prim/S EIN ► 54 - 0618213	(5) Loans or	loan guarantees						1b(5)		X
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In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer in the preparer is signature. Print/Type preparer's name						······					
In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer in the preparer is signature. Print/Type preparer's name											
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In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer in the preparer is signature. Print/Type preparer's name							 				
In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer in the preparer is signature. Print/Type preparer's name					,						
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b if "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instr. Yes No Print/Type preparer's name Preparer Print/Type preparer's name Preparer Use Only Firm's address ▶ 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 Phone no. (434) 296-2156			=	-		or more tax-exempt organ	izations described				
(a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on, all information of which preparer shown below? See instruction with the preparer shown below? See instruction of preparer's signature of the preparer's signature of the preparer's signature. Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name					DΠ 52/ *			ι	Yes	لم) NO
N/A Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on, all information of which preparer has any knowledge return with the preparer shown below? See mstr Yes No Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Print/Type preparer's name HANTZMON WIEBEL LLP/, CPA'S Firm's name Firm's name HANTZMON WIEBEL LLP/, CPA'S Firm's address 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 Phone no. (434) 296-2156		res, comp				(b) Type of organization		(c) Description of relation	ship		
Sign Here Signature of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer support of trustee Date Tittle Print/Type preparer's name Preparer's signature Date Check if self-employed Printy preparer so name Preparer Use Only Firm's name ► HANTZMON WIEBEL LLP/, CPA'S Firm's EIN ► 54 - 0618213 CHARLOTTESVILLE, VA 22902 Phone no. (434) 296 - 2156			· · · · · · · · · · · · · · · · · · ·			(-7 - 7	 				
Sign Here A											
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Sign Here A		1									
Paid Preparer Use Only Signature of-efficer or trustee		and belief,				taxpayer) is based on all Inform	mation of which prepared	arer has any knowledge re	turn with th	e prepar ? See in	er str
Paid Preparer Use Only Firm's address 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 Phone no. (434)296-2156											
Paid Preparer Use Only Firm's address ▶ 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 P00297741 Proparer		Pr	int/Type preparer's na	ame P	ceparer's siç	nature	Date				
Preparer Use Only Firm's name ► HANTZMON WIEBEL LLP, CPA'S Firm's ellN ► 54-0618213 Firm's address ► 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 Phone no. (434)296-2156	Doid)e		0 16 20				
Use Only Firm's address ▶ 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 Phone no. (434)296-2156		<u>_</u> _			-jess	yev yemi	27.15.202				
Firm's address ► 818 E. JEFFERSON ST., PO BOX 1408 CHARLOTTESVILLE, VA 22902 Phone no. (434)296-2156	-	' ''	ms name - HAN	TAMON WIER	ניום יועפ	ar Child s		Firm SEIN > 34-U	0 T Q 7	т Э	
CHARLOTTESVILLE, VA 22902 Phone no. (434)296-2156		· · -	m's address > 81	विवयम् . व 8	RSON S	ST. PO BOX	1408				
								Phone no. (434)	296-	215	6

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2019

Name of the organization Employer identification number THE PRAXIS FOUNDATION 54-1830546 Organization type (check one) Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H-of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Scriedale B (Form 990,	990 EZ, C	or 990 PF)	(2019)
Name of organization			

Employer identification number

THE PRAXIS FOUNDATION

54-1830546

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES B. MURRAY, JR 427 PARK ST CHARLOTTESVILLE, VA 22902	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·			Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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)

Employer identification number

THE PRAXIS FOUNDATION

54-1830546

àrt II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art 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. irom 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

Employer identification number

THE P	RAXIS FOUNDATION				54-1830546
Part III	Exclusively religious, charitable, etc., contribute from any one contributor. Complete columns (a)				that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of	\$1,000 or less for the	ne year (Enterthis info once	s) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed			
from Part I	(b) Purpose of gift	(c) Use of	gıft	(d) Desc	ription of how gift is held
ļ		(e) Trans	fer of gift		
ļ	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
-		(e) Transi	fer of gift		
	Transferee's name, address, ar			elationship of tra	nsferor to transferee
					
ľ					
1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
ĺ					
ļ					
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of trai	nsferor to transferee
					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gıft	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
}	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tra	nsferor to transferee

THE PRAXIS FOUNDATION ID # 54-1830546

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 2019

RECIPIENT NAME & ADDRESS NORTHERN PIEDMONT COMMUNITY FOUNDATION P O BOX 5 CULPEPER, VA 22701	RELATIONSHIP N/A	STATUS PUBLIC	PURPOSE GENERAL PURPOSE OF DONEE	AMOUNT 1,000.00
CHARLOTTESVILLE ALBEMARLE COMMUNITY FOUNDATION P. O. BOX 8322 CHARLOTTESVILLE, VA 22906	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	5,410.00
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DRIVE, SUITE 200 CHARLOTTESVILLE, VA 22903	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	8,800 00
SANTA FUND/UNITED WAY 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	1,000.00
CHARLOTTESVILLE TOMORROW P. O. BOX 1591 CHARLOTTESVILLE, VA 22902	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	500.00
BENZIE AREA CHRISTIAN NEIGHBORS P. O. BOX 93 BENZONIA, MI 49616	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	500 00
NO KID HUNGRY 1030 15 TH STREET, NW SUITE 1100W WASHINGTON, DC 20005	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	14,800.00
VIRGINIA ATHLETICS FOUNDATION P. O. BOX 4000833 CHARLOTTESVILLE, VA 22904	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	7,631 00
RESILIENCE EDUCATION P. O. BOX 4631 CHARLOTTESVILLE, VA 229602	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	2,000.00
UNITED WAY 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	500.00

THE PRAXIS FOUNDATION ID # 54-1830546

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 2019

RECIPIENT NAME & ADDRESS	RELATIONSHIP	STATUS	PURPOSE	AMOUNT
EASTVILLE VOLUNTEER FIRE COMPANY P O BOX 301 EASTVILLE, VA 23347	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	100.00
NORTHHAMPTON FIRE AND RESCUE 10239 PINE AVENUE NASSAWADOX, VA 23413	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	250.00
PERFORMING ARTS WORKSHOP 1661 TENNESSEE STREET, UNIT 3-O SAN FRANCISCO, CA 94107	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	1,000.00
THE FOUNTAIN FUND P. O. BOX 2301 CHARLOTTESVILLE, VA 22902	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	1,000 00
RARE BOOK SCHOOL 114 ALDERMAN LIBRARY CHARLOTTESVILLE, VA 22904	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	1,000.00
SCOTTSVILLE VOLUNTEER FIRE DEPARTMENT P. O. BOX 381 SCOTTSVILLE, VA 24590	N/A	PUBLIC	GENERAL PUPOSE OF DONEE	200.00
NORTHHAMPTON COUNTY EMS P. O. BOX 1374 EASTVILLE, VA 23347	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	250.00
VIRGINIA PUBLIC ACCESS PROJECT P. O. BOX 1472 RICHMOND, VA 23218	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	3,000 00
COMMUNITY INVESTMENT COLLABORATIVE P. O. BOX 2976 CHARLOTTESVILLE, VA 22902	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	150.00
SHELTER FOR HELP IN EMERGENCY P. O. BOX 1013 CHARLOTTESVILLE, VA 22902	N/A	PUBLIC	GENERAL PURPOSE OF DONEE	250.00

TOTAL

\$49,341.00

FORM 990-PF II	NTERES'	ON	SAVINGS	ANI	TEMPOR	ARY	CASH	IN	ESTMENTS	ST	ATEMENT	1
SOURCE				F	(A) REVENUE ER BOOK		NET	IN	(B) VESTMENT COME		(C) ADJUSTED ET INCOME	}
UBS FINANCIAL S	SERVIC	ES II	1C.			35.			35.			
TOTAL TO PART	I, LIN	Ξ 3				35.			35.			
FORM 990-PF		DIV	IDENDS A	ND I	NTEREST	FR	OM SE	CUR	TIES	ST	ATEMENT	2
SOURCE			OSS OUNT	G <i>P</i>	PITAL INS DENDS		(A) EVENU R BOO		(B) NET INVES MENT INCC		(C) ADJUSTE NET INCO	
ANCHORAGE CAP I OFFSHORE UBS FINANCIAL	PTRS	,	6,574.		6,574.			0.		0.		
SERVICES INC.		1	0,185.		0.		10,1	85.	10,18	5.	_	
TO PART I, LINI	E 4	1	6,759		6,574.		10,1	85.	10,18	5.		

FORM 99.0-PF GAIN O	R (LOSS) FR	OM SALE OF	ASSET	S	STAT	TEMENT	3
(A) DESCRIPTION OF PROPERTY			MANI ACQU	NER I	DATE QUIRED	DATE S	SOLD
38.709 SHARES PIMCO			PURCH	ASED			
GROSS CO	(C) ST OR R BASIS	(D) EXPENSE OF SALE		E) PREC.	GAIN	(F)	SS
388.	411.	0	•	0.		-	-23.
NET GAIN OR LOSS FROM SALE O	F ASSETS					•	-23.
CAPITAL GAINS DIVIDENDS FROM	PART IV					6,5	574.
TOTAL TO FORM 990-PF, PART I	, LINE 6A					6,5	551.
FORM 990-PF	ACCOUNT	ING FEES			STAT	PEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTI NET INCO		(D) CHARITA PURPOS	
PREPARATION OF FORM 990-PF	3,250	•	0.			3,2	250.
TO FORM 990-PF, PG 1, LN 16B	3,250	•	0.			3,2	250.
FORM 990-PF	OTHER PROFE	SSIONAL FE	ES		STAT	CEMENT	5
FORM 990-PF DESCRIPTION	OTHER PROFE (A) EXPENSES PER BOOKS	(B) NET INVE	ST-	(C) ADJUSTI NET INCO	ED (CHARITA PURPOS	ABLE
	(A) EXPENSES	(B) NET INVE MENT INC	ST-	ADJUSTI	ED ((D)	ABLE

FORM 990-PF	TAX	ES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
REGISTRATION AND FRANCHISE TAX	25.		0.			25.
TO FORM 990-PF, PG 1, LN 18 =	25.	:	0.			25.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	. 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
BOOKKEEPING FEES OTHER	2,500.		0.		2,5	00. 53.
TO FORM 990-PF, PG 1, LN 23	2,553.		0.		2,5	53.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	8
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	Т
2885 SHARES YANDEX NV CLA A E	UR			32,436.	85,8	49.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	=		32,436.	85,8	49.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	9
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
700 SHARES ANCHORAGE CAP PTRS	3	COST		690,974.	772,2	90.
TOTAL TO FORM 990-PF, PART II	, LINE 13	-	•	690,974.	772,2	90.

NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES B. MURRAY, 127 PARK STREET CHARLOTTESVILLE,		PRES./DIRECTOR 3.00	0.	• 0.	0
BRUCE R. MURRAY 427 PARK STREET CHARLOTTESVILLE,	VA 22902	SEC./DIRECTOR 3.00	0.	0.	0
MEGHAN R. MURRAY 427 PARK STREET CHARLOTTESVILLE,	VA 22902	DIRECTOR 1.00	0.	0.	0
J. BRADY MURRAY 127 PARK STREET CHARLOTTESVILLE,	VA 22902	DIRECTOR 1.00	0.	0.	0
OONNA A. ROGERS 427 PARK STREET CHARLOTTESVILLE,	VA 22902	TREASURER 1.00	0.	0.	0
rotals included (ON 990-PF, PAGE	6, PART VIII =	0.	0.	0

NAME OF MANAGER

JAMES B. MURRAY, JR. BRUCE R. MURRAY

12

ORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAMES B. MURRAY, JR. 427 PARK STREET CHARLOTTESVILLE, VA 22902

TELEPHONE NUMBER

434-971-8080

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE BY LETTER. THE APPLICATION SHOULD INCLUDE A DESCRIPTION OF THE ORGANIZATION AND STATE THE NATURE OF THE REQUEST.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE; GRANTS ARE MADE TO EDUCATIONAL AND OTHER CHARITABLE ORGANIZATIONS WHICH QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.