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Form 990-PF

Department of the Treasury
Internal 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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

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

Name of foundation
WR GRACE FOUNDATION INC

Number and street (or P.O. box number if mail is not delivered to street address)
7500 GRACE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, MD 21044

A Employer identification number
65-0630671

B Telephone number (see instructions)
(410) 531-4000

C If exemption application is pending, check here

G Check all that apply:

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here.....
2. Foreign organizations meeting the 85% test, check here and attach computation ...

H Check type of organization:

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 373,869

J Accounting method:

Cash

Accrual

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

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)

2 Check 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)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less: Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.

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

25 Contributions, gifts, grants paid

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

| 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 | 282,843 | 373,869 | 373,869 |
| | 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) | 282,843 | 373,869 | 373,869 | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | 73,000 | 80,000 | |
| | 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) | 73,000 | 80,000 | |
| 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 | 209,843 | 293,869 | |
| 29 Total net assets or fund balances (see instructions) | 209,843 | 293,869 | | |
| 30 Total liabilities and net assets/fund balances (see instructions) . | 282,843 | 373,869 | | |

| 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 | 209,843 |
| 2 Enter amount from Part I, line 27a | 2 | 84,026 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0 |
| 4 Add lines 1, 2, and 3 | 4 | 293,869 |
| 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 | 293,869 |

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 | 706,228 | 172,001 | 4.105953 |
| 2017 | 795,277 | 196,545 | 4.046285 |
| 2016 | 689,696 | 251,504 | 2.742286 |
| 2015 | 775,749 | 284,989 | 2.722031 |
| 2014 | 719,156 | 309,624 | 2.322675 |

| | | |
|---|----------|-----------|
| 2 Total of line 1, column (d) | 2 | 15.939230 |
| 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 | 3.187846 |
| 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 | 4 | 250,882 |
| 5 Multiply line 4 by line 3 | 5 | 799,773 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 0 |
| 7 Add lines 5 and 6 | 7 | 799,773 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 741,415 |

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 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, MD | | |
| 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>HTTPS://GRACE.VERSAIC.COM/LOGIN</u> | 13 | Yes | |
| 14 | The books are in care of ► <u>WILLIAM DOCKMAN</u> Telephone no. ► <u>(410) 531-4000</u> | | | |

Located at ► 7500 GRACE DRIVE COLUMBIA MDZIP+4 ► 21044

| | | | | |
|-----------|---|--------------------------|------------|-----------|
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input 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 | 1b | No |
| | Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/> | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? | 1c | 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.) | 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.) | 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 type="checkbox"/> Yes <input checked="" 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 | |
| | Organizations relying on a current notice regarding disaster assistance check here. | <input type="checkbox"/> | |
| 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? If "Yes," attach the statement required by Regulations section 53.4945–5(d). | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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? If "Yes" to 6b, file Form 8870. | 6b | No |
| 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 |
|---------------------------|---|---|---|---------------------------------------|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | 254,703 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 254,703 |
| 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 | 254,703 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 3,821 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 250,882 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 12,544 |

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 | 12,544 |
| 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 | 12,544 |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | 0 |
| 5 | Add lines 3 and 4. | 5 | 12,544 |
| 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 | 12,544 |

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 | 741,415 |
| 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 | 741,415 |
| 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 | 741,415 |

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 | | | | 12,544 |
| 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. | 703,675 | | | |
| b From 2015. | 761,500 | | | |
| c From 2016. | 677,121 | | | |
| d From 2017. | 785,450 | | | |
| e From 2018. | 697,628 | | | |
| f Total of lines 3a through e. | 3,625,374 | | | |
| 4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 741,415 | | | | |
| 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. | | | | 12,544 |
| e Remaining amount distributed out of corpus | 728,871 | | | |
| 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 | 4,354,245 | | | |
| 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). | 703,675 | | | |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a. | 3,650,570 | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2015. | 761,500 | | | |
| b Excess from 2016. | 677,121 | | | |
| c Excess from 2017. | 785,450 | | | |
| d Excess from 2018. | 697,628 | | | |
| e Excess from 2019. | 728,871 | | | |

Part XIV

| | | | | | |
|--|--|---------------|----------|----------|-----------|
| 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. | <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5) | | | | |
| b Check box to indicate whether the organization is a private operating foundation described in section | | | | | |
| 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

- | | |
|---|--|
| <p>a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:</p> | <p>HTTPSGRACEVERSAICCOMLOGIN 32 W 25TH AVENUE SUITE 203 SAN MATEO, CA 944032266 (817) 712-9495 HTTPS://GRACE.VERSAIC.COM/LOGIN</p> |
| <p>b The form in which applications should be submitted and information and materials they should include:</p> | <p>NO FORMS ARE REQUIRED. HOWEVER, EACH REQUEST SHOULD BE SUBMITTED VIA E-MAIL WITH THE FOLLOWING INFORMATION: 1. THE NATURE AND BACKGROUND OF THE ORGANIZATION; 2. THE SUM BEING REQUESTED; 3. THE SPECIFIC PURPOSE OF THE GRANT REQUEST; AND 4. PHOTOCOPY OF THE CURRENT IRS DETERMINATION LETTER. SHOULD THE FOUNDATION EXPRESS FURTHER INTEREST IN THE ORGANIZATION, IT WOULD REQUIRE IN ADDITION TO THE ABOVE: 1. A CURRENT FINANCIAL STATEMENT; AND 2. A LIST OF CURRENT DONORS, PARTICULARLY COMPANIES, FOUNDATIONS AND GOVERNMENTAL AGENCIES, INDICATING THE AMOUNTS CONTRIBUTED ON AN ANNUAL BASIS.</p> |
| <p>c Any submission deadlines:</p> | <p>N/A</p> |
| <p>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:</p> | <p>N/A</p> |

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

| Recipient Name and address (home or business) | 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 |
|---|--|--------------------------------------|-------------------------------------|---------|
| a Paid during the year See Additional Data Table | | | | |
| Total ▶ 3a | | | | 710,130 |
| b Approved for future payment ARCHDIOCESE OF BALTIMORE 320 CATHEDRAL STREET BALTIMORE, MD 21201 | NONE | PC | EDUCATION & SCIENCE | 10,000 |
| HOWARD HOSPITAL FOUNDATION 10760 HICKORY RIDGE RD STE 206 COLUMBIA, MD 21044 | NONE | PC | HEALTH & SOCIAL WELFARE | 50,000 |
| MARYLAND SCIENCE CENTER 601 LIGHT STREET BALTIMORE, MD 21230 | NONE | PC | EDUCATION & SCIENCE | 20,000 |
| Total ▶ 3b | | | | 80,000 |

| 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: | | | 01 | | |
| 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.) | | | | | 0 |

[illegible]

Part XVII

| | | | |
|--|--|-----|----|
| | | Yes | No |
|--|--|-----|----|

| | | |
|--|--|--|
| | | |
|--|--|--|

| | | |
|-------|--|----|
| 1a(1) | | No |
| 1a(2) | | No |

| | | |
|--|--|--|
| | | |
|--|--|--|

| | |
|--------------|-----------|
| 1b(1) | No |
|--------------|-----------|

| | | |
|--------------|--|-----------|
| 1b(2) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(3) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(4) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(5) | | No |
|--------------|--|-----------|

| | | |
|--------------|--|-----------|
| 1b(6) | | No |
|--------------|--|-----------|

| | | |
|----|--|----|
| 1c | | No |
|----|--|----|

value
ue


[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 |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

| | | | | |
|---|---------------------------------|------------|-------|---|
| Sign Here  | ***** | 2020-09-17 | ***** | <div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> |
| | Signature of officer or trustee | Date | Title | |

| | | | | | |
|-------------------------------|--|--|------------|--|--------------------------|
| Paid Preparer Use Only | LORI S BURGHAUSER | | 2020-09-17 | | |
| | Firm's name ► SC&H TAX & ADVISORY SERVICES LLC | | | | Firm's EIN ► 20-5991824 |
| | Firm's address ► 910 RIDGEBROOK ROAD SPARKS, MD 21152 | | | | Phone no. (410) 403-1500 |

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

| Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation | | | | |
|--|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| MARK A SHELNITZ | DIRECTOR & CHAIRMAN 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| ELIZABETH C BROWN | DIRECTOR & VICE CHAIRMAN 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| KEITH N COLE | DIRECTOR & VICE CHAIRMAN 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| WILLIAM DOCKMAN | VICE CHAIRMAN & TREASURER 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| MICHAEL W CONRON | SECRETARY 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| TERRENCE A PUGLISI | ASSISTANT TREASURER 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| SEAN DEMPSEY | ASSISTANT SECRETARY 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| LISA GOLDSTONE | DEPUTY EXECUTIVE DIRECTOR (PART YEAR) 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| MOLLY GROVER | DEPUTY EXECUTIVE DIRECTOR 1.00 | 0 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |
| SHIRLEY HEWITT | DEPUTY EXECUTIVE DIRECTOR 1.00 | 11,170 | 0 | 0 |
| 7500 GRACE DRIVE COLUMBIA, MD 21044 | | | | |

| 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 SAFE PLACE OF ST CHARLES 171 KELLER ST HAHNVILLE, LA 70057 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| ABRAHAM'S TENT2424 FRUGE STREET LAKE CHARLES, LA 70601 | NONE | PC | HEALTH & SOCIAL WELFARE | 3,000 |
| ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN ST STE 720 CHICAGO, IL 60607 | NONE | PC | HEALTH & SOCIAL WELFARE | 8,990 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| ALBERMARLE CARE FUND 4250 CONGRESS ST STE900 CHARLOTTE, NC 28209 | NONE | PC | EDUCATION & SCIENCE | 2,500 |
| AMERICAN CHEMICAL SOCIETY 1155 16TH STREET NW WASHINGTON, DC 20036 | NONE | PC | EDUCATION & SCIENCE | 13,000 |
| AMERICAN HEART ASSOCIATION 217 E REDWOOD ST BALTIMORE, MD 21202 | NONE | PC | HEALTH & SOCIAL WELFARE | 15,641 |
| Total ▶ 3a | | | | 710,130 |

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> | | | | |
| AMERICAN LUNG ASSOCIATION 122 STATE STREET AUGUSTA, ME 04330 | NONE | PC | HEALTH & SOCIAL WELFARE | 485 |
| ARCHBISHOP CURLEY HIGH SCHOOL 3701 SINCLAIR LANE BALTIMORE, MD 21213 | NONE | PC | MATCHING GIFTS | 300 |
| ART WITH A HEART 3000 FALLS ROAD MILL NO 1 BALTIMORE, MD 21211 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| ATHLETES SERVING ATHLETES INC PO BOX 4222 LUTHERVILLE, MD 21094 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| ATHOLTON HIGH SCHOOL TECHNOLOGY 6520 FREETOWN ROAD COLUMBIA, MD 21044 | NONE | PC | EDUCATION & SCIENCE | 1,000 |
| BIG LOVE CANCER CAREPO BOX 90818 AUSTIN, TX 78709 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,500 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| BALTIMORE MUSEUM OF INDUSTRY 1415 KEY HIGHWAY BALTIMORE, MD 21230 | NONE | PC | URBAN, CIVIC & CULTURE | 7,500 |
| BIG BOAB INC 6384 DARING PRINCE WAY COLUMBIA, MD 21044 | NONE | PC | EDUCATION & SCIENCE | 1,000 |
| BIG BUDDY PROGRAM 1415 MAIN STREET BATON ROUGE, LA 70802 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| BLUE WATER BALTIMORE 2631 SISSON STREET BALTIMORE, MD 21211 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| BOYS & GIRLS CLUB OF ALBANY PO BOX 691 ALBANY, OR 97321 | NONE | PC | URBAN, CIVIC & CULTURE | 2,500 |
| BOYS & GIRLS CLUB OF GREATER BATON ROUGE 8281 GOODWOOD BLVD SUITE A BATON ROUGE, LA 70806 | NONE | PC | URBAN, CIVIC & CULTURE | 2,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| BRIGHAM YOUNG UNIVERSITY P O BOX 27188 PROVO, UT 84602 | NONE | PC | MATCHING GIFTS | 200 |
| BUCKNELL UNIVERSITY 301 MARKET STREET I STE 2 LEWISBURG, PA 17837 | NONE | PC | MATCHING GIFTS | 1,000 |
| BUILDING SCIENCE TECHNOLOGY & EDUCATION PARTNERSHIPS P O BOX 1393 BROOKLANDVILLE, MD 21022 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| CANCER SERVICES INC 550 LOBDELL AVENUE BATON ROUGE, LA 70806 | NONE | PC | HEALTH & SOCIAL WELFARE | 3,000 |
| CAPITAL AREA CASA ASSOCIATION 848 LOUISIANA AVENUE BATON ROUGE, LA 70802 | NONE | PC | HEALTH & SOCIAL WELFARE | 10,000 |
| CASA OF LINN COUNTY INCPO BOX 100 ALBANY, OR 97321 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| CHATTANOOGA ROOM IN THE INN PO BOX 3564 CHATTANOOGA, TN 37404 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| CHEROKEE AREA BOY SCOUTS OF AMERICA 6031 LEE HIGHWAY CHATTANOOGA, TN 37421 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| CHESAPEAKE ARTS CENTER 194 HAMMONDS LANE BROOKLYN PARK, MD 21225 | NONE | PC | URBAN, CIVIC & CULTURE | 1,800 |
| Total ▶ 3a | | | | 710,130 |

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> | | | | |
| CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633 | NONE | PC | MATCHING GIFTS | 250 |
| COLLINGS FOUNDATION RIVERHILL FARM STOW, MO 01775 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| COLUMBIA FESTIVAL 10475 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044 | NONE | PC | URBAN, CIVIC & CULTURE | 10,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| COMMUNITY ACTION COUNCIL 9820 PATUXENT WOODS DR COLUMBIA, MD 21046 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION 7200 SOLLERS POINT ROAD BALTIMORE, MD 21222 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| COMMUNITY OF CURTIS BAY ASSOCIATION INC 1503 ELMTREE STREET BALTIMORE, MD 21226 | NONE | PC | URBAN, CIVIC & CULTURE | 10,200 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| CROSSROADS YMCA1450 S COURT ST CROWN POINT, IN 46307 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| DIABETES CAMP OF WEST VIRGINIA INC PO BOX 224 DALLAS, WV 26036 | NONE | PC | HEALTH & SOCIAL WELFARE | 4,000 |
| DRINK AT THE WELL 4710 PENNINGTON AVENUE BALTIMORE, MD 21226 | NONE | PC | HEALTH & SOCIAL WELFARE | 10,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| EMPOWHER INSTITUTE 13428 MAXELLA AVE STE 749 MARINA DEL REY, CA 90292 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| ERLANGER HEALTH SYSTEM FOUNDATION 975 EAST THIRD STREET B508 CHATTANOOGA, TN 37403 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| EXECUTIVE ALLIANCE INC PO BOX 16371 BALTIMORE, MD 21210 | NONE | PC | URBAN, CIVIC & CULTURE | 3,500 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| FLYING WINGS OF LOUISIANA 36490 LUCAS DRIVE DENHAM SPRINGS, LA 70706 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| FONDATION DE L'HOPITAL DU SUROIT 150 RUE ST-THOMAS VALLEYFIELD, QUEBEC J6T-6C1 CA | NONE | PC | HEALTH & SOCIAL WELFARE | 20,000 |
| GALVESTON BAY FOUNDATION 21100 HERCULES AVE STE 200 HOUSTON, TX 77058 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| GARRISON FOREST SCHOOL 300 GARRISON FOREST ROAD OWINGS MILLS, MD 21117 | NONE | PC | MATCHING GIFTS | 100 |
| GEORGETOWN PREPARATORY SCHOOL 10900 ROCKVILLE PIKE NORTH BETHESDA, MD 20852 | NONE | PC | MATCHING GIFTS | 1,000 |
| GIRL SCOUTS OF CENTRAL MARYLAND INC 4806 SETON DRIVE BALTIMORE, MD 21215 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| Total ▶ 3a | | | | 710,130 |

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| 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> | | | | |
| GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NORTHWEST WASHINGTON, DC 20001 | NONE | PC | MATCHING GIFTS | 100 |
| GRASSROOTS CRISIS INTERVENTION CTR 6700 FREETOWN ROAD COLUMBIA, MD 21044 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| GREATER BATON ROUGE FOOD BANK 10600 S CHOCTAW DR BATON ROUGE, LA 70815 | NONE | PC | HEALTH & SOCIAL WELFARE | 10,610 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| GREATER BAYBOOK ALLIANCE INC 3430 2ND STREET BALTIMORE, MD 21225 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| HABITAT FOR HUMANITY SUSQUEHANNA 205 S HAYS STREET BEL AIR, MD 21014 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| HAMILTON COUNTY DEPARTMENT OF EDUCATION 3074 HICKORY VALLEY RD CHATTANOOGA, TN 37421 | NONE | PC | EDUCATION & SCIENCE | 6,500 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| HAVEN HOUSE834 CHICAGO STREET HAMMOND, IN 46327 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| HEARING AND SPEECH AGENCY 5900 METRO DRIVE BALTIMORE, MD 21215 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| HELP END HOMELESSNESS IN HOWARD 5410 LEAF TRADER WAY COLUMBIA, MD 21044 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| Total ▶ 3a | | | | 710,130 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
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| 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> | | | | |
| HELPING UP MISSION 1029 E BALTIMORE ST BALTIMORE, MD 21202 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| HOPEWELL CANCER SUPPORT INC PO BOX 755 BROOKLANDVILLE, MD 21022 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| HOPEWORKS OF HOWARD COUNTY INC 9770 PATUXENT WOODS DR STE 300 COLUMBIA, MD 21046 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| Total ▶ 3a | | | | 710,130 |

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|---|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| HORIZON DAY CAMP 8 MARKET PLACE STE 331 BALTIMORE, MD 21202 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| HOUSE OF RUTH2201 ARGONNE DRIVE BALTIMORE, MD 21218 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| HOWARD COMMUNITY COLLEGE EDUCATIONAL FOUNDATION 10901 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044 | NONE | PC | EDUCATION & SCIENCE | 10,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| HOWARD COUNTY CONSERVANCY PO BOX 175 WOODSTOCK, MD 21163 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| HOWARD COUNTY POLICE FOUNDATION 3420 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| HOWARD COUNTY PUBLIC SCHOOL SYSTEM 14025 BURNTWOODS RD GLENELG, MD 21737 | NONE | PC | EDUCATION & SCIENCE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
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| 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> | | | | |
| HOWARD HOSPITAL FOUNDATION 10760 HICKORY RIDGE RD STE 206 COLUMBIA, MD 21044 | NONE | PC | HEALTH & SOCIAL WELFARE | 45,000 |
| INSTITUTE OF NOTRE DAME 901 AISQUITH STREET BALTIMORE, MD 21202 | NONE | PC | EDUCATION & SCIENCE | 10,000 |
| JAMES AND ANNE ROBINSON FOUNDATION 6692 CEDAR LANE COLUMBIA, MD 21044 | NONE | PC | EDUCATION & SCIENCE | 2,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| JIM O'MALLEY CHARITABLE FOUNDATION 7001 BRIGHT MEMORY DR COLUMBIA, MD 21044 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| JOHN HOPKINS UNIVERSITY 750 EAST PRATT ST STE 700 BALTIMORE, MD 21222 | NONE | PC | MATCHING GIFTS | 500 |
| JOHNS HOPKINS CHILDREN'S CENTER 750 EAST PRATT ST STE 700 BALTIMORE, MD 21202 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| JUNIOR ACHIEVEMENT OF CENTRAL MD 10711 RED RUN BLVD OWINGS MILLS, MD 21117 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| JUNIOR ACHIEVEMENT OF GREATER BATON ROUGE & ARCADIANA 7809 JEFFERSON HWY BATON ROUGE, LA 70809 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| KARING IS DOING SOMETHING 8440 JEFFERSON HWY STE 301 BATON ROUGE, LA 70809 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| KEYSTONE SCIENCE SCHOOL 1053 SODA RIDGE ROAD KEYSTONE, CO 80435 | NONE | PC | EDUCATION & SCIENCE | 4,000 |
| KIDS PEACE7125 THOMAS EDISON DR COLUMBIA, MD 21046 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| LA PORTE BAYSHORE CHAMBER OF COMMERCE PO BOX 996 LA PORTE, TX 77572 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| LA PORTE EDUCATION FOUNDATION PO BOX 1272 LA PORTE, TX 77572 | NONE | PC | EDUCATION & SCIENCE | 1,500 |
| LIFE OF A SINGLE MOM 11613 NEWCASTLE AVENUE BATON ROUGE, LA 70816 | NONE | PC | HEALTH & SOCIAL WELFARE | 4,000 |
| LOUISIANA TECH UNIVERSITY FOUNDATION PO BOX 3183 RUSTON, LA 71272 | NONE | PC | EDUCATION & SCIENCE | 7,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| LOYOLA UNIVERSITY MARYLAND 4501 N CHARLES STREET BALTIMORE, MD 21210 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| MAKING DISCIPLES4022 VIOLET LANE MATTESON, IL 60443 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| MARIAN HOUSE949 GORSUCH AVENUE BALTIMORE, MD 21218 | NONE | PC | HEALTH & SOCIAL WELFARE | 8,985 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MARYLAND FAMILY NETWORK 1001 EASTERN AVE 2ND FLOOR BALTIMORE, MD 21202 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| MARYLAND FOOD BANK 2200 HALETHROPE FARMS RD BALTIMORE, MD 21227 | NONE | PC | HEALTH & SOCIAL WELFARE | 11,605 |
| MARYLAND SCIENCE CENTER 601 LIGHT STREET BALTIMORE, MD 21230 | NONE | PC | URBAN, CIVIC & CULTURE | 37,000 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MARYLAND STEM FESTIVAL 6110 TIMOTHY COURT COLUMBIA, MD 21044 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| MARYLAND VOLUNTEER LAWYERS SERVICE 201 N CHARLES STREET BALTIMORE, MD 21201 | NONE | PC | URBAN, CIVIC & CULTURE | 2,500 |
| MCNEESE STATE UNIVERSITY FOUNDATION PO BOX 91989 LAKE CHARLES, LA 70609 | NONE | PC | EDUCATION & SCIENCE | 7,000 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MDBIO FOUNDATION INC 9210 CORPORATE BLVD STE 470 ROCKVILLE, MD 20850 | NONE | PC | EDUCATION & SCIENCE | 5,000 |
| MEALS ON WHEELS OF CENTRAL MARYLAND 515 SOUTH HAVEN STREET BALTIMORE, MD 21224 | NONE | PC | HEALTH & SOCIAL WELFARE | 10,000 |
| MOUNT DE SALES ACADEMY 700 ACADEMY ROAD BALTIMORE, MD 21228 | NONE | PC | MATCHING GIFTS | 500 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| MSU FOUNDATION INCPO 6149 MISSISSIPPI STATE, MS 39762 | NONE | PC | MATCHING GIFTS | 1,000 |
| MUSCULAR DYSTROPHY ASSOCIATION 8501 LASALLE R 106 TOWSON, MD 21286 | NONE | PC | HEALTH & SOCIAL WELFARE | 100 |
| MY SISTER'S PLACE WOMEN'S CENTER 320 CATHEDRAL STREET BALTIMORE, MD 21201 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| NATIONAL AQUARIUM 501 E PRATT STREET BALTIMORE, MD 21201 | NONE | PC | URBAN, CIVIC & CULTURE | 10,000 |
| NAZARETH ACADEMY HIGH SCHOOL 4001 GRANT AVENUE PHILADELPHIA, PA 19114 | NONE | PC | MATCHING GIFTS | 100 |
| NEW SARPY ELEMENTARY SCHOOL 130 PLANTATION RD DESTREHAN, LA 70047 | NONE | PC | EDUCATION & SCIENCE | 2,000 |
| Total ▶ 3a | | | | 710,130 |

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> | | | | |
| NEW YORK UNIVERSITY 25 WEST 4TH ST 4TH FLOOR NEW YORK, NY 10012 | NONE | PC | MATCHING GIFTS | 2,000 |
| NORTHWESTERN UNIVERSITY 1201 DAVIS ST RM 1-400 EVANSTON, IL 60208 | NONE | PC | MATCHING GIFTS | 3,000 |
| OUR DAILY BREAD 1966 GREENSPRING DR STE 200 TIMONIUM, MD 21093 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,500 |
| Total ▶ 3a | | | | 710,130 |

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| 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 | | | | |
| PARALYZED VETERANS OF AMERICA 1725 DUKE ST STE 450 ALEXANDRIA, VA 22314 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| PARTNERS IN EXCELLENCE 320 CATHEDRAL STREET BALTIMORE, MD 21201 | NONE | PC | EDUCATION & SCIENCE | 10,000 |
| PAUL J KELLY JR CHARITABLE FOUND INC 6030 DAYBREAK CIRCLE STE A150 CLARKSVILLE, MD 21029 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| PENNSYLVANIA GOVERNOR'S SCHOOL FOR THE SCIENCES 161 WEST HILLS AVENUE WILLIAMSPORT, PA 17701 | NONE | PC | MATCHING GIFTS | 100 |
| PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DR STE 130 STATE COLLEGE, PA 16801 | NONE | PC | MATCHING GIFTS | 1,550 |
| PORT DISCOVERY CHILDREN'S MUSEUM 35 MARKET PLACE BALTIMORE, MD 21202 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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 | | | | |
| REGENTS OF THE UNIVERSITY OF CALIFORNIA 202 COUSTEAU PLACE STE 185 DAVIS, CA 95618 | NONE | PC | MATCHING GIFTS | 2,000 |
| RENSSELAER POLYTECHNIC INSTITUTE PO BOX 3164 BOSTON, MA 02241 | NONE | PC | MATCHING GIFTS | 1,200 |
| RUTH PATRICK SCIENCE EDUCATION CENTER 427 SCHOLAR LOOP AIKEN, SC 29801 | NONE | PC | EDUCATION & SCIENCE | 3,000 |
| Total ▶ 3a | | | | 710,130 |

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| 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> | | | | |
| SALVATION ARMYPO BOX 15467 BATON ROUGE, LA 70895 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| SCHOLARSHIP AMERICA FIRST NATIONAL BANK P O BOX 240 ST PETER, MN 56082 | NONE | PC | SCHOLARSHIPS - EDUCATION AND SCIENCE | 54,000 |
| SHARE OUR STRENGTHPO BOX 75203 BALTIMORE, MD 21275 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,415 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| SISKIN CHILDREN'S INSTITUTE 1101 CARTER STREET CHATTANOOGA, TN 37402 | NONE | PC | HEALTH & SOCIAL WELFARE | 4,500 |
| SISTERS CIRCLE INCPO BOX 84 TIMONIUM, MD 21094 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| SOWELA TECHNICAL COMMUNITY COLLEGE 3820 SEN J BENNETT JOHNSON AVE LAKE CHARLES, LA 70615 | NONE | PC | EDUCATION & SCIENCE | 3,000 |
| Total ▶ 3a | | | | 710,130 |

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|--|---|--------------------------------|----------------------------------|---------|
| 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> | | | | |
| ST CHARLES PARISH SCHOOL DISTRICT 285 JUDGE EDWARD DUFRESNE PKWY LULING, LA 70070 | NONE | PC | EDUCATION & SCIENCE | 1,000 |
| ST JOSEPH CARMELITE HOME FOR GIRLS 4840 GRASSELLI STREET EAST CHICAGO, IN 46312 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,000 |
| STEAM FORWARD US 8171 MAPLE LAWN BLVD FULTON, MD 20759 | NONE | PC | EDUCATION & SCIENCE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a <i>Paid during the year</i> | | | | |
| STELLA MARIS INC 2300 DULANEY VALLEY ROAD TIMONIUM, MD 21093 | NONE | PC | HEALTH & SOCIAL WELFARE | 2,750 |
| SUSAN G KOMEN BREAST CANCER FDTN NEW ORLEANS 4141 VETERANS MEMORIAL BLVD STE 202 METAIRIE, LA 70002 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| TENNESSEE AQUARIUM ONE BROAD STREET CHATTANOOGA, TN 37402 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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> | | | | |
| TEXAS CONSERVATION FUND PO BOX 58405 HOUSTON, TX 77258 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| THE ARC IBERVILLE PO BOX 264 PALAQUEMINE, LA 70765 | NONE | PC | HEALTH & SOCIAL WELFARE | 3,000 |
| THE ARC OF HOWARD COUNTY 11735 HOMEWOOD ROAD ELLCOTT CITY, MD 21042 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| Total ▶ 3a | | | | 710,130 |

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| Name and address (home or business) | | | | |
| a Paid during the year | | | | |
| THE HOSPICE OF BATON ROUGE 3600 FLORIDA ROAD BATON ROUGE, LA 70806 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| THE LORETTA WARFIELD ASSOCIATION PO BOX 11933 GWYNN OAK, MD 21207 | NONE | PC | HEALTH & SOCIAL WELFARE | 5,000 |
| THE PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802 | NONE | PC | MATCHING GIFTS | 250 |
| Total ▶ 3a | | | | 710,130 |

| 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 REGENTS OF THE UNIVERSITY OF MICHIGAN DEPT CH 10189 PALATINE, IL 60055 | NONE | PC | MATCHING GIFTS | 3,000 |
| THE SEED SCHOOL OF MARYLAND 200 FONT HILL AVENUE BALTIMORE, MD 21223 | NONE | PC | EDUCATION & SCIENCE | 1,000 |
| THE SERENITY CENTER INC 9650 BASKET RING ROAD COLUMBIA, MD 21045 | NONE | PC | HEALTH & SOCIAL WELFARE | 10,000 |
| Total ▶ 3a | | | | 710,130 |

| 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 WHITE MOUNTAIN SCHOOL 371 WEST FARM ROAD BETHLEHEM, NJ 03574 | NONE | PC | MATCHING GIFTS | 3,000 |
| TOWSON UNIVERSITY FOUNDATION 8000 YORK ROAD TOWSON, MD 21252 | NONE | PC | MATCHING GIFTS | 3,000 |
| TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543 | NONE | PC | MATCHING GIFTS | 1,000 |
| Total ▶ 3a | | | | 710,130 |


| 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> | | | | |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2929 WALNUT ST SUITE 300 PHILADELPHIA, PA 19104 | NONE | PC | MATCHING GIFTS | 3,000 |
| UMD LAW MARYLAND PUBLIC INTEREST LAW PROJECT 500 WEST BALTIMORE STREET BALTIMORE, MD 21201 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| UNITED WAYPO BOX 933875 ATLANTA, GA 31193 | NONE | PC | UNITED FUNDS/COMMUNITY CHESTS | 67,249 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| UNIVERSITY OF BUFFALO FOUNDATION INC PO BOX 900 BUFFALO, NY 14226 | NONE | PC | MATCHING GIFTS | 1,500 |
| UNIVERSITY OF FLORIDA FOUNDATION PO BOX 14425 GAINESVILLE, FL 32604 | NONE | PC | MATCHING GIFTS | 100 |
| UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION 4603 CALVERT ROAD COLLEGE PARK, MD 20742 | NONE | PC | EDUCATION & SCIENCE | 2,500 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| UNIVERSITY OF MARYLAND COLLEGE PARK 8228 PAINT BRANCH DR COLLEGE PARK, MD 20742 | NONE | PC | MATCHING GIFTS | 1,500 |
| UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556 | NONE | PC | MATCHING GIFTS | 550 |
| UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET STE 300 PHILADELPHIA, PA 19104 | NONE | PC | MATCHING GIFTS | 4,000 |
| Total ▶ 3a | | | | 710,130 |

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> | | | | |
| VOLUNTEER CENTRAL INC 1201 S SHARP STREET BALTIMORE, MD 21230 | NONE | PC | URBAN, CIVIC & CULTURE | 1,000 |
| VOLUNTEER CENTRAL INCPO BOX 100 ALBANY, OR 97321 | NONE | PC | HEALTH & SOCIAL WELFARE | 1,000 |
| WORLD TRADE CENTER INSTITUTE 401 EAST PRATT ST STE 232 BALTIMORE, MD 21202 | NONE | PC | URBAN, CIVIC & CULTURE | 5,000 |
| Total ▶ 3a | | | | 710,130 |

| 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> | | | | |
| WVU FOUNDATION INCPO BOX 1650 MORGANTOWN, WV 26507 | NONE | PC | MATCHING GIFTS | 1,500 |
| Total  3a | | | | 710,130 |

TY 2019 Accounting Fees Schedule**Name:** WR GRACE FOUNDATION INC**EIN:** 65-0630671

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 3,310 | 0 | 0 | 0 |

TY 2019 General Explanation Attachment**Name:** WR GRACE FOUNDATION INC**EIN:** 65-0630671**General Explanation Attachment**

| Identifier | Return Reference | Explanation | |
|------------|---------------------------------------|-------------------------|---|
| 1 | GRANT DISBURSEMENTS BY CATEGORY | FORM 990-PF, PART XV | HEALTH, SCIENCE AND SOCIAL WELFARE \$278,581 EDUCATION 204,000 URBAN, CIVIC AND CULTURE 123,000 UNITED FUNDS/COMMUNITY CHESTS 67,249 MATCHING GIFT CHECKS 37,300 -----TOTAL GRANTS AS OF DECEMBER 31, 2019 \$710,130 ===== |

General Explanation Attachment

| Identifier | Return Reference | Explanation | |
|------------|-------------------------------------|----------------------------------|---|
| 2 | COMPENSATION TO DISQUALIFIED PERSON | FORM 990-PF, PART VII-B, LINE 1B | THE ORGANIZATION PAID PONTON FOR ADMINISTRATIVE SERVICES PROVIDED BY SHIRLEY HEWITT, A DISQUALIFIED PERSON. SUCH PAYMENTS ARE CONSIDERED REASONABLE AND NECESSARY TO CARRY OUT THE EXEMPT PURPOSE OF W.R. GRACE FOUNDATION. |

TY 2019 Other Expenses Schedule**Name:** WR GRACE FOUNDATION INC**EIN:** 65-0630671**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------------|--------------------------------------|--------------------------|------------------------|---|
| BANK FEES | 585 | 0 | 0 | 0 |
| SCHOLARSHIP AMERICA | 5,615 | 0 | 0 | 5,615 |
| WEBSITE FEES | 14,500 | 0 | 0 | 14,500 |
| CHECK PRINTING FEES | 121 | 0 | 0 | 0 |
| GOLF TOURNAMENT DIRECT EXPENSES | 14,373 | 0 | 14,373 | 0 |

TY 2019 Other Income Schedule

Name: WR GRACE FOUNDATION INC

EIN: 65-0630671

Other Income Schedule

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|--|-----------------------------------|--------------------------|---------------------|
| GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS | 14,373 | | 14,373 |

| | | |
|--|---|---|
| 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 <u>www.irs.gov/Form990</u> for the latest information. | OMB No. 1545-0047 |
| | | 2019 |
| Name of the organization WR GRACE FOUNDATION INC | | Employer identification number 65-0630671 |

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
WR GRACE FOUNDATION INC

Employer identification number
65-0630671

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 | WR GRACE 7500 GRACE DRIVE COLUMBIA, MD 21044 | \$ 808,530 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 2 | ALBERMARLE FOUNDATION 4250 CONGRESS STREET STE 900 CHARLOTTE, NC 28209 | \$ 10,000 | <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.) |

| | |
|---|--|
| Name of organization WR GRACE FOUNDATION INC | Employer identification number 65-0630671 |
|---|--|

| 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 |
| - | _____ _____ _____ | _____ \$ | _____ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | _____ _____ _____ | _____ \$ | _____ |

65-0630671

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.

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