DAA

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	For	calen	dar year 2019 or tax year beginning ,	and ending			",	<u> </u>
	Na	me of fo	undation	A Employer identification number				
			URN FAMILY FOUNDATION			63	-1228439	
			d street (or P O box number if mail is not delivered to street address)	R	oom/suite		phone number (see instruction	ns)
			PEPPERWOOD CIRCLE SW n, state or province, country, and ZIP or foreign postal code	<u>_</u>		25	<u>6-382-5263 </u>	
		•	SVILLE AL 35801			C If exe	mption application is pend _i n	g, check here
				urn of a former public	charity	V D 1 Foreign organizations check here		
		JIIGUN	Final return Amended		Charity		oreign organizations, check h	_
	•		Address change Name ch				oreign organizations meeting 5% test, check here and attai	
Λ								
79			type of organization X Section 501(c)(3) exempt priva		04	-	minated under .	
10			1 4947(a)(1) nonexempt charitable trust Other taxal		<u> </u>	section 507(b)(1)(A), check here		
24			ket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month to section 507(b)(1)(B), check	
,		_	ear (from Part II, col (c), Other (specify)	-		ando	3551611 551 (5)(1)(5); 51:551	, ,
		ne 16)			<u> </u>			(d) Disbursements
	Part & Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal			(a) Revenue and expenses per	(b) Net investment		(c) Adjusted net	for charitable
			the amounts in column (a) (see instructions))	books	incon	ne 	income	purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)		劉曉.劉明.]]]		。谢哲、智思、智复、明 思、明	に関する。これ、変数が
		2	Check ► X If the foundation is not required to attach Sch I					
		3	Interest on savings and temporary cash investments	. 72		72		"阿"为"阿尔斯斯"的
		4	Dividends and interest from securities	119,937	11	9,937		
		5a	Gross rents				•	是一个人,不是一个人,不是一个人,不是一个人,不是一个人,他们也不是一个人,他们也不是一个人,他们也不是一个人,他们也不是一个人,他们也不是一个人,他们也不是一个人,他们
	٠ به ٠	, Р	Net rental income or (loss)	AN ENTER SEE AL	TA BALTA		So that had a	"是是我们的一个人,我们是
	2	6a	Net gain or (loss) from sale of assets not on line 10	10,674	國神經經濟	计例图	學之時,所不過漢字所	國軍軍事
	Revenue	b	Gross sales price for all assets on line 6a 10,674		13. 阿斯斯		"阿斯斯里斯马斯斯斯 "	是是一个
	æ	. 7	Capital gain net income (from Part IV line 2)	加强的一种	1	0,674	· · · · · · · · · · · · · · · · · · ·	一种 有 一种 工程
٠,	1	8	Net short-term capital gain		是是是特性:	新香. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0	miles allows by the common control of the control of th
		9	Income modifications	THE PURPLE	计划点 规则	And Andi-		"阿拉斯" 李维 罗斯·李斯
		10a	Gross sales less returns and allowances	江川之事。21章 國國。30章	河里,苏思。"	には動き	25、副监理。,但"战"。	「原理」を記録を作品に
		b	Less Cost of goods sold	加鲁州州 新州 新州	THE PARTY		神神精制新新	事 经有效
	•	С	Gross profit or (loss) (attach schedule)		ding the the			思维罗奇可能数
		11	Other income (attach schedule)					阿爾斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯
		12	Total. Add lines 1 through 11	130,683	13	0,683	0	馬野馬納護神馬翻灣
	Expenses	13	Compensation of officers, directors, trustees, etc	12,500		<i>.</i>		
•	Su:	14	Other employee salaries and wages	,				
	ğ	15	Pension plans, employee benefits					
•	ŵ	16a	Legal fees (attach schedule)					
	. e .	b	Accounting fees (attach schedule) STMT 1	2,850				2,850
	ative	С	Other professional fees (attach schedule) STMT 2	19,516				19,516
S	str	17	Interest	STMARK		- DEC	EIVED	<u> </u>
\mathcal{O}	Ë	18	Taxes (attach schedule) (see instructions)	DIMMIN		-1120	-1450	
<u> </u>	Έ	19	Depreciation (attach schedule) and depletion				·	持持基础高温度
4	Ad	20	Occupancy NOV	1 7 2020		NOV 1	7 2020	
m	ō	21	rraver, comerences, and meetings	1 1 2020.			1 2020	
Ü	a	22	Printing and publications	CINC	HANNE		·	1
	пg	23	Other expenses (att. sch.)	- CEDINO	E CENTE	p		_
⋝	atiı	24	Total operating and administrative expenses.	i i	r ornir	'		•
SCANNED JAN 2 6	Operating and Administra	1	Add lines 13 through 23	34,866	el a. 12 800 12 -	0	0	22,366
80	g	25	Contributions, gifts, grants paid	255,000			THE PROPERTY AND A SECOND	255,000
		26	Total expenses and disbursements. Add lines 24 and 25	289,866		0	0	277,366
2022		27	Subtract line 26 from line 12	,				
22		a	Excess of revenue over expenses and disbursements	-159,183	P. H. E. E. E. E.	(,) 期, 財際	H PERSONAL SERVICE.	建设与基础的
	•	b	-	る。 (A) (E) (A) (E) (E) (E) (E) (E)	13	0,683	(A) "(A) "(A) "A "A) "(A) "(A) "(A) "(A)	
			Adjusted net income (if negative, enter -0-)	医乳膜 武學 医乳腺	第一個別。可能。	(里,初期)	0	
	For I	Papen	work Reduction Act Notice, see instructions.	•				Form 990-PF (2019)



F	orm 99	0-PF (2019) ASHBURN FAMILY FOUNDATION	63-12284	39	Page 2
	Dart	Attached schedules and amounts in the description column	Beginning of year	End of	
	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1	Cash – non-interest-bearing	722,152	531,005	531,005
	2	Savings and temporary cash investments			
i	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶		-	
		Less allowance for doubtful accounts ▶			
ŀ	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		· · · · · · · · · · · · · · · · · · ·	
		disqualified persons (attach schedule) (see]	
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
1	•	Less allowance for doubtful accounts ▶ 0		i	
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	
Š	10a	Investments – U S and state government obligations (attach schedule)	<u> </u>		
	b	Investments – corporate stock (attach schedule) SEE STMT 3	1,992,917	2,024,881	4,218,914
i	c	Investments – corporate bonds (attach schedule)			<u></u>
	11	Investments – land, buildings, and equipment basis			
	• •	Less accumulated depreciation (attach sch.)		Ì	
	12	Investments - mortgage loans			
-	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
	14	Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ►	\ 		
	16	Total assets (to be completed by all filers – see the			
İ		instructions Also, see page 1, item I)	2,715,069	2,555,886	4,749,919
┪	17	Accounts payable and accrued expenses			
1	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a	21	Mortgages and other notes payable (attach schedule)			
=	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	o	
		Foundations that follow FASB ASC 958, check here			
Balances		and complete lines 24, 25, 29, and 30.			
핆	24	Net assets without donor restrictions	2,715,069	2,555,886	
3a	25	Net assets with donor restrictions			
힏		Foundations that do not follow FASB ASC 958, check here			
틧		and complete lines 26 through 30.			
Net Assets or Fund	26	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg , and equipment fund			·
Set	28	Retained earnings, accumulated income, endowment, or other funds			
As	29	Total net assets or fund balances (see instructions)	2,715,069	2,555,886	
ఠ	30	Total liabilities and net assets/fund balances (see			
\rightarrow		instructions)	2,715,069	2,555,886	
	Part I				
1		net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with		0 515 060
		of-year figure reported on prior year's return)		11	2,715,069
_		r amount from Part I, line 27a		2	-159,183
3		r increases not included in line 2 (itemize) ▶		3	2 FFF 000
_		lines 1, 2, and 3		5	2,555,886
5 6		eases not included in line 2 (itemize) ► Inet assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	nn (h) line 29	6	2,555,886
	rola	het assets of fully balances at end of year time 4 militus line of - Fart II, column	" (V) IIIU 23		2,000,000

Form 990-PF (2019)

Form 990-PF (2019) ASHBURN			63-1228439		Page
Part IV Capital Gains an	d Losses for Tax on Inves	tment Income			,
(a) List and describe the 2-story brick wareh	kind(s) of property sold (for example, real esta nouse, or common stock, 200 shs MLC Co.)	ale,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRADED	SECURITIES				
b GENERAL MOTORS		· · · · · · · · · · · · · · · · · · ·	 		_
<u>c</u>			<u> </u>		
<u>d</u>			 -		
<u>e</u>	(f) Depreciation allowed	(a) Cost o	s other book	(h) Co.	201/200
(e) Gross sales price	(r) Depreciation allowed (or allowable)	1	r other basis ense of sale		n or (loss) f) minus (g))
a 10,664					10,664
b 10					10
С					
d					
<u>e</u>		<u> </u>			
Complete only for assets showing	gain in column (h) and owned by	the foundation on 12	/31/69		(h) gain minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)		less than -0-) or om col (h))
	as 01 123 1109	Over con	U), ii ariy		10,664
<u>a</u>					10,664
<u>b</u>					
d					
e		 			
	If gain, also enter	in Part I. line 7			
2 Capital gain net income or (net ca	ipital loss) If (loss), enter -0-	•		2	10,674
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) a	nd (6)			
	column (c) See instructions If (los				
Part I, line 8				3	
	der Section 4940(e) for Re			ncome	<u>-</u>
(For optional use by domestic private	foundations subject to the section	4940(a) tax on net in	vestment income)		
If section 4940(d)(2) applies, leave the	is part blank				N/A
Was the foundation liable for the sect	ion 4942 tay on the distributable an	nount of any year in t	the hase neriod?		Yes No
If "Yes," the foundation doesn't qualify		• •	ino bado ponea		
1 Enter the appropriate amount in e	<u>```````</u>	<u></u>	naking any entries		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributio	ns Net value	of nonchantable-use asse		ribution ratio divided by col (c))
2018				(33. (4)	
2017					
2016					
2015					
2014					
				} }	
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5	•	•	by		
the number of years the foundation	n has been in existence if less than	n 5 years		3	
4 = 4 11 4 4 15 15 15 15 15 15 15 15 15 15 15 15 15	la	L			
4 Enter the net value of noncharitab	le-use assets for 2019 from Part X	, iine 5		4	
E. Maritania lima 4 hardina 3				_	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incom	e (1% of Part Line 27h)			6	
Citter 176 of flet investment incom	C (1 /0 OI F alt I, IIIIC 2/D)			-	
7 Add lines 5 and 6				7	
. Add mics o and o					
8 Enter qualifying distributions from	Part XII, line 4			8	
	line 7, check the box in Part VI, lin	e 1b, and complete t	hat part using a 1%		
Part VI instructions					
					5. 000 DE 10015

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or		– see ins	truc	tions)
та	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			111		[
b	,		ueriye	c z B	4 4	í
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1 14 18 12	Mark Fromber with	e i Serie	Fr L ma	Y
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			7 3 T		
·	Part I, line 12, col (b)	3 3m	Rind-Alvai da	er, Mindle		
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		_		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				
6	Credits/Payments 'Credits/Payments	£ 2.5%	j'a	الباد ا	F 41 14	
а	2019 estimated tax payments and 2018 overpayment credited to 2019			4.74.32	皇書場	
b	Exempt foreign organizations – tax withheld at source 6b .		A Maria		11.7	
c	Tax paid with application for extension of time to file (Form 8868) 6c		AND THE PARTY OF THE		建性	
d	Backup withholding erroneously withheld 6d	7	行紀期	111	To G	
7	Total credits and payments Add lines 6a through 6d	7	فأنعد للبيداناهداد هدامه		- vicinado I subi	
8	Enter any penalty for underpayment of estimated tax. Check hell if Form 2220 is attached	8				
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				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11				
t Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		19 A 18	Yes	No	
	participate or intervene in any political campaign?		1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				•	
	instructions for the definition		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		ع قرس ا اخ با الله	# 18 j., '	河湖	
	published or distributed by the foundation in connection with the activities		1 dia	1.		
С	Did the foundation file Form 1120-POL for this year?		1c	<u> </u>	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		4			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_	in said	1.	7-1, 4/1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			17		
	on foundation managers 🕨 \$		4113	11.3	11	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	$oxed{oxed}$	X	
	If "Yes," attach a detailed description of the activities		[67	13	3.1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		2. 11. 2	3.5	H -12	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	Ĺ. <u></u>	X_	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u> </u>	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A 4b	<u> </u>	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u> </u>	X	
	If "Yes," attach the statement required by General Instruction T		115		M	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1 46	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34, 12	
	By language in the governing instrument, or			1	ह्य ते	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			4.5	1 27.	
	conflict with the state law remain in the governing instrument?		<u>_6</u> _	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part >	(V 7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		Yes.	1	THE P	
	NONE			1	17.2	
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		4.146.3	# E		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N	/A 8b	 N		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1 1 1			^
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"				1)
	complete Part XIV		9	X_		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			}		•
	names and addresses		10 Form 99	0.05	X	
			Form 99	ツーアト	(2019)	

ľ.P	art VII-A : Statements Regarding Activities (continued)			
.,		, -:	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		\top	
	person had advisory privileges? 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 ▶ CHRISTINE SAMPSON HINSON Telephone no ▶ 256	-382	-586	63
	4010 PEPPERWOOD CIRCLE SW			
	Located at ▶ HUNSTVILLE AL ZIP+4 ▶ 358	01		
15	Section 4947(a)(1) nonexempt charitable trusts fling Form 990-PF in lieu of Form 1041 – check here			
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1 1		71-
	the foreign country		,	1
₽ Pa	art VII-B.i 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.	L	Yes	No
1a		·	1	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No.) ; ; ;		. 4
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		3.4	11-5
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No. 100 No. 10)		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?) ;".:	ļ	- , 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?) []		-4
	(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)?)		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			1,17
	foundation agreed to make a grant to or to employ the official for a period after	- .		
	termination of government service, if terminating within 90 days)) -		;
b	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		<u> </u>	
	Organizations relying on a current notice regarding disaster assistance, check here] [;,_	ا بيد	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ئ. ت. <i>ال</i>	. = _ `	ا ا
	were not corrected before the first day of the tax year beginning in 2019?	A 1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	\$ 1	100	- i-1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	****	1:	P
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	1.		
	6d and 6e) for tax year(s) beginning before 2019?	' ' ~ ,		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	1 :	1,	. 4
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1,5	. '	- 4
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-/ no. a	(See 14' /	- Juliotta
	all years listed, answer "No" and attach statement – see instructions) N/2	A 2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	8 71	٠. ا	7.
	▶ 20 , 20 , 20 , 20		-1.	1
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		: , ' l	. • 1
	at any time during the year?	' '	* ;	!
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	- 1 - 2-	[.]	1 1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	, ,]	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	- النظام ال		24
	foundation had excess business holdings in 2019) N/A		 	37
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		Form 99	ルーピデ	(2019)

For	n 990-PF (2019) ASHBURN FAMILY FOUNDATION	63	1228439				P	'age 6
<u>I</u> P	art VII-B Statements Regarding Activities for Which For	<u>m 4720 May É</u>	Be Required	(con	tinued)			7
5a	During the year did the foundation pay or incur any amount to					/ Jane", 6 3/1/p-	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	on 4945(e))?		Yes	X No	#"#" 1" 1" "		المالة. ﴿
	(2) Influence the outcome of any specific public election (see section 4955),	or to carry on,	_			34/m	1.6	7 mr a
	directly or indirectly, any voter registration drive?	•		Yes	X No	Jun a	*y 24 	
	(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	H	Yes	X No			3,422.5
	(4) Provide a grant to an organization other than a charitable, etc., organiza		لــا			70.1		الم. إليانا العالمة
	section 4945(d)(4)(A)? See instructions			Yes	X No	1	4	
	(5) Provide for any purpose other than religious, charitable, scientific, literar	v or educational	ب		<u></u>			
	purposes, or for the prevention of cruelty to children or animals?	y, 01 0000000000000		Yes	X No	2,,2,4 t	15,1	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify	under the exception	L. bed decorbed	100		A MILE	A 11.	111111111111111111111111111111111111111
	in Regulations section 53 4945 or in a current notice regarding disaster assis	•			N/A	5b	• • •	i isa isa '
	Organizations relying on a current notice regarding disaster assistance, che		Clions		►	3.5 	ha un Saataa	Jan a 19 44
_						4775.4		2003年
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption	i iioni iile iax	N/A 🗍	Vaa	No	204 17	-3-4 g	3000
	because it maintained expenditure responsibility for the grant?		и/и	Yes			101 2111 2.463"	maran.
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)						III'E' q' III	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums	, –	V	₹	7		
	on a personal benefit contract?		ال م	Yes	X No	_#U":	19.57	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit	contract?			6b	rit ger by	X
_	If "Yes" to 6b, file Form 8870		• —	.,	₹		1.5	
7a	At any time during the tax year, was the foundation a party to a prohibited ta			Yes	X No		ELD	
þ	If "Yes," did the foundation receive any proceeds or have any net income att		insaction?		N/A	7b	-,5 to .	11
8	Is the foundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in		V	₩		115. "11.	"Thi fi
	remuneration or excess parachute payment(s) during the year?			Yes	X No	4 ******		11 11 11 11 11 11 11 11 11 11 11 11 11
P	Information About Officers, Directors, Trustees,	Foundation M	anagers, Hi	ghly	Paid En	ploy	ees,	
	and Contractors							
<u>1 L</u>	ist all officers, directors, trustees, and foundation managers and their c	ompensation. Se	e instructions.					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	er pla	Contributions to mployee benefi ins and deferre compensation	t (e)Ex	pense ac er allowar	
SE	E STATEMENT 4	<u> </u>		 	omponiou ion	\dagger		
		 		+				
		<u> </u>		-				
			į.					
					-			
2	Compensation of five highest-paid employees (other than those include	ed on line 1 – see	instructions).	If non	e, enter			-,
	"NONE."		<u> </u>					
		(b) Title, and average]		Contributions to			
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	pla	nployee benefi ns and deferre		pense ad er allowar	
		 		 	compensation	+	——	
NC	NE	1						
						1		
		 		+		+		
		1	l			1		
				+-		+-		
	,	1]				
Tota	number of other employees paid over \$50,000		·			>	0 DE	0
					F	orm 99	U-77	(2019)

Form 990-PF (2019) ASHBURN FAMILY FOUNDATION	63-1228439	Page 7
Part VIII Information About Officers, Directors, Trustees, Four	idation Managers, Highly Paic	l Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See ins	tructions. If none, enter "NONE."	·
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	1
		_
]	}
		 -
Total number of others receiving over \$50,000 for professional services		>
Peart IX-A ■ Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	a such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	1 Such as the humber of	Expenses
1 CONTRIBUTIONS TO QUALIFIED CHARITABLE		
ORGANIZATIONS	1	
V.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		255,000
2		
	1	
3		
	1	
4]	
 		
Part IX-B Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
	;	
		
2		
All other amoram related investments. See instructions	+	
All other program-related investments. See instructions 3		
·		
Total. Add lines 1 through 3	•	
<u> </u>		Form 990-PF (2019)
-		

Forr	m 990-PF (2019) ASHBURN FAMILY FOUNDATION 63-1228439		Page 8
.⊪P	art X Minimum Investment Return (All domestic foundations must complete this part	Foreign f	oundations,
	see instructions.)	•	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	im- im- li	
	purposes	ا الله الله الله الله الله الله الله ال	
а	Average monthly fair market value of securities	_1a	0
b	Average of monthly cash balances	1b	0
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	, June 1111	
	1c (attach detailed explanation)	0	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	Ö
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private open	erating for	indations
-51112.0	and certain foreign organizations, check here X and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5	11 19	
ь	Income tax for 2019 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	i jero	
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	277,366
b	Program-related investments – total from Part IX-B	1b	
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	(-) n	
а	Suitability test (prior IRS approval required)	3a	
	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	277,366
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	n
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	277,366
J	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ــــــــــــــــــــــــــــــــــــــ	
	gualifies for the section 4940(e) reduction of tax in those years	ie iouiluatioi	•
	quantes for the section 4340(e) reduction of tax in those years		

For	m 990-PF (2019) ASHBURN FAMILY FO		63-12284	139	Page 9
P	art XIII Undistributed Income (see in	structions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
	line 7	1 1	11		
2	Undistributed income, if any, as of the end of 201	9	1		
	Enter amount for 2018 only				
b	Total for prior years 20 , 20 , 20			<u> </u>	<u></u>
3	Excess distributions carryover, if any, to 2019	Ρο	1	, , , a	1 1 1
а	From 2014				'
b	From 2015		ļ		
	From 2016		, ,	}	-
	From 2017		,		,
	From 2018	· 		<u> </u>	
	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII, line 4 > \$277,366		-	}	
_	Applied to 2018, but not more than line 2a		,		
	Applied to 2016, but not more trial line 2a Applied to undistributed income of prior years				
	(Election required – see instructions)				ļ
c	Treated as distributions out of corpus (Election				
•	required – see instructions)	J	ļ]
d	Applied to 2019 distributable amount				
	Remaining amount distributed out of corpus	277,366			
5	Excess distributions carryover applied to 2019				<u> </u>
	(If an amount appears in column (d), the same		ı	ļ	
	amount must be shown in column (a))	1	}		i
6	Enter the net total of each column as				
	indicated below:				1
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	277,366	<u> </u>		
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			,	
	been issued, or on which the section 4942(a)				}
	tax has been previously assessed				
þ	Subtract line 6c from line 6b Taxable				
	amount – see instructions		ļ	ļ	ļ
е	Undistributed income for 2018 Subtract line	} '	1		
	4a from line 2a Taxable amount – see		-		
	instructions	<u> </u>		<u> </u>	
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be		1		
_	distributed in 2020				· · · · · · · · · · · · · · · · · · ·
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			1	
8	required—see instructions) Excess distributions carryover from 2014 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
9	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 2015				
a b	Excess from 2016				
C	Excess from 2017		ı.		
d	Excess from 2018		h		1
	Excess from 2019				

Forn	n 990-PF (2019) ASHBURN FAM	ILY FOUNDAI	TION NOI!	63-12284	.39	Page 10
	art XIV Private Operating Fo					
1a	If the foundation has received a ruling of					
	foundation, and the ruling is effective to			>	16	N/A
b	Check box to indicate whether the foun	dation is a private ope	erating foundation de	scribed in secti X 49	942(j)(3) or 4942	
2a	Enter the lesser of the adjusted net	Tax year	······································	Prior 3 years		-
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for					
	each year listed					0
b	85% of line 2a					
С	Qualifying distributions from Part XII,				J	
	line 4, for each year listed	277,366	289,190	298,749	287,349	1,152,654
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly			`		
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	277,366	289,190	298,749	287,349	1,152,654
3	Complete 3a, b, or c for the		\			
	alternative test relied upon					
а	"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				\	0
С	"Support" alternative test – enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section	j		J		
	512(a)(5)), or royalties)					
	(2) Support from general public					<u> </u>
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from			ļ		
	an exempt organization (4) Gross investment income					
I Da	rt XV Supplementary Infor	nation (Complet	e this nart only	if the foundation	had \$5,000 or m	ore in accets a
n ma	any time during the y			ii tiio iodiidatioii	1144 40,000 01 111	ore in assets a
1	Information Regarding Foundation M		otiono.j		· -	
a	List any managers of the foundation wh	_	ore than 2% of the to	tal contributions recei	ved by the foundation	
_	before the close of any tax year (but on				•	
	N/A	,		•, (•••• ••••	-7,-7	
ь	List any managers of the foundation wh	o own 10% or more o	f the stock of a corpo	ration (or an equally l	arge portion of the	
	ownership of a partnership or other enti-				5 .	
	N/A					
2	Information Regarding Contribution,	Grant, Gift, Loan, So	cholarship, etc., Pro	grams:		
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected charit	able organizations an	d does not accept	
	unsolicited requests for funds If the fou	ndation makes gifts, g	grants, etc , to individi	uals or organizations i	under other conditions,	
	complete items 2a, b, c, and d See inst	ructions				
а	The name, address, and telephone num	ber or email address	of the person to who	m applications should	be addressed	
	SEE STATEMENT 5					
b	The form in which applications should b	e submitted and infor	mation and materials	they should include		
	SUBMIT WRITTEN REQU	EST				
C	Any submission deadlines					
	NO DEADLINES					
d	Any restrictions or limitations on awards	, such as by geograp	hical areas, chantable	e fields, kinds of institi	utions, or other	
	factors					
	NONE	_ 				

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS INC. PO BOX 608 N/A 501 (C) (3) COMMUNITY VOLUNTEER SERVICE 5.000 HUNTSVILLE AL 35804 MADISON ACADEMY INC N/A 325 SLAUGHTER ROAD 501 (C) (3) MADISON AL 35758 EDUCATION 25,000 BOYS AND GIRLS CLUB OF NORTH AL 203 EASTSIDE SOUARE N/A 501 (C) (3) HUNTSVILLE AL 35801 COMMUNITY VOLUNTEER SERVICE 10,000 FREE 2 TEACH 3054 LEEMAN FERRY ROAD N/A 501 (C) (3) COMMUNITY VOLUNTEER SERVICE HUNTSVILLE AL 35801 20,000 HUDSON ALPHA 501(C)(3) N/A 601 GENOME WAY NW COMMUNITY VOLUNTEER SERVICE 10,000 HUNTSVILLE AL 35806 HUNTSVILLE YOUTH ORCHESTRA 6806 COLE DRIVE SE 501 (C) (3) N/A COMMUNITY VOLUNTEER SERVICE 5,000 HUNTSVILLE AL 35802 HUNTSVILLE LIBRARY FOUNDATION 501 (C) (3) P.O. BOX 443 N/A COMMUNITY VOLUNTEER SERVICE 10,000 HUNTSVILLE AL 35804 NEW HOPE CHILDREN'S CLINIC N/A 501(C)(3) 156 CHURCH AVE COMMUNITY VOLUNTEER SERVICE 10,000 NEW HOPE AL 35760 HIS WAY RECOVERY CENTER N/A 501 (C) (3) 582 SHIELDS ROAD COMMUNITY VOLUNTEER SERVICE 10,000 HUNTSVILLE AL 35811 COMMUNITY FOUNDATION N/A 303 WILLIAMS AVE SW 501 (C) (3) COMMUNITY VOLUNTEER SERVICES HUNTSVILLE AL 35801 10,000 255,000 Total **b** Approved for future payment N/A 3b Total

63-1228439 Form 990-PF (2019) ASHBURN FAMILY FOUNDATION Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year LYMAN WARD MILITARY ACADEMY 174 WARD CIRCLE N/A 501 (C) (3) EDUCATION 50,000 CAMP HILL AL 36850 MOVEMENT CHURCH 9580 MADISON BLVD N/A 501 (C) (3) COMMUNITY VOLUNTEER SERVICE 35,000 MADISON AL 35758 SALVATION ARMY 2114 OAKWOOD AVENUE N/A 501 (C) (3) HUNTSVILLE AL 35810 COMMUNITY VOLUNTEER SERVICE 20,000 WORLD SURGICAL INFECTION SOCIETY N/A 501 (C) (3) 6005 GIVEN ROAD COMMUNITY VOLUNTEER SERVICE CINCINNATI OH 45243 30,000 UNITED CEREBRAL PALSY 501(C)(3) 2075 MAX LUTHER DRIVE NW N/A COMMUNITY VOLUNTEER SERVICE 5,000 HUNTSVILLE AL 35810 ▶ 3a Total **b** Approved for future payment N/A

▶ 3b

Total

9.000 6	mounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	service revenue	<u> </u>		 -		(000 113110010113)
		-		├		
		-		 		
				 		
				 		
f ——		-		 		
	and contracts from government agencies	-				
-	hip dues and assessments	 				
	n savings and temporary cash investments					72
	and interest from securities	<u> </u>		_		119,937
	income or (loss) from real estate	2 1. H at 1. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i di i i i i i i i i i i i i i i i i i	
	inanced property	T Fr Tr ag to 1	, lu, du ' ", " I	· · · · ·		1 1 1 11
	ebt-financed property					
	income or (loss) from personal property	<u> </u>				
						
	estment income	 				10,674
	oss) from sales of assets other than inventory					10,074
	e or (loss) from special events			<u> </u>		
	fit or (loss) from sales of inventory					
11 Other reve		-				
	 	- 				,
d		-				
е						120 605
	Add columns (b), (d), and (e)	of the figure is	0	1.5	0	130,683 130,683
						1 411 684
	d line 12, columns (b), (d), and (e)				13	130,002
See workshe	et in line 13 instructions to verify calculations)	A 1:- h		D		
See workshe Part XVI-	et in line 13 instructions to verify calculations) Relationship of Activities to the				oses	
See workshe	et in line 13 instructions to verify calculations)	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No.	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
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See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
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See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
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See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
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See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the
See workshe Part XVI- Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Explain below how each activity for which income	me is reported in	n column (e) of Part >	(VI-A co	oses ntributed importantly t	o the

Form 9	90-PF (20	019) ASHBURN	FAMILY	FOUNDAT	ION	63-1228439			Pac	je 13
Part	XVII	Information Reg Organizations	arding T	ransfers To a	ind Transa	ctions and Relationship		ritable	Ex	empt
1 D	d the ord		ndirectly end	gage in any of the	following with	any other organization describe	ed	T T	Yes	No
ın	section 5	501(c) (other than sec					•	1, 3	- (q) - q	j''
	rganizatio									
		rom the reporting four	idation to a	noncharitable exe	empt organizat	on of		1	ь,)
•	l) Cash							1a(1)	}	X
	2) Other a							1a(2)		<u>X</u> _
	ther trans							h ^{at} or	٠. ،	" pr 1
		of assets to a nonchar						1b(1)		<u>X</u>
•	•	ses of assets from a r			ation			1b(2)		<u>X</u>
-		of facilities, equipmen		issets				1b(3)		X
•	•	ursement arrangemen	ts					16(4)		X
•	•	or loan guarantees						1b(5)		X
•	•	nance of services or n		•				1b(6)	\dashv	X
	-	facilities, equipment, r					. 11 6	1c		
		-				Column (b) should always show				
		-			-	n If the foundation received les				
	ine no	(b) Amount involved		e of nonchantable exem		d) Description of transfers,			nte	
	.iite rio	(B) Amount involved	(c) Name	9 OF FIGHTAINABLE EXERT	prorganization	(d) Description of dansiers,	transactions, and snaring	- angerner		
A\N		 	 							
										
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		i								
de	escribed i "Yes," co	dation directly or indire in section 501(c) (othe mplete the following si a) Name of organization	r than section		section 527?	e tax-exempt organizations (c) Descr	iption of relationship	Yes	s X	No
N/										
				<u>l</u>		<u> </u>				
Sign Here	correct, a	nd complete Declaration of			ed on all information	g schedules and statements, and to the on of which preparer has any knowledg	May the IRS dis with the prepare See instructions	cuss this ret	turn low?	No MA
	▼ Signi	ature of officer or trustee			Date		····			
	Print/Ty	pe preparer's name			Preparer's signat	ure	Date	1	Check [if
aid	Commen	EN D CODICIO	NATO.		emerer P	CMD TCVT XXIII	, , , ,		elf-emp	loyed
repare	er	EN R. STRICKL		TT CMDTC		STRICKLAND	11/1		201	
Jse On	lv Firm's r	 _				QUINN &LAW, LLC		1211		
	Firm's a		STRAT					0510		
	——	DECAI	UR, A	L 35601-	6029			<u>-353</u>		
							F	orm 990	-PF	(2019)

Form 990-PF (2019) ASHBURN FAMILY FOUNDATION 63-1228439

Total Net Adjusted Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Adjusted Net Adjusted Net N	Investment Net Net Net S 16c - Other Professional Fees Net Net Net O S Adjusted Net Net Possional Fees Net Adjusted Net Net S S S S S S S S S S S S S	Charitable Purpose \$ 2,850 \$ 2,850 \$ Elementable Purpose \$ 19,516 \$ \$ 19,516 \$ \$ 19,516
Description Statement 2 - Form 990-PF, Part OTHER PROFESSIONAL FEES Statement 3 - Form 990-PF, Part III, Statement 3 - Form 990-PF, Part III, OTHER PROFESSIONAL FEES AL Statement 3 - Form 990-PF, Part III, Of Year Statement 3 - Form 990-PF, Part III,	Net Net Stock Investments End of Fear Stock Investments End of Stock Investments Valuation Stock Investments Stock Investments Valuation Stock Investments End of Stock Investments Stock Investments Cost	Charitable Purpose 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
Statement 2 - Form 990-PF, Part Description OTHER PROFESSIONAL FEES Statement 3 - Form 990-PF, Part II, Statement 3 - Form 990-PF, Part II, Beginning of Year \$ 1,992,	16c - Other Professional Fees Net Investment 0 5 Corporate Stock Investments Fees Net Stock Investments Valuation Stock 1881 Cost	Charitable Purpose \$ 19, \$ 19, \$ 19,
Description OTHER PROFESSIONAL FEES AL Statement 3 - Form 990-PF, Part II, P92, 941, 942, 942	Net Adjusted Net Stock Investments End of End of Stock Investments Valuation Stock Investments S 2.024.881 COST	Charitab Purpose \$ 19,
Description OTHER PROFESSIONAL FEES OTHER PROFESSIONAL FEES \$ 19,516 \$ 19,516 Statement 3 - Form 990-PF, Part II, Part II, page, part II, page, p	Investment Adjusted Net	Charitab Purpose \$ 19,
OTHER PROFESSIONAL FEES \$ 19,516 \$ 19,516 Statement 3 - Form 990-PF, Part II, Beginning of Year \$ 1,992,	b - Corporate Stock Investments End of Basis of Year Valuation S 2.024,881 COST	\$ 19,
Statement 3 - Form 990-PF, Part II, Beginning of Year states of Y	b - Corporate Stock Investments End of Basis of Year Valuation	
Description Beginning of Year of Year End of Year Year \$ 1,992,917 \$ 2,024,881 \$ 1,992,917 \$ 2,024,881	End of Year 2, 024, 881	
\$ 1,992,917 \$ 2,024,881 \$ 1,992,917 \$ 2,024,881	2,024,881	Fair Market Value
	2,024,881	\$ 4,218,914
Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, T	- List of Officers, Directors, Trustees, Etc.	. Etc.
Name and Average Average Title Hours Compensation	Compensation	BenefitsExpenses
CHRISTINE SAMPSON HINSON 4010 PEPPERWOOD CIRCLE SW HUNTSVILLE AL 35801		0
JUDY NAYMAN 4010 PEPPERWOOD CIRCLE SW HUNTSVILLE AL 35801		0
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11/11/2020 12:45 PM		Expenses	0	0
11/11	Trustees,	Benefits 0	0	0
10	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Compensation 2,500	2,500	2,500
Federal Statements	VIII, Line 1 - List of C Etc. (continued)	Average Hours 1.00	1.00	1.00
Federal S		Title BOARD MEMBER	BOARD MEMBER	BOARD MEMBER
30085 Ashburn Family Foundation 63-1228439 FYE: 12/31/2019	Statement 4 - Form 990-PF.	Name and Address JEREMY FARBER 4010 PEPPERWOOD CIRCLE SW HUNTSVILLE AL 35801	JOHN ASHBURN 4010 PEPPERWOOD CIRCLE SW HUNTSVILLE AL 35801	MARGARET HENDON 4010 PEPPERWOOD CIRCLE SW HUNTSVILLE AL 35801

· 30085 Ashburn Family Foundation

63-1228439

Federal Statements

11/11/2020 12.45 PM

FYE: 12/31/2019

Statement 5 - Form 990-F	r. Part XV	. Line za - Name	. Address and	Email for	Applications
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Description

CHRISTINE SAMPSON HINSON 256-382-5263 4010 PEPPERWOOD CIRCLE SW HUNTSVILLE AL 35801 CHINSON@HINSONLAW.COM

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

SUBMIT WRITTEN REQUEST

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NO DEADLINES

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE