

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation HARD ROCK HEALS FOUNDATION INC		A Employer identification number 59-3686985	
Number and street (or P.O. box number if mail is not delivered to street address) 5701 STIRLING ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code DAVIE, FL 33314		B Telephone number (see instructions) (954) 488-7800	
G Check all that apply: <div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return<input type="checkbox"/> Amended return <input type="checkbox"/> Address change<input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 19,709	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	221,596			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	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	221,596	0	0	
	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0	0	0	0
	25 Contributions, gifts, grants paid	225,000			225,000
	26 Total expenses and disbursements. Add lines 24 and 25	225,000	0	0	225,000
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-3,404			
	b Net investment income (if negative, enter -0-)		0		
				0	
					0

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	11,911	19,709	19,709
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ 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 ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	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)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	11,911	19,709	19,709	
Liabilities	17 Accounts payable and accrued expenses		11,202	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	11,202	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> 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 ▶ <input checked="" type="checkbox"/> 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	
	28 Retained earnings, accumulated income, endowment, or other funds	11,911	8,507	
	29 Total net assets or fund balances (see instructions)	11,911	8,507	
30 Total liabilities and net assets/fund balances (see instructions) .	11,911	19,709		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	11,911
2 Enter amount from Part I, line 27a	2	-3,404
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	8,507
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	8,507

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes
 ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	230,939	62,227	3.711235
2017			
2016			
2015			
2014			

2 Total of line 1, column (d)	2	3.711235
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	3.711235
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	11,732
5 Multiply line 4 by line 3	5	43,540
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	43,540
8 Enter qualifying distributions from Part XII, line 4	8	225,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
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.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ FL _____		
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) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>HARD ROCK CAFE INTERNATIONAL - FINA</u> Telephone no. ▶ <u>(954) 488-7800</u>			

Located at ▶ 5701 STIRLING ROAD DAVIE FL ZIP+4 ▶ 33314



15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required


File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	No
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? <input type="checkbox"/>	1c	No
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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
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.) <input type="checkbox"/>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) <input type="checkbox"/>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	Yes
	Organizations relying on a current notice regarding disaster assistance check here. 		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i> 		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	No
	<i>If "Yes" to 6b, file Form 8870.</i>		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JON LUCAS 5701 STIRLING ROAD DAVIE, FL 33314	CHIEF OPERATING OFFICER 0.00	0	0	0
BRIAN ALEXANDER 5701 STIRLING ROAD DAVIE, FL 33314	SECRETARY & VICE PRESIDENT 0.00	0	0	0
JOHN EDER 5701 STIRLING ROAD DAVIE, FL 33314	CHIEF FINANCIAL OFFICER & TREASURER 0.00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000. 				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	0
b	Average of monthly cash balances.	1b	11,911
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	11,911
e	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	11,911
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	179
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,732
6	Minimum investment return. Enter 5% of line 5.	6	587

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	587
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	587
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	587
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	587

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	225,000
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	225,000
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. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	225,000

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				587
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				227,828
f Total of lines 3a through e.	227,828			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 225,000				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				587
e Remaining amount distributed out of corpus	224,413			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	452,241			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
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.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			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 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	452,241			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				227,828
e Excess from 2019.				224,413

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	225,000
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments. . . .						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities. . . .						
5 Net rental income or (loss) from real estate:						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events:						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue: a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e). . .			0		0	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13		0

[illegible]

Part XVII

- | | | | | |
|---|--|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | | No |
| d | 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 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. | | | |

[illegible]

- 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 527? ☐ Yes ☒ No

- | b If "Yes," complete the following schedule. | | |
|--|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| | | |
| | | |
| | | |
| | | |

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.

**Sign
Here**

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00149316
	Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶ 86-1065772
	Firm's address ▶ 333 SE 2ND AVE SUITE 3600 MIAMI, FL 33131				Phone no. (305) 372-3100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Provided for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S HEALTHCARE OF ATLANTA 1575 NORTHEAST EXWY FL 5 ATLANTA, GA 30329		PC	TO MAKES KIDS BETTER TODAT AND HEALTHIER TOMORROW. MUSIC THERAPY ACTIVITES ACROSS THE EGLESTON AND SCOTTISH RITE HOSPITALS.	5,000
BUFFALO MUSIC HALL OF FAME 27 DILLER DRIVE ORCHARD PARK, NY 14127		PC	HONOR, PRESERVE, AND PROMOTE THE DIVERSE MUSICAL CULTURE AND HERITAGE OF BUFFALO AND WESTERN NEW YORK THROUGH EDUCATION, SCHOLARSHIP, AND PERFORMANCE AND TO RECOGNIZE, VIA FORMAL INDUCTION INTO THE BMHOF, THOSE INDIVIDUALS AND GROUPS WHO HAVE MADE A SIGNIFICANT IMPACT ON THE MUSIC SCENE LOCALLY, NATIONALLY AND/OR INTERNATIONALLY.	5,000
JOE DIMAGGIO CHILDRENS HOSPITAL FOUNDATION 3329 JOHNSON STREET HOLLYWOOD, FL 33021		PC	JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION SECURES PHILANTHROPIC FUNDING IN SUPPORT OF JOE DIMAGGIO CHILDREN'S HOSPITAL'S MISSION TO HEAL THE BODY, MIND AND SPIRIT OF THOSE THEY TOUCH. FUNDS WILL BE USED FOR THE MUSIC THERAPY PROGRAM TO USE THE POWER OF MUSIC FOR HEALING	5,000
Total ► 3a				225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A GIFT FOR MUSIC A PROGRAM OF A GIFT FOR TEACHING INC 6501 MAGIC WAY BLDG 400C ORLANDO, FL 32809		PC	PROVIDE CLASSROOM RESOURCES THAT EMPOWER TEACHERS TO INSPIRE FUTURE LEADERS. USE THE POWER OF MUSIC TO BETTER IMPROVE THE LIVES OF CHILDREN IN CENTRAL FLORIDA COMMUNITIES.	5,000
ONEPULSE FOUNDATION 1227 E CONCORD ST ORLANDO, FL 32803		PC	TO CREATE AND SUPPORT A MEMORIAL THAT OPENS HEARTS, A MUSEUM THAT OPENS MINDS, EDUCATIONAL PROGRAMS THAT OPEN EYES AND LEGACY SCHOLARSHIPS THAT OPEN DOORS.	10,000
TAMPA BAY PERFORMING ARTS CENTER 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602		PC	THE STRAZ CENTER'S MISSION IS TO INSPIRE, EDUCATE AND ENRICH OUR ENTIRE COMMUNITY THROUGH THE TRANSFORMATIVE POWER OF THE PERFORMING ARTS. WE ENVISION THE STRAZ CENTER AS A WELCOMING INTERNATIONAL CULTURAL INSTITUTION RENOWNED FOR INNOVATION, CREATIVITY AND CELEBRATION OF THE HUMAN SPIRIT.	5,000
Total ► 3a				225,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE MUSICIANSHIP DC 1704 GAINESVILLE STREET SE WASHINGTON, DC 20020		PC	THE MUSICIANSHIP CHANGES LIVES BY FACILITATING MUSIC LESSONS, EXPERIENCES, AND OPPORTUNITIES TO BENEFIT YOUTH WHO NEED US MOST.	5,000
THE FOUNDATION FOR OSCEOLA EDUCATION INC(MUSIC HELPS HEAL) 2310 NEW BEGINNINGS ROAD SUITE 118 KISSIMMEE, FL 34744		PC	THE MISSION OF THE EDUCATION FOUNDATION OSCEOLA COUNTY IS TO BRING RESOURCES AND PEOPLE TOGETHER TO SUPPORT AND ENHANCE PUBLIC EDUCATION IN OSCEOLA COUNTY. FUND WILL BE USED TO PROVIDE NEW INSTRUMENTS TO THE STUDENTS WELCOMED FROM PUERTO RICO AND OTHER AREAS DEVASTED BY RECENT HURRICANES.	5,000
YOUTH EMPOWERMENT THROUGH ARTS AND HUMANITIES INC PO BOX 160964 NASHVILLE, TN 37216		PC	YEAH! EMPOWERS YOUNG PEOPLE TO AUTHENTICALLY EXPRESS THEMSELVES THROUGH INCLUSIVE AND FEMINIST MUSIC EDUCATION. WECO-CREATE PROGRAMMING THAT VALUES COLLABORATION OVER COMPETITION AND SEEKS TO GIVE YOUTH THE TOOLS THEY NEED TO CREATE THE WORLD IN WHICH THEY WANT TO LIVE.	5,000
Total			3a	225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUITARS OVER GUNS ORGANIZATION INC 169 FLAGLER ST SUITE 1134 MIAMI, FL 33131		PC	GUITARS OVER GUNS IS A MIAMI-BASED NONPROFIT THAT OFFERS STUDENTS FROM DISADVANTAGED BACKGROUNDS A POWERFUL COMBINATION OF MUSIC EDUCATION AND MENTORSHIP WITH PROFESSIONAL MUSICIANS TO HELP THEM OVERCOME HARDSHIP, FIND THEIR VOICE AND REACH THEIR POTENTIAL AS TOMORROWS LEADERS. GUITARS OVER GUNS CREATES SAFE SPACES FOR YOUTH TO EXPRESS THEMSELVES THROUGH MUSIC AND EMPOWERS THEM TO MAKE POSITIVE CHOICES AT SCHOOL, AT HOME AND IN THEIR COMMUNITIES.	5,000
JOYFUL MUSIC THERAPY FOUNDATION INC 719 LEE RD ORLANDO, FL 32810		PC	JOYFUL MUSIC THERAPY FOUNDATION EXISTS TO FUND, EDUCATE, AND ADVOCATE FOR MUSIC THERAPY. WE WILL SHARE THE TRANSFORMATIVE POWER OF MUSIC THERAPY THROUGH LOCAL, STATE, AND NATIONAL ADVOCACY AND PROVIDE OPPORTUNITIES FOR MUSIC THERAPY PROGRAMS, PRACTICE, AND RESEARCH.	5,000
GIGI'S PLAYHOUSE INC 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169		PC	TO INCREASE POSITIVE AWARENESS OF DOWN SYNDROME THROUGH NATIONAL CAMPAIGNS, EDUCATIONAL PROGRAMS, AND BY EMPOWERING INDIVIDUALS WITH DOWN SYNDROME, THEIR FAMILIES AND THE COMMUNITY. FUNDS WOULD BE USED TO TAKE 4 TRIPS TO BROADWAY, BRINGING AS MANY TEENS AND ADULTS WITH DOWN SYNDROME AS POSSIBLE. THE TRIPS ARE USED AS AN OPPORTUNITY TO PRACTICE IMPORTANT LIFE AND SOCIAL SKILLS, LIKE TAKING A SUBWAY, USING MONEY, AND NAVIGATING PUBLIC SPACES.	5,000
Total ▶ 3a				225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MUSICOPIA INC 2001 MARKET ST STE 700 PHILADELPHIA, PA 19103		PC	MUSICOPIA'S MISSION IS TO PROVIDE OPPORTUNITIES FOR CHILDREN TO EXPERIENCE, LEARN, PERFORM, AND APPRECIATE MUSIC. FOCUSING ON UNDER-SERVED STUDENTS AND SCHOOLS, MUSICOPIA BRINGS MUSIC TO THOSE PLACES WHERE THERE IS NONE AND SUPPORTS EXISTING IN-SCHOOL AND AFTER-SCHOOL PROGRAMS SO THEY CAN DEVELOP, GROW, AND EXPAND. MUSICOPIA ENVISIONS TRANSFORMATIVE ARTS PROGRAMS IN ALL SCHOOL COMMUNITIES, PROMOTING A CULTURE OF CREATIVITY, MUTUAL RESPECT, DEDICATION, AND JOY.	5,000
MUSICAL BRIDGES AROUND THE WORLD INC 23705 IH-10 WEST SUITE 101 SAN ANTONIO, TX 78257		PC	MBAWS MISSION IS TO TRANSFORM LIVES THROUGH MULTICULTURAL PERFORMING AND VISUAL ARTS BY SHATTERING BARRIERS, CREATING CONNECTIVITY AND INSPIRING HOPE FOR THOSE WITH LEAST ACCESS. MBAW SERVES THE PUBLIC AND DISADVANTAGED COMMUNITIES, WHILE FOSTERING SAN ANTONIOS REPUTATION AS A COSMOPOLITAN CULTURAL CENTER AND PROMOTING TOURISM.	5,000
THE SHELTER FOR ABUSED WOMEN & CHILDREN PO BOX 10102 NAPLES, FL 34101		PC	THE SHELTERS MISSION IS TO LEAD AND COLLABORATE WITH THE COMMUNITY TO PREVENT, PROTECT AND PREVAIL OVER DOMESTIC VIOLENCE AND HUMAN TRAFFICKING THROUGH ADVOCACY, EMPOWERMENT AND SOCIAL CHANGE. FUNDS WILL BE USED FOR THE HEALING ARTS PROGRAM WHICH INCORPORATES HEALING THROUGH MUSIC AND DANCE.	5,000
Total ▶ 3a				225,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BELIEVE IN MUSIC 300 E LOMBARD STE 630 STE BALTIMORE, MD 21202		PC	PROVIDING ALL STUDENTS WITH ACCESS TO INNOVATIVE MUSIC EDUCATION.	5,000
PARADISE HIGH SCHOOL MUSIC PROGRAM 5911 MAWELL DR PARADISE, CA 95969		GOV	TRAVEL FOR CHOIR STUDENTS TO GO TO SAN FRANCISCO FORUM MUSIC FESTIVALS AND REHABILITATION AND REPLACEMENT OF SOME BAND INSTRUMENTS THAT HAVE BEEN DAMAGED IN THE WILD FIRES.	5,000
ACADEMY OF MUSIC PRODUCTION EDUCATION AND DEVELOPMENT 4425 GREENWOOD AVE LOUISVILLE, KY 40211		PC	TO PUT KINDNESS, GUIDANCE AND SUPPORT INTO PRACTICE WITH THE USE OF MUSIC EDUCATION, MUSIC CREATION AND PERFORMANCE THAT WILL HELP OUR YOUTH TO BECOME CARING,CAREER-MINDED AND COMMUNITY-FOCUSED CITIZENS WHO WILL IMPACT THEIR ENVIRONMENT IN A POSITIVE WAY.	5,000
Total ► 3a				225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MARTY WILSON JR ART AND MUSIC FOUNDATION INC PO BOX 7025 ATLANTIC CITY, NJ 084047025		PC	THE MISSION OF THE MARTY WILSON JR. ART & MUSIC FOUNDATION IS TO PROVIDE MULTI-DISCIPLINED ARTS PROGRAMS THROUGH CLASSES, COURSES, EVENTS, LECTURES AND OUTREACH PROGRAMS. THESE PROGRAMS WILL OFFER CHILDREN, ADULTS, SENIOR CITIZENS, THE DISABLED AND UNDER-SERVED POPULATION'S SPECIALIZED CLASSES IN ALL ARTS DISCIPLINES WHICH ARE DESIGNED TO ENRICH LIVES AND AWAKEN ARTISTIC ABILITIES. PROJECTS ARE SPECIFICALLY DEVELOPED FOR EACH AUDIENCE AND ARE ADAPTABLE TO ALL LEVELS OF ABILITY.	5,000
THE YMCA OF PENANG 211 JALAN MACALISTER PULAU PINANG 10450 MY		PC	TO ESTABLISH A MUSIC ACADEMY AT YMCA PENANG AND TO GROOM MUSICALLY INCLINED YOUNG TALENTS WITH LIMITED OPPORTUNITY TO DEVELOP AS TALENTED ARTISTS OF THE NEW GENERATION THROUGH VARIOUS MUSIC PROGRAMS.	5,000
NORDOFF ROBBINS MUSIC THERAPY 2 LISSENDEN GARDENS LONDON, HIGHGATE NW5 1PQ UK		PC	WE ARE DEDICATED TO INVESTIGATING THE IMPACT THAT MUSIC THERAPY CAN HAVE FOR THOSE AFFECTED BY LIFE-LIMITING ILLNESS, ISOLATION OR DISABILITY, AND THIS WORK ENSURES THAT OUR PRACTICE IS EFFECTIVE AND LED BY THE REAL EXPERIENCES OF THE PEOPLE WE SUPPORT. AND WE WORK HARD TO BRING THE BENEFITS OF MUSIC THERAPY TO AS MANY PEOPLE AS POSSIBLE.	5,000
Total ► 3a				225,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILD'S PLAY (INDIA) FOUNDATION CASA DA MOEDA PANJIM, GOA 403001 IN		PC	CHILDS PLAY INDIA FOUNDATION IS A REGISTERED MUSIC EDUCATION TRUST THAT SEEKS TO INSTILL POSITIVE VALUES AND PROVIDE SOCIAL EMPOWERMENT TO INDIAS DISADVANTAGED CHILDREN THROUGH THE TEACHING OF CLASSICAL MUSIC TO THE HIGHEST POSSIBLE STANDARD.	5,000
HELP AUTISM ASSOCIATION DELEA NOUA STREET NO36 3RD DISTRICT BUCHAREST RO		PC	CHILDREN WITH AUTISTIC SPECTRUM DISORDER USING MUSIC THERAPY, MELOTHERAPY AND SOUND THERAPY.	5,000
THE VINACAPITAL FOUNDATION 14E21 THAO DIEN THAO DIEN WARD DISTRICT 2 HO CHI MINH CITY VM		PC	VINACAPITAL FOUNDATIONS (VCF) MISSION IS TO IMPROVE THE LIVES OF VIETNAMESE CHILDREN AND EMPOWER THEIR MOTHERS BY PROVIDING OPPORTUNITIES FOR GROWTH AND IMPROVEMENT THROUGH HEALTH AND EDUCATION PROGRAMS.	5,000
Total ▶ 3a				225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PACELLI SCHOOL FOR THE BLIND ASSOCIATION 30 AJAO ROAD LAGOS, SURULERE 100001 NI		PC	PACELLI SCHOOL FOR THE BLIND AND PARTIALLY SIGHTED CHILDREN IS ADMINISTERED BY THE CONGREGATION OF THE HANDMAIDS OF THE HOLY CHILD JESUS UNDER THE PROPRIETORSHIP OF ARCHBISHOP OF THE CATHOLIC ARCHDIOCESE OF LAGOS. THE GRANT WILL BE USED TO PURCAHSE INSTRUMENTS, UPGRADE THE MUSIC ROOM AND EMPLOY A NEW MUSIC INSTRUCTOR.	5,000
THE NATIONAL FOUNDATION OF YOUTH MUSIC 9 TANNER ST LONDON, BERMONDSEY SE1 3LE UK		PC	WE'RE A NATIONAL CHARITY INVESTING IN MUSIC-MAKING PROJECTS FOR CHILDREN AND YOUNG PEOPLE IN CHALLENGING CIRCUMSTANCES TO TRANSFORM THEIR LIVES.	5,000
BJORN SCHULZ STIFTUNG WILHELM-WOLFF-STRAE 38 BERLIN 13156 GM		PC	THE BJRN SCHULZ FOUNDATION SUPPORTS CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH LIFE-SHORTENING ILLNESSES FROM THE TIME THE DIAGNOSIS IS MADE.WE PROVIDE YOU AND YOUR FAMILIES WITH COMPREHENSIVE AND PROFESSIONAL SUPPORT WITH VARIOUS OUTPATIENT AND INPATIENT OFFERS. FUNDS WILL BE USED TO PURCHASE ADDITIONAL INSTRUMENTS AND OFFER SPECIAL MUSIC CLASSROOMS.	5,000
Total			► 3a	225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASSOCIAZIONE DYNAMO CAMP ONLUS VIA XIMENES 662 SAN MARCELLO PISTOIESE, LIMESTRE 51028 IT		PC	ITALIAN RECREATIONALTHERAPY STRUCTURE INTENDED TO HOST CHILDREN, WHOSE LIVES ARE COMPROMISED BY ILLNESS, THROUGHPLAY AND SPORTS ACTIVITIES AND AN EXPERIENCE OF RELAXATION, FUN AND SOCIAL RELATIONS IN APROTECTED NATURAL ENVIRONMENT. DYNAMO CAMP IS IN FACT A CAMP DESIGNED FOR CHILDRENSUFFERING FROM SERIOUS AND CHRONIC PATHOLOGIES, MAINLY ONCO-HAEMATOLOGICAL, NEUROLOGICALAND DIABETIC. FUNDS WILL BE USED FOR THE DYNAMO MUSICAL PROJECT THAT PROVIDE MUSIC LABORATORIES ON TOUR INCLUDING THE SUPPORT OF RADIO DYNAMO.	5,000
STIFTUNG AMBULANTES KINDERHOSPIZ BLUTENBURGSTR64 66 MUNCHEN 80636 GM		PC	IN ORDER TO FILL EVERY DAY WITH LIFE, WE, THE MUNICH AMBULATORY CHILDREN'S HOSPICE FOUNDATION, GIVE CHILDREN, ADOLESCENTS AND YOUNG ADULTS WITH A LIFE-THREATENING OR LIFE-SHORTENING ILLNESS, AS WELL AS THEIR FAMILIES, MOMENTS OF SECURITY, SECURITY AND NORMALCY.THE FOCUS IS ON THE EMOTIONAL, SOCIAL AND SOCIETAL STABILIZATION OF THE ENTIRE FAMILY IN CRISIS SITUATIONS.THE FOCUS OF OUR ACTIONS IS ON SAFEGUARDING THE CHILD'S WELFARE, BECAUSE EVERY CHILD IS UNIQUE AND HAS THE RIGHT TO A FULFILLING LIFE.	5,000
FUNDACION CAMINO APOQUINDO 8053 DEPARTAMENTO 409 LAS CONDES, SANTIAGO 2343 CI		PC	WE WANT TO DEVELOP A SOUNDTHERAPY PROGRAM FOR YOUNG PEOPLE WITH CANCER FROM OUR CAMINO FOUNDATION. TO DO THIS WE NEED TO IMPLEMENT A ROOM WITH MATERIAL, SO THEY CAN MAKE THE SCULPTURES.	5,000
Total			3a	225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VZW MUSIC FOR KIDSGENEBERG 5 HAM, LIMBURG 3945 BE		PC	WE ORGANIZE FUN EVENTS TO RAISE MONEY EVERY YEAR.PARTLY BECAUSE OF YOUR PRESENCE AT OUR EVENTS, THE TEAM OF PROF. I. MEYTS CAN BE EXPANDED WITH A CHILD PSYCHOLOGIST. MUSIC QUIZ, ROCK & BLUES BENEFIT, TEN EVENING.	5,000
TRIRAT UPTAMPOHTIWAT FOUNDATION 1/36 BANN NONSEE2 CHONG NONSI, BANGKOK 10120 TH		PC	TEACHES PIANO LESSION WITH 1 TO 5 PIANO TECHNIQUE TO MANY SOCIAL-PROBLEM CHILDREN IN BANGKOK AND OTHER PROVINCES.	5,000
TEREZA MAXOVA FOUNDATION JA CHYMOVA 26/2 PRAHA 110 00 EZ		PC	THE PURPOSE OF THE FOUNDATION IS TO PROVIDE COMPREHENSIVE SUPPORT AND ASSISTANCE TO DISADVANTAGED AND ABANDONED CHILDREN IN ORDER TO ENABLE THEM TOLIVE A HEALTHY AND SAFE LIFE IN A FAMILY ENVIRONMENT. MUSICAL THERPAY IN KRC HOSPITAL IN PRAGUE. CHILDREN ARE PROVIDED LESSONS WITH MUSICIANS AND THEY PLAY THE MUSICAL INSTRUMENTS	5,000
Total			3a	225,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SOUND INITIATIVE13 ST454 PHNOM PENH CB		PC	SUPPORT EMERGING YOUNG TALENT IN CAMBODIA WITH CREATIVE RESOURCES, A COLLABORATIVE COMMUNITY, AND TO ENSURE THEIR ABILITY TO ENTER THE MUSIC INDUSTRY AS DYNAMIC WORKING PROFESSIONALS.	5,000
MAMAS UNIDAS POR LA REHABILITATION DE SUS HIJOS AC EXIQUIO CRONA NO545 COLONIA BOBADILLA PUERTA VALLARTA, JALISCO SUC 032005 MX		PC	MUSIC THERAPY COORDINATES WITH OTHER REHABILITATIVE DISCIPLINES TO ACHIEVE PATIENT'S INDIVIDUALIZED GOALS. MUSIC THERAPY WORKS IN DIFFERENT SETTINGS, INCLUDING ACUTE AND LONG-TERM CARE, REHABILITATION AND PSYCHIATRIC HOSPITALS.	5,000
STOWARZYSZENIE UNICORNUNICORN UL ZIELONY DOL 4 KRAKOW 30-228 PL		PC	HELP PATIENTS SUFFERING FROM CANCER AND THEIR FAMILIES GET THROUGH THE MOST TRYING TIMES. ONE OF THE NUMEROUS ACTIVITIES FOR PATIENTS AND FAMILIES IS MUSIC THERAPY SESSION WITH A SINGING TRAINER.	5,000
Total ▶ 3a				225,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASOCIACION PROVINCIAL DE FAMILY EL CARDONAL S/N SANTA CRUZ DE TEN 38108 SP		PC	CREATION OF PARKINSON MUSIC SCHOOL.	5,000
HOSPITAL UNIVERSITARIO SON ESPASES CARRETERA DE VALLDEMOSSA 79 PALMA 7120 SP		NC	OPENING OF A HARD ROCK MUSIC ROOM FOR PLAYING AND LISTENING TO MUSIC, A SPACE TO SPREAD THE POWER OF MUSIC TO ALL THE PATIENTS.	5,000
ASSOCIACAO PORTUGUESA DE MUSICA NOS HOSPITAIS E INSTITUICOES DE SOLIDARIEDA EXCOLA SUPERIOR DE MUSICA DE LISBOA CAMPUS DE BENFICA DO IPL LISBON 1500-651 PO		PC	MUSIC IN HOSPITALS IS A MUSICAL INTERVENTION PROJECT, INNOCATIVE WITH THE PROSPECT OF HUMANIZATION AND IMPROVED QUALITY OF LIFE IN THE HEALTH CARE AREA. MUSIC IN HOSPITALS TEACH MUSICIANS TO WORK WITH CHILDREN AND THE ELDERLY WHO ARE INSTITUIONALIZED DUE TO HEALTH OR SOCIAL FRAGILITY.	5,000
Total ▶ 3a				225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SANGWAN WITTAYA SCHOOL MOO 4 BAAN MAE HOAR MAE SAREANG DISTRICT MAE HONG SON 58110 TH		PC	THE MAIN PURPOSE TO IMPROVE THE EMOTIONAL WELFARE OF THE STUDENTS AND IMPROVING THEIR MUSICAL SKILLS TO SPREAD JOY AND HAPPINESS IN THEIR VILLAGE. REPAIR OF CURRENT INSTRUMENTS AND REPLCE THOSE BEYOND REPAIR.	5,000
SPORT AND FUN HOLIDAYS SRL VIA DEL LAVORO 71 CASALECCHIO DI RE 40033 IT		PC	WE BELIEVE THAT SPORT HELPS THEM GROW IN HEALTH, IN A HEALTHY ENVIRONMENT, LEARNING TO COMPARE THEMSELVES WITH OTHERS, TO SHARE THE JOYS OF A VICTORY AND THE INEVITABLE DEFEATS, WHICH ARE ALSO USEFUL FOR GROWING UP IN A SERENE AND POSITIVE WAY. THESE FUNDS WILL EQUIP OURSELVES WITH QUALIFIES EDUCATORS WHO WILL BE ABLE TO ASSIST CHILDREN WITH COGNITIVE AND MOTOR DSIBILITIES WITH LONG TERM PROJECTS OF MUSIC THERAPY.	5,000
PARENTS ASSOCIATION OF DISABLED KURMANGAZY STREET NO120 ALMATY 50000 KZ		PC	THE PROJECT IS AIMED AT SOLVING ONE IMPORTANT PROBLEM - IT IS ADEQUATE PUBLIC PERCEPTION OF CHILDREN AND YOUNG PEOPLE WITH SPECIAL NEEDS. CLASSES IN THE STUDIO WILL ENABLE SUCH CHIDREN TO FEEL LIKE FULL-FLEDGED PARTICIPANTS IN THE JOINT CREATIVE PROCESS, WHICH WILL CONTRIBUTE TO THEIR SUCCESSFUL SOCIALIZATION IN THE FUTURE.	5,000
Total			▶ 3a	225,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCOTLAND YARD ADVENTURE CENTRE 22 EYRE PLACE LANE EDINBURGH EH3 5EH UK		PC	THE YARD IS A SCOTTISH CHARITY, PROVIDING ADVENTURE PLAY SERVICES FOR DISABLED CHILDREN AND YOUNG PEOPLE (AGED 0-25) AND THEIR FAMILIES. WE OFFER CREATIVE AND INCLUSIVE PLAY EXPERIENCES IN A WELL-SUPPORTED ENVIRONMENT, ALONGSIDE WRAPAROUND SUPPORT FOR THE WHOLE FAMILY. THE FUNDS WILL PROVIDE MUSIC BASED PLAY SERVICES FOR DISABLED CHILDREN AND YOUNG PEOPLE AGED 0-25.	5,000
AL JALILA FOUNDATION IN SUPPORT OF MEDICAL EDUCATION AND RESEARCH AL JALILA FOUNDATION BUILDING LEVEL 1 DUBAI 3000100 AE		PC	SUPPORT AL JALILA FOUNDATION IN RAISING FUNDS TO HELP CHILDREN BE ABLE TO HEAR THROUGH COCHLEAR IMPLANTS.	5,000
Total ► 3a				225,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Expenditure Responsibility Statement

Name: HARD ROCK HEALS FOUNDATION INC

EIN: 59-3686985

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
HOSPITAL UNIVERSITARIO SON ESPASES	CARRETERA DE VALLEMOSSA 79 PALMA 7120 SP	2019-05-27	5,000	OPENING OF A HARD ROCK MUSIC ROOM FOR PLAYING AND LISTENING TO MUSIC, A SPACE TO SPREAD THE POWER OF MUSIC TO ALL THE PATIENTS.	5,000			2019-12-31	

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
Name of the organization HARD ROCK HEALS FOUNDATION INC		Employer identification number 59-3686985

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HARD ROCK HEALS FOUNDATION INCEmployer identification number
59-3686985**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	HARD ROCK CAFE INTERNATIONAL (USA) INC 5701 STIRLING ROAD DAVIE, FL 33314	\$ 213,798	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization HARD ROCK HEALS FOUNDATION INC	Employer identification number 59-3686985
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-		\$	
(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
-		\$	

Name of organization HARD ROCK HEALS FOUNDATION INC	Employer identification number 59-3686985
--	--

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>