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Form	990-PF
	ment of the Treasu Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047
2019
Open to Public Inspection

Inter		venue Service	► Go to www.ii	rs.gov/ <u>Eorm990PF</u> for instr	ructions and the latest info	rmation.	Open to Public Inspection
For	calen	dar year 2019 or tax	year beginning	RECE	1) /s; and ending		
Na	me of	foundation		g		A Employer identification	number
_1	HE	BLUM FAMI	LY FOUNDATION	99 JUL 2 4		62-1871174	·
•			ber if mail is not delivered to street a	ddress)—	Gram/suite	B Telephone number 🧳	
_9	09	BOWRING P	ARK	OCDEN		(615) 383-	4965
		own, state or province	country, and ZIP or foreign per 37215–2456	ostal code UULI	v. UI	C If exemption application is po	anding, check here
G	Check	all that apply:	Initial return	_	ormer public charity	D 1. Foreign organizations	s, check here
		[Final return Address change	Amended return Name change		Foreign organizations me check here and attach co	eting the 85% test,
H_	_	type of organization:	X Section 501(c)(3) exempt charitable trust	empt private foundation Other taxable private founda	otion 04	E If private foundation sta under section 507(b)(1)	
سمار L F		rket value of all assets			Accrual	1 ''''	
		art II, col. (c), line 16	· 1 —	ther (specify)		F If the foundation is in a under section 507(b)(1)	. —
	- \$		52,677. (Part I, colun		ils.)		(5), 611051. 11010
P	irt I	Analysis of Revenu	e and Expenses columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_	1	Contributions, gifts, o		29,636.	1	*	1 Figure 1
	'2	. — "	andation is not required to attach Sch. B				
	3	Interest on savings and to		9.	9.	9.	STATEMENT 1
	Ă	Dividends and interes	st from securities	26,936.	26,936.		STATEMENT 2
	5a	Gross rents				, , , , , , , , , , , , , , , , , , , ,	
		Net rental income or (loss	s)				
	6a	Net gain or (loss) from sa	le of assets not on line 10	126,543.	Thoughters of more transfer in the property of the second	matabathanan anteriannse tamana barrandan	A The state of the
9	l l	Gross sales price for all assets on line Ca	137,007.	A. A. Maria	and the second s	a see an in the see at the	
1000	7	Capital gain net income (from Part IV, line 2)		126,543.	decent and a second	
ă	8	Net short-term capita	al gain		THE PROPERTY OF		
	9	Income modifications	S				115
	10a	Gross sales less returns and allowances		Andrew Control of the	San Callander and		
	ь	Less Cost of goods sold			HILL THE PART OF THE STATE	etropi determina	
	C	Gross profit or (loss))				
	11	Other income					
	12	Total. Add lines 1 th	rough 11	183,124.	153,488.	26,945.	
	13	Compensation of officers		0.	0.	, 0.	0.
		Other employee salar	•		1	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	ľ	Pension plans, emplo	oyee benefits	•		<u> </u>	
٥	1	Legal fees	CMMM 2	21 060	21 060	27 240	
Fxnen	0	Accounting fees	STMT 3	31,868.	31,868.	27,248.	0.
	17	Other professional fe	es				
ţ	1	Taxes	STMT 4	1,000.) 0.	0.	0.
123		Depreciation and dep		1,000.	, 0.	′ .	
Administrative		Occupancy	ilenon				45%
Ę	1	Travel, conferences, a	and meetings	,			
7 pue	1	Printing and publicati	-	,			
	۱	Other expenses	•		-		,
) Onerating	24	Total operating and	administrative	3	-		
ers.		expenses. Add lines		32,868.	31,868.	~ 27,248.	0.
Č	25	Contributions, gifts, g	-	422,059.	蹇 春人之		422,059.
	l	Total expenses and				•	<u> </u>
_	ı	Add lines 24 and 25		454,927.	31,868.	27,248.	422,059.
	27	Subtract line 26 from	line 12;			数数 数 数 数 数 数 数	
	a	Excess of revenue over e	xpenses and disbursements '	<271,803.>	erme emerging.		
	b	Net investment inco	me (if negative, enter -0-)	2.5	121,620.	The second of	2 - 3 - Alog
	c	Adjusted net income	(rf negative, enter -0-)		107的第三人称单数	0.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

Part III Analy	sis of Cha	anges in Ne	et 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	1,184,980.
2	Enter amount from Part I, line 27a	2	<271,803.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	913,177.
5	Decreases not included in line 2 (itemize) ► DECREASE IN FUND BALANCE	5	9,226.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	903,951.

422,059.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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.

	1990-PF (2019) THE BLUM FAMILY FOUNDATION	<u>62-</u>	<u> 18711'</u>	74	Page 4	
	rt.VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	バン**	see inst	ruction	S)	
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%	1	6	1,2	<u> 16.</u>	
	of Part I, line 27b		6/			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				لاي	
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		1,2		
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	american in vice	1,2	<u> 16.</u>	
6	Credits/Payments:					
8	2019 estimated tax payments and 2018 overpayment credited to 2019 68 2,306.					
b	Exempt foreign organizations - tax withheld at source 6b 0.					
C	Tax paid with application for extension of time to file (Form 8868) 6c 6c 6c		100			
	Backup withholding erroneously withheld 6d 0.		<u> </u>		للقِيا	
7	Total credits and payments. Add lines 6a through 6d	7		2,3		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u>0.</u>	,
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1,0		
	Enter the amount of line 10 to be: Credited to 2020 estimated tax	11			<u>0.</u>	
	rt;VII=A Statements Regarding Activities		I »	∀ 1 3/	LAL.	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	×2	Yes	—	
	any political campaign?			la	X	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition	- t-30	lb	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				1' ' 1	
	distributed by the foundation in connection with the activities.					,
	Did the foundation file Form 1120-POL for this year?		<u> </u>	ic	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		, i		\$48. ·	
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .	-	3		ا دکھی	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		, "*			
	managers. ▶ \$0.		-4	الفرنون ليا	لنشت	
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		*<	2	X	
	If "Yes," attach a detailed description of the activities.		1		الميكا	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r	·		الستننسه	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	. , ,	la		
	If "Yes," has it filed a tax return on Form 990-T for this year?	TA	· —	lb	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		١. ١. ١	5	i di Sal	
	If "Yes," attach the statement required by General Instruction T		7			
Ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		[4]		沙鹭	
	By language in the governing instrument, or Directors localistics that effectively empede the governing instrument so that no mandatory directors that conflict with the state	Jave			1:48	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state The coverning instrument?	idW		6 X	التشند	
-	remain in the governing instrument? Put the foundation have at least \$5,000 in access at any time during the year? If "Vec." complete Part II, col. (c), and Part VV		\vdash	6 X 7 X	<u> </u>	
′	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		-		**	
٥.	Tatas the eletes to which the foundation reports or with which it is requested. Con instructions		r i	la 🖟 🖟		
88	Enter the states to which the foundation reports or with which it is registered. See instructions.		À		K-53	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		<u>}</u>			
D			. 4	ь Х		
•	of each state as required by General Instruction G2 If "No," attach explanation	ndar	1 1	Sb X	(T) W/A	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	iiudi	-	9	X	2
40	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		<u> </u>	10	X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			990-PF		
	i		1 01111	•	\~~	

غالاق	ITOMICA Statements Regarding Activities (continued)			
	·		/es	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1 1		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		ĺ	
	If "Yes," attach statement. See instructions	12		X
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 ▶ JOAN B. SHAYNE Telephone no. ▶ (615)	383-	496	55
	Located at ▶909 BOWRING PARK, NASHVILLE, TN ZIP+4 ▶3	7215-	24	56
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,		/es	No
	securities, or other financial account in a foreign country?	16		$\overline{\mathbf{x}}$
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16 5	機能	
	foreign country			
⁽ Pa	irt;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.	1	/es	No
1a	During the year, did the foundation (either directly or indirectly):	Single 1		K.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?			
	(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? Yes X No		147	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		are.	\$333
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1000		
	If the foundation agreed to make a grant to or to employ the official for a period after	× 🐉 j	de g	
	termination of government service, if terminating within 90 days.)		j Saladasia i	
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 N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	· & .	in it	*3
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		7). 2006/2014	
	before the first day of the tax year beginning in 2019?	/ 1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	
	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?	[46]	**************************************	
	If "Yes," list the years >	San San		
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	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.		% 1	
`	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			18
	during the year?	2000		
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 Form 4720,			Æ.j
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		Х
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		X
	Fe	rm 990 -	PF/	2010

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Part VII_B Statements Regarding Activities for Which F	orm 4720 May be R	equirea (contin	ued)	West JVac I Na
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	, ,,		es 🗶 No 🏻	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		[TE]	
any voter registration drive?			es 🗶 No 🛚 🦠	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No 🎇	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions		Y6	es 🗶 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?		Ye	es 🗶 No 🥻	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ned		
expenditure responsibility for the grant?	N	[/A 🔲 Ye	es 🔲 No 🕌	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	1			
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?			6b X
If "Yes" to 6b, file Form 8870.			5.	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s 🗶 No 🗟	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			/- [7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$				St 352, 1
excess parachute payment(s) during the year?	,		s X No	
Part VIII Information About Officers, Directors, Truste	es. Foundation Mar			**************************************
Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,			•
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
JOAN B. SHAYNE	TRUSTEE	5		
909 BOWRING PARK		,		
NASHVILLE, TN 37215	0.00	0.	0.	0.
JENNIFER L. BLUM	TRUSTEE		-	
1018 MAPLE STREET				
SANTA MONICA, CA 90405	0.00	0.	0.	0.
LAUREN BLUM	TRUSTEE	·	-	
35 EAST 85TH STREET	INODIBB			
NEW YORK, NY 10028	0.00	0.	0.	0.
EMILY BLUM HASLETT	TRUSTEE	- 0.	0.	
26 BAKER BRIDGE ROAD	INODIBB			
LINCOLN, MA 01773	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc			0.	<u></u>
			(d) Contributions to	(e) Expense
(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 delerred compensation	(e) Expense account, other allowances
NONE	devoted to position		compensation	anowances
MOME	1			
	 			
	1			
		 		
, , , , , , , , , , , , , , , , , , ,	1			
		 	-	<u> </u>
	1		,	
		-		
	1			
—	<u> </u>			
Total number of other employees paid over \$50,000				0

Total. Add lines 1 through 3

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	artix Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındatıons, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	143,162.
C	Fair market value of all other assets	1c	2,260,689.
đ	Total (add lines 1a, b, and c)	1d	2,403,851.
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	2,403,851.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	_36,058.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,367,793.
6	Minimum investment return. Enter 5% of line 5	6	118,390.
ĮP,	art XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	ind certain	
_	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	118,390.
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.)		
C	Add lines 2a and 2b	2c	1,216.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	117,174.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	117,174.
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	117,174.
Ξ	artiXIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		422 OEO
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	422,059.
	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	
	Cash distribution test (attach the required schedule)	3b	422.050
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	422,059.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 _ 1	1 21 6
_	income. Enter 1% of Part I, line 27b	5	1,216.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	420,843.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for f	the section

Form **990-PF** (2019)

Part'XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(¢) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				117,174.
2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only			0.	
b Total for prior years:				
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2019:		•		
a From 2014 173,992.				
b From 2015 106,181.				
c From 2016 200,640.				
d From 2017 77,754.				
e From 2018 118,143.				
f Total of lines 3a through e	676,710.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 422,059.				
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				117,174.
e Remaining amount distributed out of corpus	304,885.			
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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	981,595.			
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 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				i
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2014 not applied on line 5 or fine 7	173,992.	<i>"</i> "		
9 Excess distributions carryover to 2020.	1/3,994.			
Subtract lines 7 and 8 from line 6a	807,603.			
O Analysis of line 9:	007,003.			
a Excess from 2015 106, 181.				
b Excess from 2016 200, 640.				
c Excess from 2017 77,754.				
d Excess from 2018 118,143.	hodowystidio i			
e Excess from 2019 304,885.		oo e minne chikaarannintaaannii ca	modif / ofminion():	t i Garinga Hill
			_	5 000 DE (0040)

Part A Supplementary information	(continuea)		<u> </u>	
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	OUT TO SELECT	
Paid during the year				
SEE ATTACHED		PC	SEE ATTACHED	
				422,059.
	:			
		i		•
		<u> </u>		
	. <u>—</u>		▶ 3a	422,059.
Total	1	<u> </u>		422,033.
b Approved for future payment				
NONE				
		 		
		Ì		
			<u> </u>	
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	Unrelated business income		ided by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	-	COGB		
å			├─	<u> </u>	
b			 		
c					
d			ļ		
e			-		
f			-		
g Fees and contracts from government agencies	<u> </u>	<u> </u>	—	<u>'</u>	
2 Membership dues and assessments	<u> </u>		├		·
3 Interest on savings and temporary cash		•	١.,		,
investments	<u></u>		14		
4 Dividends and interest from securities	in mayor. Say	() () () () () () () () () ()	18		
5 Net rental income or (loss) from real estate:		Same and the same a	Br. C	ZVIII OMINI	
a Debt-financed property			<u> </u>		
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal	•				
property			ļ		
7 Other investment income			14		
8 Gain or (loss) from sales of assets other					
' than inventory			18	126,543.	
9 Net income or (loss) from special events					,
10 Gross profit or (loss) from sales of inventory	<u> </u>		<u> </u>		
11 Other revenue:	1				
a			ļ	,	
b			<u> </u>		
c			Ļ		
d			<u> </u>		
e			ļ		
12 Subtotal. Add columns (b), (d), and (e)	1 1 1 2 1	0.	<u>.</u>	153,488.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	153,488.
(See worksheet in line 13 instructions to verify calculations.)		<u> </u>			
Part XVI-B Relationship of Activities to	o the Acco	emplishment of Exe	empt	Purposes	•
Line No. Explain below how each activity for which inco			contril	outed importantly to the accom	nplishment of
the foundation's exempt purposes (other than	by providing iu	nas for such purposes).			
N/A ⁻					·····
		 			
					
		•			· · · · · · · · · · · · · · · · · · ·
					
,	<u> </u>				
					
•					
		<u> </u>			· · ·
	<u>.</u>	 			
					

orm 99			BLUM FAMIL					<u> 1871174</u>	Pa	ge 13
Part:	XVII			sfers to a	nd Transactions ar	nd Relationsh	ips With None	charitable		
		Exempt Organ					504(-)		Yes	No
					ng with any other organization	on described in secti	on 501(c)		163	140
•		, ,, , -	•		g to political organizations?					
		from the reporting found	aduon to a nonchanta	ible exempt of	yanızatıdı di.			1a(1)		X
٠,,	Cash Other	accete						1a(2)	H	X
٠,		assets sactions:						14(2)		
		of assets to a noncharita	able exempt organiza	tion				1b(1)		$\overline{\mathbf{x}}$
٠,,		ases of assets from a no						1b(2)		Х
٠,		of facilities, equipment,	-					1b(3)		X
(4)	Reimb	oursement arrangements	S					1b(4)		X
(5)	Loans	or loan guarantees						1b(5)		X
(6)	Perfor	mance of services or m	embership or fundra	sing solicitatio	nns ·			1b(6)		X
c Sh	arıng of	facilities, equipment, ma	ailing lists, other ass	ets, or paid em	ployees			_1c		X
d If t	he answ	er to any of the above is	s "Yes," complete the	following sche	edule. Column (b) should al	ways show the fair r	narket value of the (goods, other ass	ets,	
					ed less than fair market valu	e in any transaction	or sharing arranger	ment, show in		
) the value of the goods,	· <u> </u>			1 75				
(8) Line n	•	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	of transfers, transactio	ns, and sharing arr	angemen	its
			 	N/A				<u> </u>		
	+		-			_				
	+		 							
-			<u> </u>							
	+	· ·	 			+		-		
	+		†			 				
			Ī							
			.		-					
		=	•		e or more tax-exempt organi	zations described			[\ \	٦
		501(c) (other than section		ection 5277				Yes	A	No
b 11"	Yes," co	mplete the following sch (a) Name of or			(b) Type of organization	1	(c) Description of re	elationshin		
		N/A	gamzation		(b) Type of organization		(c) Description of the	ликопотр		
-		14/11								
							•			
-										
							•			
					accompanying schedules and st			May the IRS	discuss ti	his
Sign	and be	lief, it is true, correct, and cor	emplete Declaration of pro	eparer (other than	taxpayer) is based on all informa	tion of which preparer h	as any knowledge	return with the shown below	e prepare	¥
Here		Your -). Yhai	me	7/11/20	TRUSTE	BE	X Yes	i	No
	Sign	ature of officer or truste		<u> </u>	Date	Title	<u> </u>			
		Print/Type preparer's n	name	Preparer's s	ignature ' /	Date	Check if	PTIN		
D-:-				C-1	er n. Shell	7,4,70000	self- employed	504654	٥	
Paid		CAYLEE N.			M. JANUL	7/1/2020	1	P01651		
Prepa		Firm's name ► DEI	LOITTE TAX	ГГГБ			Firm's EIN ► 8	0-10027	14	

Firm's address ► 1033 DEMONBREUN ST., STE 400 NASHVILLE, TN 37203

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

THE BLUM FAMILY FOUNDATION

62-1871174

Organization type (check one)

Filers of: Section:

Form 990 or 990-EZ 501(c)() (enter number) organization

Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

THE BLUM FAMILY FOUNDATION

62-1871174

Partil	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	JOAN B. SHAYNE 909 BOWRING PARK NASHVILLE, TN 37215	\$ 25,016.	Person Payroll Moncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOAN B. SHAYNE 909 BOWRING PARK NASHVILLE, TN 37215	\$\$.	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 Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE BLUM FAMILY FOUNDATION

62-1871174

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	135 SHARES OF RED HAT INC COST: 10464		
		\$ 25,016.	05/17/19
(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
		\$	

D	20	۵	4

Employer identification number

THE B	LUM FAMILY FOUNDATION		62-1871174						
Part III	tem any one contributor. Complete columns (a)	through (a) and the following line entry. For o	01(c)(7), (8), or (10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less for t	he year (Enter this info once) > \$						
	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						
		·							
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4 R	elationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	elationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
		.,							
	Transferee's name, address, a	nd ZIP + 4	elationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
									
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	elationship of transferor to transferee						
	<u> </u>	<u></u>							

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
BANK OF AMERICA-INT	EREST		9.		9.	9.
TOTAL TO PART I, LI	NE 3		9.		9.	9.
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
BNY MELLON FROM BELLE MEADE ASSOCIATES NT, LP K-1	1,008.		0.	1,008.	-	8. 1,008. 8. 25,928.
TO PART I, LINE 4	26,936.		0.	26,936.		
FORM 990-PF		ACCOUNTI	NG FEE:			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	B) NVEST- INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES INVESTMENT EXPENSES BELLE MEADE ASSOCIA		4,620.		4,620.		0.
LP K-1	THU HI,	27,248.	:	27,248.	27,24	8. 0.
TO FORM 990-PF, PG	1, LN 16B	31,868.		31,868.	27,24	8. 0.

FORM 990-PF	TAX	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
2018 EXTENSION PAYMENT	1,000.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	1,000.	0.	0.	0.	

FORM 990-PF	OTHER I	NVESTMENTS		STATEMENT 5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BELLE MEADE ASSOCIATES NT, LP	-	COST	811,963.	2,260,689.
TOTAL TO FORM 990-PF, PART II,	LINE 13		811,963.	2,260,689.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 6
Ll	ST OF FOUNDATION MANAGERS	

NAME OF MANAGER

JOAN B. SHAYNE LAUREN BLUM