

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

Name of foundation QUAIL ROOST FOUNDATION		A Employer identification number 76-0754268	
Number and street (or P.O. box number if mail is not delivered to street address) 150 N RADNOR CHESTER RD STE A110		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code RADNOR, PA 19087		B Telephone number (see instructions) (575) 770-8247	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 4,353,383	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

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 <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	21,858	21,858	21,858	
	4 Dividends and interest from securities	77,242	77,242	77,242	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	82,343			
	b Gross sales price for all assets on line 6a _____ 959,762				
	7 Capital gain net income (from Part IV, line 2)		82,343		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	181,443	181,443	99,100	
	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)	4,800	2,400		2,400
	c Other professional fees (attach schedule)	66,234	38,425		27,809
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	8,152			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	9,096	910		8,186
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,192	241		5,950
	24 Total operating and administrative expenses. Add lines 13 through 23	94,474	41,976		44,345
	25 Contributions, gifts, grants paid	204,000			204,000
	26 Total expenses and disbursements. Add lines 24 and 25	298,474	41,976		248,345
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-117,031			
	b Net investment income (if negative, enter -0-)		139,467		
	c Adjusted net income (if negative, enter -0-)			99,100	

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			
	2 Savings and temporary cash investments	131,468	93,612	93,612
	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)	456,902	479,156	490,219
	b Investments—corporate stock (attach schedule)	2,044,892	1,899,069	2,499,563
	c Investments—corporate bonds (attach schedule)	1,210,420	1,253,175	1,268,350
	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 ▶ _____)		1,639	1,639	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	3,843,682	3,726,651	4,353,383	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
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			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	3,843,682	3,726,651	
	29 Total net assets or fund balances (see instructions)	3,843,682	3,726,651	
30 Total liabilities and net assets/fund balances (see instructions) .	3,843,682	3,726,651		

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	3,843,682
2 Enter amount from Part I, line 27a	2	-117,031
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	3,726,651
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	3,726,651

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.)
1 a PUBLICLY TRADED SECURITIES	P		
b PUBLICLY TRADED SECURITIES	P		
c			
d			
e			

(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 378,987		384,889	-5,902
b 556,620		492,530	64,090
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			-5,902
b			64,090
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	82,343
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	244,592	4,199,915	0.058237
2017	284,732	4,224,369	0.067402
2016	431,935	4,162,765	0.103762
2015	344,599	4,628,408	0.074453
2014	342,303	4,871,367	0.070268

2 Total of line 1, column (d)	2	0.374122
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	0.074824
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	4,146,876
5 Multiply line 4 by line 3	5	310,286
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,395
7 Add lines 5 and 6	7	311,681
8 Enter qualifying distributions from Part XII, line 4	8	248,345

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	2,789
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	
3	Add lines 1 and 2.	3	2,789
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	2,789
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	6,376
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	6,376
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	3,587
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 3,587 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?		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>		No
c Did the foundation file Form 1120-POL for this year?		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>		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>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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>		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?	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>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NM		
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>	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>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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>QUAILROOSTFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>PEMBROKE PHILANTHROPY ADVISORS</u> Telephone no. ► <u>(610) 896-3868</u>			

Located at ► 150 N RADNOR CHESTER RD STE A110 RADNOR PAZIP+4 ► 19087

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.**

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(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		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	No
	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 checked="" 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. ▶

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.		

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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

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	4,099,838
b	Average of monthly cash balances.	1b	110,188
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,210,026
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	4,210,026
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	63,150
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,146,876
6	Minimum investment return. Enter 5% of line 5.	6	207,344

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	207,344
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	2,789
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	2,789
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	204,555
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	204,555
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	204,555

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	248,345
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:		
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	248,345
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	248,345

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				204,555
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 103,839				
b From 2015. 113,981				
c From 2016. 224,577				
d From 2017. 78,113				
e From 2018. 40,972				
f Total of lines 3a through e.	561,482			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 248,345				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				204,555
e Remaining amount distributed out of corpus	43,790			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	605,272			
b 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.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
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).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	103,839			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	501,433			
10 Analysis of line 9:				
a Excess from 2015. 113,981				
b Excess from 2016. 224,577				
c Excess from 2017. 78,113				
d Excess from 2018. 40,972				
e Excess from 2019. 43,790				

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

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

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

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	204,000
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2020-10-13	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☐ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRED L DOERR CPA		2020-10-13		P00071010
	Firm's name ▶ PURVIS GRAY & COMPANY LLP				Firm's EIN ▶ 59-0548468
	Firm's address ▶ 2347 SE 17TH STREET OCALA, FL 34471				Phone no. (352) 732-3872

Form 990FP 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
FRED DOERR	TRUSTEE 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
JEFF SANDERS	TRUSTEE 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
MEHDI SHELHAMER	VICE-CHAIR 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
H'KRIH SHELHAMER	SECRETARY 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
CAROL WHITE	TRUSTEE 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
HA WHITE	CHAIRMAN 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
SANJAY POOVADAN	TRUSTEE 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
KIM SCHUMM	TRUSTEE 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				
AIMEE SCHUMM	TREASURER 1.00	0	0	0
150 N RADNOR CHESTER ROAD STE A110 RADNOR, PA 19087				

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 SKY FUNDPO BOX 8108 RICHMOND, VA 23223		PC	GENERAL OPERATING SUPPORT	3,000
BRIDGES PROJECT FOR EDUCATION PO BOX 308 TAOS, NM 87571		PC	GENERAL OPERATING SUPPORT	4,000
BURMA HUMANITARIAN MISSION 2985 S 800 E SALT LAKE CITY, UT 84106		PC	BACKPACK HEALTHCARE WORKERS IN BURMA	5,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMBODIA CORPSINC 411 W WASHINGTON ALPENA, MI 49707		PC	SECONDARY SCHOOL SUPPORT	5,000
CARBONFUND ORG853 MAIN STREET EAST AURORA, NY 14052		PC	GENERAL OPERATING SUPPORT	1,250
COLORADO PET PANTRYPO BOX 323 BOULDER, CO 80306		PC	GENERAL OPERATING SUPPORT	3,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLORADO SPRINGS FOOD RESCUE 917 E MORENO AVENUE SUIT COLORADO SPRINGS, CO 80903		PC	GENERAL OPERATING SUPPORT	1,000
EPISCOPAL DIOCESE OF THE RIO GRANDE 5794 NDCBU TAOS, NM 87571		PC	COMMON GROUNDS - BUILDING CODE UPGRA	3,000
COMMUNITY FOUNDATION OCALA MARION C 116 S MAGNOLIA AVE SUITE OCALA, FL 34471		PC	HORSE COUNTRY PROTECTION PROGRAM	4,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONCRETE COUCH 214 E VERMIJO AVENUE SANTA FE, NM 87501		PC	SCIENCE EDUCATION 101 FUN	2,000
CREATIVITY FOR PEACE 369 MONTEZUMA AVENUE NO SANTA FE, NM 87501		PC	GENERAL OPERATING SUPPORT	5,000
THE DANIELS HAMANT FOUNDATION 1427 WILLIAM STREET RIVER FOREST, IL 60305		PF	WOMENS HEALTH INITIATIVE	4,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DREAM TREE PROJECT128 LA POSTA RD TAOS, NM 87571		PC	GENERAL OPERATING SUPPORT	2,000
CIMARRON MUNICIPAL SCHOOLS PO BOX 96 EAGLES NEST, NM 87718		PC	EAGLE NEST SCHOOL'S BARN PROGRAM	2,000
EDUCATIONAL EMPOWERMENT 328 WYATT WAY NE BAINBRIDGE ISLAND, WA 98110		PC	BOOKS FOR BURMA	4,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EDUCATIONAL EMPOWERMENT 328 WYATT WAY NE BAINBRIDGE ISLAND, WA 98110		PC	GENERAL OPERATING SUPPORT	1,000
EQUINE SPIRIT SANCTUARY 13 LOS CABALLOS ROAD RANCHOS DE TAOS, NM 87557		PC	GENERAL OPERATING SUPPORT	4,000
FLATHEAD LAND TRUST INC 690 N MERIDIAN SUITE 207 KALISPELL, MT 59901		PC	CONSERVING A LEGACY FOR THE FLATHEAD	3,500
Total ▶ 3a				204,000

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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>				
FLORIDA THOROUGHBRED CHARITIES INC 801 SW 60TH AVE OCALA, FL 34474		PC	SCHOLARHIP PROGRAM	11,000
HAND IN HANDPO BOX 80102 PORTLAND, OR 97280		PC	GENERAL OPERATING SUPPORT	5,000
HISPANIC RESOURCES INCPO BOX 193 GREENFIELD, MA 01302		PC	VOICES FROM THE INSIDE	1,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HORSE PROTECTION ASSOCIATION OF FLO 20690 NW 130TH AVENUE MICANOPY, FL 32667		PC	GENERAL OPERATING SUPPORT	2,000
HORSES N HEROES OF MARION COUNTY I 12680 N US HWY 441 CITRA, FL 32113		PC	GENERAL OPERATING SUPPORT	3,000
HORSES N HEROES OF MARION COUNTY I 12680 N US HWY 441 CITRA, FL 32113		PC	GENERAL OPERATING SUPPORT	2,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOUSING RESOURCES BAINBRIDGE 730 ERICKSEN AVE NE BAINBRIDGE ISLAND, WA 98110		PC	GENERAL OPERATING SUPPORT	4,500
HUERFANO COUNTY YOUTH SERVICES 513 MAIN ST WALSENBURG, CO 81089		PC	HUERFANO COUNTY YOUTH SERVICES	2,000
INSTITUTE FOR PEACE STUDIES 1511 POLY DRIVE BILLINGS, MT 59102		PC	INSTITUTE FOR PEACH STUDIES	5,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL CLEFT CARE PROJECT PO BOX 23143 ST LOUIS, MO 63155		PC	CLEFT MISSION TO QUY NHON, VIET NAM	5,000
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET 11T NEW YORK, NY 10168		PC	SYRIAN REFUGEE RELIEF	7,000
ISLAND VOLUNTEER CAREGIVERS PO BOX 11253 BAINBRIDGE ISLAND, WA 98110		PC	GENERAL OPERATING SUPPORT	1,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ISLANDWOOD4450 BLAKELY AVE NE BAINBRIDGE ISLAND, WA 98110		PC	GRADUATE PROGRAM SCHOLARSHIPS	1,000
KATERI TEKAKWITHA MISSION FUND PO BOX 906 PACIFICA, CA 94044		PC	GENERAL OPERATING SUPPORT	4,000
LOCALOGYHC 81 BOX 41 QUESTA, NM 87556		PC	GENERAL OPERATING SUPPORT	2,000
Total ▶ 3a				204,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MENNONITE CENTRAL COMMITTEE US 21 SOUTH 12TH ST PO BOX AKRON, PA 17501		PC	ORPHAN CHILDREN IN HOMES, SYRIA	2,000
MERCYCORPS45 SW ANKENY ST PORTLAND, OR 97204		PC	HURRICAN DORIAN - BAHAMAS RELIEF	5,000
NEW MEXICO WILDLIFE CENTER PO BOX 246 ESPANOLA, NM 87532		PC	GENERAL OPERATING SUPPORT	2,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NGUYEN NGA CENTER 884 TRAN HUNG DAO QUY NHON CITY, BINH DINH VM		NC	GENERAL OPERATING SUPPORT	6,000
ONE CALL FOR ALLPO BOX 10487 BAINBRIDGE ISLAND, WA 98110		PC	GENERAL OPERATING SUPPORT	2,000
ONE WORLD-ONE HEART FOUNDATION INC PO BOX 1840 RANCHOS DE TAOS, NM 87557		PC	NEPAL MEDICAL CAMPS	5,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PHOENIX MULTISPORT INC 2239 CHAMPA ST DENVER, CO 80205		PC	COLORADO SPRNGSS CHAPTER - GEN OPER	1,000
PLANNED PARENTHOOL FEDERATION OF AM 123 WILLIAMS STREET FLOO NEW YORK, NY 10038		PC	GENERAL OPERATING SUPPORT	4,000
PUGET SOUND RESTORATION FUND 382 WYATT WAY NE BAINBRIDGE ISLAND, WA 98110		PC	GENERAL OPERATING SUPPORT	4,000
Total ▶ 3a				204,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REFUGEE & IMMIGRANT CENTER FOR EDUC 5121 CRESTWAY DRIVE 105 SAN ANTONIO, TX 78239		PC	FAMILIES TOGETHER FUND	4,000
SALAAM CULTURAL CENTER 3806 WHITMAN AVE N SEATTLE, WA 98103		PC	SKILL TRAINING AND EMPOWERMENT PROGR	3,000
SCHOOLS FOR SALONEPO BOX 25314 SEATTLE, WA 98165		PC	GENERAL OPERATING SUPPORT	3,000
Total ▶ 3a				204,000

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED METHODIST CHURCH PO BOX 1302 EL PRADO, NM 87529		PC	SHARED TABLE PROJECT	3,000
SHUARHANDS INCPO BOX 1411 PINE VALLEY, CA 91962		PC	COMMUNITY GARDEN/PROTEIN PROJECT	2,500
STIRRUPS 'N STRIDES THERAPEUTIC RID 4246 W HWY 318 CITRA, FL 32113		PC	GENERAL OPERATING SUPPORT	3,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
STUMPTOWN ART STUDIO 145 CENTRAL AVENUE WHITEFISH, MT 59937		PC	GENERAL OPERATING SUPPORT	1,000
SUSTAINABLE BEREAA199 ADAMS BEREA, KY 40403		PC	5250 GEN SUP 3,000 USDA MATCH	5,250
TALPA COMMUNITY CENTER ASSOCIATION 4 ARCHULETA RD RANCHOS DE TAOS, NM 87557		PC	GENERAL OPERATING SUPPORT	3,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TAOS ELDERS AND NEIGHBORS TOGETHER PO BOX 3561 TAOS, NM 87571		PC	GENERAL OPERATING SUPPORT	3,000
TAOS HEALTH SYSTEMS INC 413 SIPAPU STREET TAOS, NM 87571		PC	CANCER SUPPORT SERVICES	4,000
T'RUAH266 WEST 37TH STREET SUI NEW YORK, NY 10018		PC	GENERAL OPERATING SUPPORT	5,000
Total ▶ 3a				204,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF NEW MEXICO-TAOS 1157 COUNTY ROAD 110 RANCHOS DE TAOS, NM 87571		PC	QUAIL ROOST SCHOLARSHIP FUND	11,000
VIOLENCE FREE CRISIS LINE PO BOX 1401 KALISPELL, MT 59903		PC	GENERAL OPERATING SUPPORT	1,000
WINDHORSE SANCTUARY 597 NE RIDGE LOOP MADISON, FL 32340		PF	GENERAL OPERATING SUPPORT	6,000
Total ▶ 3a				204,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUTH HEARTLINE 224 CRUZ ALTA RD SUITE F TAOS, NM 87571		PC	SMART HOUSE (NEIGHBORHOOD ARTS PROJ)	3,000
Total  3a				204,000

TY 2019 Accounting Fees Schedule**Name:** QUAIL ROOST FOUNDATION**EIN:** 76-0754268

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,800	2,400		2,400

TY 2019 Investments Corporate Bonds Schedule

Name: QUAIL ROOST FOUNDATION

EIN: 76-0754268

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ACCESS CAPITAL COMMUNITY	79,784	76,915
CALVERT IMPACT CAPI	67,000	66,960
CALVERY GREEN BD FD I	99,098	105,075
CALVERT HIGH YIELD BD FD	116,763	121,189
CALVERYT SHORT DURATION	138,553	141,139
CRA QUALIFIED INVESTMENT	104,436	102,281
PRAXIS IMPACT	79,173	83,726
SIT US GOVE SEC FUND	59,380	60,539
TEMPLETON GLOBAL BOND	79,173	71,695
TIAA CREF SOCIAL CHOICE	117,318	120,110
BANK OF AMERICA	15,775	16,055
CITIGROUP INC	9,647	10,161
COMCAST CORPORATION	20,572	20,519
A T & T INC	10,522	10,836
MORGAN STANLEY	5,270	5,222
JOHN DEERE CAPIT		
XCEL ENERGY INC 4.7%20		
UNITEDHEALTH CORP	10,161	10,114
CSX CORPORATION		
HOME DEPOT	15,222	15,296

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
JP MORGAN CHASE	15,274	15,853
LOWES COMPANIES	14,120	15,104
MERCK & CO INC	15,456	15,209
MEDTRONIC INC	8,210	8,225
NIKE	9,587	10,163
PEPSICO INCORPOR		
PRUDENTIAL FINANC	10,268	10,629
SCHLUMBERGER IN		
TORONTO-DOMINION		
THE GOLDMAN SACHS	5,030	5,066
WESTPAC BANKING		
VERIZON COMMUNIC	11,067	11,086
CVS HEALTH CORP	9,987	10,718
DEERE & CO	10,124	10,161
ABBVIE INC	5,023	5,099
THE BANK OF NEW	5,016	5,132
APPLE	10,073	10,268
PNC FINL SVCS GRO	10,217	10,496
CATERPILLAR	5,203	5,162
WASTE MANAGEMENT	5,193	5,157

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AMERICAN EXPRESS	5,076	5,052
SIMON PROPERTY GROU	5,008	4,929
MICROSOFT CORP	15,477	15,503
STATE STREET CORP	10,058	10,012
NOVARTIS	10,551	10,478
U.S. BANCORP	14,243	15,036
ANTHEM, INC	5,019	5,273
UNITED PARCEL SER	10,048	10,707

TY 2019 Investments Corporate Stock Schedule

Name: QUAIL ROOST FOUNDATION
 EIN: 76-0754268

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AB SUSTAINABLE GLOBAL	43,042	44,615
CALVERT EMRG MKTS EQTY	39,586	40,541
CALVERT GLOBAL WATER FD	63,759	73,884
CALVERT INT'L OPPTY FD I	37,727	55,487
CALVERT SMALL CAP FD	41,961	44,532
DOMINI INTL SOCIAL EQTY	105,242	103,918
PARNASSUS CORE EQTY INCOME	93,896	172,316
PARNASSUS ENDEAVOR FD	108,165	149,092
PARNASSUS MID CAP FUND	40,525	66,520
PAX WORLD GLOBAL ENVIRONMENTL	72,906	105,723
PAX WORLD SMALL CAP INST	51,592	53,787
TIAA CREF SOCIAL CHOICE	152,992	162,273
WALDEN SMID CAP FDQ	64,418	67,697
INVESCO KBW PREMIUM	39,452	36,016
ISHARES US PREFERRED	64,145	61,159
VANICK VECTORS BDC	39,444	40,351
A T & T	8,336	9,418
ADOBE SYSTEMS	3,041	13,852
AFLAC	17,401	23,117
AGILENT TECHNOLOGIES	4,462	4,948
AIR PRODUCT & CHEMICAL	10,471	16,919
ALPHABET INC	24,563	48,218
AMAZON COM INC	10,779	36,957
AMERICAN EXPRESS CO	11,883	16,806
AMERICAN WATER WORKS	17,468	24,324
AMERIPRISE	4,451	4,664
AMGEN INCORPORATED	17,145	29,652
APPLE	20,561	60,786
BANK OF AMERICA CORP	4,581	13,313
BANK OF NY MELLON CP		

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BAXTER INTERNTNL	10,317	12,543
BECTON DICKSON & CO	2,694	6,255
BIOGEN INC	6,718	6,825
BRIGHT HORIZON FAM	3,262	5,561
BROADCOM	4,415	4,424
CA WATER SERVICE GRP	8,787	10,157
CARDINAL HEALTH	6,743	6,323
CATERPILLAR	4,389	4,430
CBRE GROUP	10,439	11,523
CERNER CORP	4,785	5,431
CHARLES SCHWAB CORP	4,448	4,851
CHIPOTLE	6,988	10,045
CHURCH & DWIGHT CO INC	11,990	16,600
CISCO SYSTEMS INC	4,518	8,105
CITIGROUP INC	6,205	6,551
COMCAST CORP NEW CL A	9,765	13,176
COSTCO WHOLESALE CO	4,843	6,172
CUMMINS INC	11,876	13,243
CVS HEALTH CORP		
DECKERS OUTDOOR CORP	4,680	8,612
DISCOVERY INC	4,463	4,682
EMERSON ELECTRIC CO	4,528	4,652
ESTEE LAUDERCO INC	4,136	6,816
EXPEDITORS INTL WASH	5,337	6,008
FACEBOOK INC	3,853	4,721
FEDEX CORP		
FIDELITY NATL INFO		
GLAXOSMITHKLINE PLC F		
HAEMONETICE CORP	5,104	9,996
HOME DEPOT INC	4,562	10,482

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
HOST HOTELS & RESORT		
ILLINOIS TOOL WORKS	15,799	22,813
INGERSOLL RAND PLC	9,683	12,627
INTEL CORP	13,536	26,813
J M SMUCKER CO	4,453	4,269
J P MORGAN CHASE & CO	16,187	35,686
JOHNSON & JOHNSON	9,576	12,837
JOHNSON CONTROLS INTER F	8,899	8,549
KIMBERLY-CLARK CORP	9,389	10,041
MASTERCARD INC	8,783	20,006
MICROSOFT CORP	17,635	61,818
NETFLIX	4,378	4,854
NIKE	4,414	4,964
NOVARTIS		
NUCOR CORP	4,503	4,559
ORACLE CORPORATION	11,728	14,834
ONC FINL SERVICES	4,659	5,587
PROCTOR & GAMBLE	21,245	29,102
S&P GLOBAL INC	4,326	4,642
SONOCO PRODUCTS CO	9,617	10,677
STARBUCKS CORP	17,122	23,123
STATE STREET CORP	9,035	13,447
SVB FINL GROUP		
SYSKO CORPORATION	4,396	4,705
T C F FINL CORP		
TEXAS INSTRUMENTS INC	3,332	8,852
THERMO FISHER	14,795	20,792
TIFFANY & CO		
TRAVELERS	8,175	9,587
UNILEVER N V	3,429	3,907

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
UNION PACIFIC CORP	14,797	22,599
UNITED HEALTH GROUP	7,207	24,400
VERIZON	7,234	9,456
VERTEX PHARM		
VISA INC	9,626	13,717
WALT DISNEY	6,188	8,822
WW GRAINGER INC		
3M COMPANY		
ISHARES MSCI EAFE ESG	138,565	140,092
ISHARES MSCI EM ESG	56,230	54,255
NUVEEN SHARES ESG SMALL CAP	28,152	31,160
AMERICAN TOWER CORP	7,796	12,640
PROLOGIS INC	10,341	14,262

TY 2019 Investments Government Obligations Schedule**Name:** QUAIL ROOST FOUNDATION**EIN:** 76-0754268**US Government Securities - End
of Year Book Value:**

313,741

**US Government Securities - End
of Year Fair Market Value:**

320,842

**State & Local Government
Securities - End of Year Book
Value:**

165,415

**State & Local Government
Securities - End of Year Fair
Market Value:**

169,377

TY 2019 Other Assets Schedule**Name:** QUAIL ROOST FOUNDATION**EIN:** 76-0754268**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST PAID		1,639	1,639

TY 2019 Other Expenses Schedule**Name:** QUAIL ROOST FOUNDATION**EIN:** 76-0754268**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DUES/SUBS	3,212			3,212
INSURANCE	675			675
GIFTS	1,072			1,072
BANK CHARGES	71	71		
WEBSITE	480			480
OFFICE EXPENSE	682	170		511

TY 2019 Other Professional Fees Schedule**Name:** QUAIL ROOST FOUNDATION**EIN:** 76-0754268

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANTS	30,900	3,091		27,809
NICS INVESTMENT MGMT FEES	14,294	14,294		
HORIZON SCHWAB INVEST FEES	21,040	21,040		

TY 2019 Taxes Schedule**Name:** QUAIL ROOST FOUNDATION**EIN:** 76-0754268

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	8,152			

STATEMENT REQUIRED BY REG. 53.4945-5(d)
INFORMATION WITH RESPECT TO EXPENDITURE RESPONSIBILITY GRANTS

Grantee Name	Grantee Address	Purpose of Grant	Date Grant Paid	Grant Amt Paid	Amt Expended	Date(s) of Report(s) on File	Amount Diverted from Grant purposes (if any)	Verification of grantee reports	Notes
Windhorse Sanctuary	598 NE Ridge Loop, Madison, FL 32340	General Operating Support	7/29/2019	6,000	6,000	2/21/2020	0	No, no reason to doubt accuracy or reliability	Primarily spent on feed and hay, with the remainder spent on veterinary care, medications and equipment repair.
Daniels Hamant Foundation	1427 William St., River Forest, IL 60305	Centro Medico Humberto Parra	7/29/2019	4,000	4,000	9/20/2020	0	No, no reason to doubt accuracy or reliability	Grant funds were specifically applied to costs for Women's Health (mainly pap smears and contraceptives, and education)

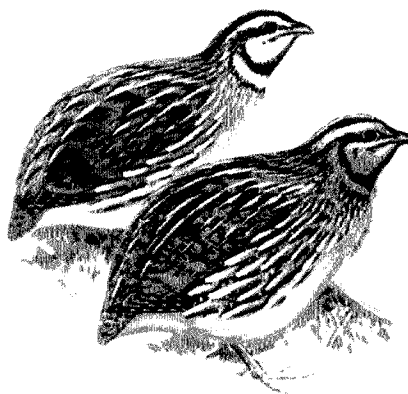
The Quail Roost Foundation

150 N. Radnor Chester Rd, Suite A110

Radnor, PA 19087

610/896-3868

www.quailroostfoundation.org



GRANT REPORT COVER SHEET

A Grant Report is due to the Quail Roost Foundation twelve months after the receipt of a grant or by the due date listed in the award letter, whichever is earlier.

E-mail your report to Sue Hone, Grants Manager at shone@quailroostfoundation.org

Please attach this sheet to your report.

Organization: Windhorse Sanctuary

Address: 597 NE Ridge Loop, Madison, FL 32340

Date grant was received (month and year): July, 2019

Purpose of grant/ Project name: General purpose

Amount awarded: \$ 6,000

→ Briefly report on the following:

1. Describe the activities supported by the grant.
2. What constituency did you serve, and how many benefited from your activities?
3. What were your goals? Describe if and how you achieved them.
4. Do you anticipate continuing the work that was supported by this grant?

→ Please provide an accounting of the use of the grant funds.

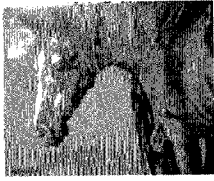
Submitted by:

Name & Title Bobbie Burnes, Vice President/Director
Date: 2/21/2020

Telephone: _352-558-4158

_____ Fax: _____ Email: bb4windhorse@aol.com

WINDHORSE SANCTUARY



597 NE Ridge Loop

Madison, FL 32340

www.windhorsesanctuary.org

352/558-4158

a home for life for abused and displaced horses, dogs and cats

February 21, 2020

Quail Roost Foundation 2019 Grant Report Addendum

Windhorse Sanctuary greatly appreciates the continued support of our friends at Quail Roost Foundation. We have provided a home for life to unwanted special-needs animals for over 20 years and the demand shows no sign of slowing down. We are currently caring for 48 horses, 25 dogs, 8 cats and a potbellied pig. Sadly, we are at our maximum capacity and must turn down animals in need on a daily basis. Our goal is to continue to provide a high level of care for these animals, most of whom are seniors and to provide a safe and caring environment for them to spend their last days in peace and dignity.

Windhorse Sanctuary assists private individuals, law enforcement and animal services throughout the state of Florida by request. This year we were contacted about a farm in Sarasota whose owner had a tragic accident. As it turns out, we knew the owner when we lived in Sarasota many years ago and we were familiar with her senior horses since they had been part of her riding lesson program for many years. As our friend lingered for months in serious condition in the hospital, we made several trips to Sarasota to help organize onsite care for her 10 horses, we brought her three dogs to the sanctuary, and were able to rehome her fish, birds, bunny and barn cats. After it became clear that she would not be physically able to return to her farm, we took responsibility for her horses. We are in the process of rehoming four and have brought her six elderly former lesson horses to the sanctuary for retirement. It has been a monumental but necessary undertaking as many of these animals would have been sold at auction or euthanized by the county as they were considered to be unadoptable because of age and temperament. Those at the sanctuary are faring well and we are pleased that we were able to help in this difficult situation.

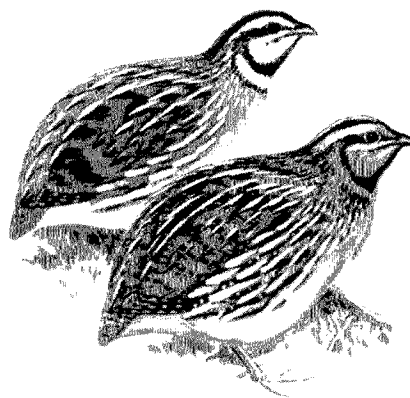
The funds from the 2019 grant have been spent primarily on feed and hay. We purchased over \$4000 on feed and hay and \$1500 on veterinary care and medications. The QRF grant helps us stock up on necessary meds at cost from our veterinarian every year and we are able to maintain a mini-pharmacy on premises for ongoing medical conditions and emergencies. We also spent approximately \$500 on equipment maintenance and repair.

Windhorse Sanctuary is planning to continue our work to provide for the deserving animals in our care. We have strengthened relationships with local law enforcement and animal services and the Madison community while we maintain a presence with our friends in the horse country of Ocala. The wellbeing and care of the animals is our first priority but we continue to reach out to educate others about the importance of the lifelong commitment of animal ownership and the adoption of rescue animals in need.

We thank you for your continuing support of our program. Quail Roost Foundation makes a tremendous difference for the animals and helps us maintain a level of care that they deserve.

The Quail Roost Foundation

150 N. Radnor Chester Rd, Suite A110
Radnor, PA 19087
610/896-3868
www.quailroostfoundation.org



GRANT REPORT COVER SHEET

A Grant Report is due to the Quail Roost Foundation twelve months after the receipt of a grant or by the due date listed in the award letter, whichever is earlier.

E-mail your report to Sue Hone, Grants Manager at shone@quailroostfoundation.org

Please attach this sheet to your report.

Organization: Daniels Hamant Foundation

Address: 1427 William Street, River Forest, IL 60305

Date grant was received (month and year): 7/29/19

Purpose of grant/ Project name: Centro Medical Humberto Parra – Women's Health Initiative

Amount awarded: \$ 4,000

→ Briefly report on the following:

1. Describe the activities supported by the grant.
2. What constituency did you serve, and how many benefited from your activities?
3. What were your goals? Describe if and how you achieved them.
4. Do you anticipate continuing the work that was supported by this grant?

→ Please provide an accounting of the use of the grant funds.

Submitted by:

Name & Title Mark E. Molitch, MD, President, Daniels Hamant Foundation

Date: Sept 19, 2020

Telephone: 708 771-0551 Fax: 708-771-0551 Email: molitch@northwestern.edu

Report from the Daniels Hamant Foundation to the Quail Roost Foundation
September 20, 2020

→**Briefly report on the following:**

1. Describe the activities supported by the grant.

This grant was earmarked for the Women's Health Initiative of the Centro Medico Humberto Parra (CMHP), which is supported by the Daniels Hamant Foundation. The Women's Health Initiative consisted of several activities aimed at improving the healthcare of women attending CMHP: (1) Increasing the utilization of cancer screening with Pap smears and mammograms; the frequency of cervical cancer in Bolivia is 58.1/100,000 women and the mortality rate is 22.2/100,000 women (compared to US rates of 8.1/100,000 and 2.5/100,000 respectively); (2) Providing necessary surgery and other treatment if such cancers are found; (3) Providing contraception; (4) Providing education to these women at the local community level using trained village health promoters regarding (a) breast self-examination; (b) pregnancy; (c) contraception; (d) sex education; and (e) domestic violence.

2. What constituency did you serve, and how many benefited from your activities?

Centro Medico Humberto Parra was founded in 2001 and is funded by the Daniels Hamant Foundation. Because of the passing of one of its Founders, Dr. Susan Hou, in July 2019, it was remained in her honor to the Centro Medico Susan Hou (CMSH) in January, 2020. CMSH is located in the Bolivian rain forest 90 kilometers from Santa Cruz, the largest city in Bolivia. This clinic serves an area with about 40,000 people. The clinic has 4 regular examination rooms, a class room, and a dental suite. It has a small pharmacy, a laboratory that is capable of doing routine chemistries, CBCs, and urinalyses, and an electrocardiogram machine. The clinic is staffed by two Bolivian physicians, two full time nurses, a full time laboratory technician and his assistant, and by rotating Bolivian and American attending physicians, medical students and residents-in-training. CMSH has 3200 – 4000 (patient visits annually of patients who come from about 20 villages and delivers free medical care, including free medications and transportation to the clinic. These are indigent individuals who otherwise would not be able to pay for their care. They suffer from chronic diseases such as diabetes, hypertension, and Chagas disease. 3,570 patients visited the clinic in 2019.

3. What were your goals? Describe if and how you achieved them.

The mission of Centro Medico Susan Hou is to provide health education and free primary health care to provide high quality care for acute and chronic illnesses either at the clinic or through cooperative arrangements with other health care institutions in the area. The center also strives to help residents in these villages to recognize and eliminate the root causes of illness. These efforts are carried out by North American and Bolivian volunteers committed to working in cooperation rather than competition with other health care providers in the area who share its goals.

The goal of Centro Medico Susan Hou's Women's Health Initiative is to improve the health of women who are patients of CMSH as well as to increase education and access to cervical and breast cancer prevention, family planning resources, and sexual health. In 2017, we continued to improve the previously established women's health program by developing

and implementing an annual well woman exam sheet. This sheet addresses through continued focus on our annual well woman exams. These visits address topics such as past gynecological history and surgeries, familial and personal risk factors for cancer, menstrual cycle irregularities, incontinence symptoms, acute infective symptoms for urinary tract infections and vaginitis, history of sexually transmitted diseases and family planning methods, domestic violence screening, and a standardized exam sheet to encourage breast and pelvic exams during the office visit. We continue to perform these well woman exams as a separate office visit to ensure these topics are addressed. Medical providers trained in pap smears and pelvic exams visit with patients during the well woman exam and necessary treatments such as access to contraceptive methods, acute infections, or STI testing, and necessary external referrals are provided at this time. In 2018, we purchased a refurbished FujiFilm SonoSite Ultrasound machine to facilitate diagnostic GYN procedures.

a. Pap Smears

At CMSH, cervical cancer screening is available to all women of screening age at the cost of approximately \$6 USD for the pathology read and \$3 USD for slides/sprays/speculums. Women are typically counseled regarding screening beginning at age 21 and ending at age 64 for women of average-risk. CMSH utilizes slide-based cytology. Samples are collected via Pap smear, and the slides are sent to an outside lab for processing. When the results return, clinic staff notify the patient if there is an abnormal result, typically via telephone. In 2017, we carried out a detailed analysis of potential problems, finding problems in the following areas: (1) having women actually obtain a pap smear on routine clinic visits; (2) getting results back from the pap smear reading laboratory on a timely basis; (3) getting results to the patients; (4) making sure that those with abnormal results get appropriate follow-up. During 2018, we attempted to improve these aspects, with varying success as we noted in 2019. In 2019, we performed 86 pap smears at a cost of \$516.00 for the reads and \$258 for supplies for doing the smears.

b. Other Breast and Gynecology issues

Although we have increased the overall number of referrals to gynecology, oncology, and mammography, we continue to work on improving patient access these consults. A major helpful factor was the purchase of the ultrasound machine in 2018 (see below). As noted below, pelvic and breast ultrasound evaluations can now be carried out in the clinic. During 2019, 14 pelvic ultrasound and 8 breast ultrasound evaluations were performed. One factor complicating follow-up is the cultural interpretation of receiving a diagnosis of cancer. Other factors include transportation and financial barriers. Most specialists are located in Santa Cruz, a 1-3 hour trip by car from the communities served by CMSH. The cost to receive necessary follow-up such as colposcopy or imaging is also cost prohibitive to patients.

Women requiring a visit by a specialist are referred to the clinic's external consult system. In this process, CMSH providers prepare a transfer of care chart detailing the patient's medical history and associated laboratory results. This chart is delivered to the clinic social worker who contacts patients and assists them in scheduling consults. The clinic social worker advocates for patients and finds economic pricing for external imaging in an otherwise difficult to navigate healthcare system. Dates, purposes, and results of these referrals are tracked in collaboration with the clinic social worker. During 2019, the

following referrals occurred: 31 Gynecology consults, 6 mammograms, 5 breast ultrasounds, and 1 mastology evaluation.

c. Gynecologic Surgeries during the 2019 Surgical Campaign

Each year, the clinic partners with visiting surgeons from the U.S. to increase access to surgeries for patients. For the past 3 years the Northern Arizona Volunteer Medical Corps (NAVMC), based out of Flagstaff, sent a health care team that consisted of surgeons, anesthesiologists, physician assistants, surgical assistants and nurses in November. Their services are free of charge with the mission of offering “life-changing surgeries on patients from rural areas [to help] them return to their jobs and to care for their families.” This year, a urogynecologist accompanied the surgical team. Patients requiring surgery are identified during clinic visits and necessary pre-operative tests are provided by the Foundation. In November, 2019, in the Women’s health category, the following procedures were done: 6 total hysterectomies, 1 vaginal hysterectomy, 2 cystourethrocele repairs, 2 ovary removals, and 1 Bartholin gland marsupialization.

d. Sexual Health Education

During the 2019 school year, coordinators went to local schools to carry out sexual health classes on topics of hygiene, puberty, reproduction, contraceptives, sexually transmitted infections, consent, and resources available to community members. Clinic staff members and volunteers led these classes, and also demonstrated the proper use of condoms and feminine hygiene products such as pads and tampons. Students and teachers expressed gratitude to learn about sexual health and requested that CMSH staff members and volunteers continue to teach about these important topics.

e. SonoSite Ultrasound Machine purchase

On May 16, 2018 the Foundation purchased a FujiFilm SonoSite M-turbo refurbished ultrasound machine for \$15,008.00 and transported this to CMSH in parts with the various volunteers traveling to CMSH from the U.S. One of the probes purchased with the machine can be used for gynecologic ultrasounds, another for abdominal ultrasounds, and another for breast ultrasounds. The ultrasound machine with these probes is used for assessing lower abdominal pain to exclude ectopic tubal pregnancies, adnexal masses, leiomyomas, and obstetric fetal growth and placental function as well as breast lumps. Previously, these types of ultrasound assessments were sent out to an outside facility in a nearby town, Portachuelo, at increased cost to CMSH. Drs. Vargas and Guerrero, the two Bolivian physicians who work at the clinic, have been trained in ultrasound and can do the ultrasound assessments now in the clinic area without incurring these extra costs. Much of the cost for the machine was met via a special fund-raising campaign and because of the utility of the machine for assessing aspects of gynecologic issues, \$1750 was used from the Quail Roost Grant for that year. As noted above, the 14 pelvic ultrasounds and 8 breast ultrasounds done in the clinic saved money as these would have been done at outside facilities at increased cost.



Dr. Guerrero assessing patient with lower abdominal mass with SonoSite Ultrasound.

4. Do you anticipate continuing the work that was supported by this grant?

Yes. This clinic has been operating since 2001. Despite the passing of Dr. Hou, the Daniels Hamant Foundation will continue to fund CSMH for the foreseeable future. Access to standards of care such as cancer prevention screening and education, family planning methods and education, and resources for victims of domestic violence continues to be an on-going need in rural Bolivia. We plan to continue the Women's Health Initiative to address these needs. Our specific aims include decreasing barriers to cancer prevention screening through education and financial assistance, increasing community knowledge of women's health issues through providing Community Health Workers with educational sessions related to women's health and cancer screening, and by strengthening existing partnerships with local specialists and health centers.

→Please provide an accounting of the use of the grant funds.

Expenses for Women's Health

- -

Details	Quantity	Type	Cost \$US
Part salaries for nurse/aide for doing pap smears	1	Salary	1,200
Outside Gynecology Consults	31	Consults	1,550
Pap Smear Pathology Reads	86	Reads	516
Pap Smear Supplies	86	Supplies	258
Outside mammograms/breast ultrasounds	12	Breast analyses	480
T O T A L			4,004