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2019

Return of Private Foundation

Form 990-PF Department of the Treasury

Internal Revenue Service

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	idar year 2019, or tax year beginning 01-01-	2019 , a	nd en	ding 12-31-	2019	
TH	E STEV	Indation EN H MADDEN FOUNDATION INC			A Employer Id 81-5123721	entification numbe	r
Num	ber and	D DHARIA street (or P O box number if mail is not delivered to street addre RNETT AVENUE	ss) Room/suite		B Telephone nu (718) 446-1800	mber (see instruction	ns)
		, state or province, country, and ZIP or foreign postal code			, ,	application is pendin	a sheek boro
LON	J ISLAN	ID CITY, NY 11104			C ii exemption	application is penuin	y, check here
G Ch	eck al	Final return Amended return	a former public charity rn	,	2 Foreign or	ganizations, check he ganizations meeting k here and attach co	the 85%
		Address change Name change				undation status was t	· _
	,	pe of organization $lacksquare$ Section 501(c)(3) exempt privation 4947(a)(1) nonexempt charitable trust \Box Other taxal	e foundation ible private foundation			n 507(b)(1)(A), chec	
of '	year (f	tet value of all assets at end from Part II, col (c), \$\\$ \frac{982,127}{\text{Part } I, column (d) mu}\$	Cash Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt 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)
	1	Contributions, gifts, grants, etc , received (attach schedule)	1,183,513	3			
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	888	3	888		
	4	Dividends and interest from securities	4,151	L	4,151		
	5a	Gross rents					
a)	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	27,110	1			
	Ь _	Gross sales price for all assets on line 6a 1,340,9	57		077 225		
	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain			877,335		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,215,662	2	882,374		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits		-			
Ē	16a	Legal fees (attach schedule)	66-1 2.100	-	545	0	1.63
Administrative Expenses	b	Accounting fees (attach schedule)	2,180	1	545	·	1,635
Ve	c	·	4.5		42		
ratı	17 18	Interest	13,183		42		
<u> </u>	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	15,105	1			
Ē	20	Occupancy		1			
Ad	21	Travel, conferences, and meetings		1			
n E	22	Printing and publications					
Operating and	23	Other expenses (attach schedule)	371	1	321		50
at≡	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	15,776	5	908	o	1,685
0	25	Contributions, gifts, grants paid	450,000				450,000
	26	Total expenses and disbursements. Add lines 24 and 25	465,776	5	908	0	451,685
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	749,886	5			
	b	Net investment income (If negative, enter -0-)		1	881,466		
	С	Adjusted net income (If negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.		(at No 11289	(For	m 990-PF (2019

130,335

232.241

0

0

232,241

232,241

232,241

982.127

982,127

982,127

982,127

232,241 749,886

982,127

982,127 Form **990-PF** (2019)

1

2

3

4

5

982,127

Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶

Prepaid expenses and deferred charges

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Net assets without donor restrictions . . .

Other assets (describe > .

Other liabilities (describe -

Grants payable

Less accumulated depreciation (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Other increases not included in line 2 (itemize) -

8

9 10a

b

С

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27 28

29

30

Part III

2

3

Liabilities

Fund Balances

ō

Assets

Net

Assets

	e the kind(s) of property sold (e g , arehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a SALE OF MARKETABLE S	ECURITIES		D		
b					
С					
d					
e					
(e)	(f)		(g)	(h)
Gross sales price	Depreciation allowed		other basis		r (loss)
	(or allowable)	pius expe	ense of sale	(e) plus (r) minus (g)
· · · · · · · · · · · · · · · · · · ·	10,957		463,622		877,335
b					
C					
d					
e					
Complete only for assets	s showing gain in column (h) and ow			(Cal. (l) h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	(k) of col (ı)	col (k), but not	less than -0-) or om col (h))
	as of 12/31/69	over coi	(j), if any	Losses (III	
a					877,335
b					
d					
<u>u</u> е					
е		If gain, also enter in P	art I line 7		
2 Capital gain net income	e or (net capital loss)	If (loss), enter -0- in F		2	877,335
3 Net short-term capital	gain or (loss) as defined in sections :	1222(5) and (6)			
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instructi		}	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
•	private foundations subject to the sec				
f section 4940(d)(2) applies, l	eave this part blank				
	ne section 4942 tax on the distributant of qualify under section 4940(e) Do		in the base period?	·	es 🔽 No
	nount in each column for each year,		making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2018	366,555		393,191	(SOI (B) divided by C	0 932257
2017	278,116		443,885		0 62655
2016	0		0		0 0
2015					_
2014					
2 Total of line 1, column (d)		2		1 558807
3 Average distribution ratio	o for the 5-year base period—divide	the total on line 2 by 5	0, or by the		
	ndation has been in existence if less		3		0 519602
	ncharitable-use assets for 2019 fron	•	4		449,124
5 Multiply line 4 by line 3			5		233,366
	ent income (1% of Part I, line 27b)		6		8,815
			7		242,181
	ions from Part XII, line 4 ,		8	- 10/ -	451,685
instructions	eater than line 7, check the box in Pa	art vi, line ib, and com	ipiete that part usin	y a 170 tax rate Se	e the Part VI

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 rele organizations and other beneficiaries served, conferences convened, research papers produce.		er of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
Total. Add lines 1 through 3		Form 990-PF (2019)

6

1a

1b

2

3a 3b

4

5

13.641

13.641

451,685

451.685

8.815

442.870

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Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

5

6

1

2

3

4

5

Part XII

13,641

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Pa	rt XIII	

b Total for prior years

a From 2014. **b** From 2015. . . . c From 2016. . . d From 2017.

e From 2018.

0-PF (20)19)	
XIII	Undistributed Income	(see instructions)

D-PF (2	2019)	

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

> 269.088 346,895

> 269.088

346.895

438.044

2017, 2016, 2015

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

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 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 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) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ 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). (a)

Corpus

615.983

438.044

1,054,027

1,054,027

(b)

Years prior to 2018

(c)

2018

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nter gros	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash ments			14	888	
	nds and interest from securities			14	4,151	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	r (loss) from sales of assets other than					
invento	• /			18	27,110	
	come or (loss) from special events			10	27,110	
	profit or (loss) from sales of inventory					
1 Other	revenue a					
		1		1		
е						
e 2 Subtot	al Add columns (b), (d), and (e).				32,149	
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	32,149	
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			<u>'</u>	
e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
e 2 Subtot 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
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e 2 Subtot 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
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e 2 Subtot 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
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e 2 Subtot 3 Total. (See w Part XV Line No.	cal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
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Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		

Part XV	Exempt Organi	izations									
	organization directly or in er than section 501(c)(3)							tion 501		Yes	No
a Transfei	rs from the reporting four	ndation to a noncl	harıtable ex	empt organizatior	n of			•			
	sh							l l	1a(1)		No
	ner assets							• •	1a(2)		No
	ansactions								41.743		N
	les of assets to a nonchar rchases of assets from a r		-					F	1b(1) 1b(2)		No No
	ntal of facilities, equipmen					• • •		- t	1b(3)		No
	ımbursement arrangemer	*						H	1b(4)		No
	ans or loan guarantees.							l l	1b(5)		No
	formance of services or m							. [1b(6)		No
c Sharing	of facilities, equipment, r	mailing lists, othe	r assets, or	paid employees.				. [1c		No
of the g in any t	nswer to any of the above oods, other assets, or ser ransaction or sharing arra	vices given by th ingement, show i	e reporting n column (c	foundation If the dip the value of the	foundation e goods, ot	n receive her asse	d less than fair ma ts, or services rece	arket value eived	e		
a) Line No	(b) Amount involved	(c) Name of none	charitable exe	mpt organization	(d) Desc	ription of	transfers, transaction	s, and shar	ing arrar	ngement	ts
2a Is the fo	oundation directly or indire	ectly affiliated wi	th, or relate	d to, one or more	tax-exemp	ot organi	zations				
	ed in section 501(c) (othe							Yes 🔽	No		
b If "Yes,"	complete the following s	chedule									
	(a) Name of organization	on	(I	b) Type of organizat	ion		(c) Description	on of relatio	nship		
of w	nder penalties of perjury, my knowledge and belief hich preparer has any kno	f, it is true, corre	nave examın ct, and com	ed this return, inc plete Declaration	cluding acco of prepare	ompanyı r (other	ng schedules and s than taxpayer) is l	statement based on a	s, and t	to the I mation	best of
Sign Here	*****			2020-05-15		****		return	e IRS dis e prepar		
	Signature of officer or t	rustee		Date	, _T ,	ıtle	T		str) 🗹	Yes □] No
	Print/Type preparer's	s name Pre	eparer's Sigr	nature	Date		Check if self-	PTIN	200082	104	
Paid	CHRIS BEKMESSIA	NA			2020-	05-15	employed ▶ ☐		00002	± / T	
Prepare Jse On	i ii ii i i i i i i i i i i i i i i i	NERAMPER LLP			•			Fırm's EI	N ►		
	Firm's address ► 75	50 THIRD AVENU						Phone no	(212)	949-8	3700

efile GRAPHIC print - DO NOT F	ROCESS	As Filed Dat	:a -	D	LN: 93491114015060				
TY 2019 Accounting Fees Schedule									
	Name: THE STEVEN H MADDEN FOUNDATION INC								
	ETIN:	81-512372	<u></u>						
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

1,635

2,180

EISNERAMPER LLP

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491114015060 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule

Name: THE STEVEN H MADDEN FOUNDATION INC EIN: 81-5123721

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491114015060
TY 2019 Investments Corporat	e Stock Sched	lule

Name: THE STEVEN H MADDEN FOUNDATION INC

EIN: 81-5123721

Investments Corporation Stock Schedule							
Name of Stock	End of Year Book Value	End of Year Fair Market Value					
300 SHS APPLE INC	0	0					
1000 SHS BANK OF AMERICA CORP	0	0					
300 SHS JOHNSON & JOHNSON	0	0					
100 SHS 3M CO	0	0					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491114015060	
TY 2019 Other Expenses Schedule					
ı					
Name:	Name: THE STEVEN H MADDEN FOUNDATION INC				
EIN:	81-5123721				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
MANAGEMENT FEES EXPENSE	321	321	1		

NY FILING FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491114015060	
TY 2019 Taxes Schedule					
Nama	. THE CTEVEN	LIL MADDEN FOLIN	IDATION INC		
Name: THE STEVEN H MADDEN FOUNDATION INC					
EIN: 81-5123721					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXCISE TAX & PENALTY	13,183				

efile GRAPHIC print - [OO NOT PROCESS	As Filed Data -				DLN: 93491114015060
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990- //Form990 for the latest in			2019
Name of the organization THE STEVEN H MADDEN					Employer id	entification number
					81-5123721	
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ			ganızatıon			
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	☐ 527 polit	ical organization				
Form 990-PF	✓ 501(c)(3) exempt private fou	ndation			
	☐ 4947(a)(4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3	☐ 501(c)(3) taxable private foundation				
			F that received, during t mplete Parts I and II So			
Special Rules						
under sections 5 received from ar	509(a)(1) and 170(b) ny one contributor, c)(1)(A)(vi), that chec	Form 990 or 990-EZ the ked Schedule A (Form to contributions of the gre lete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 o exclusively for religious animals Complete Parts	, charitable, scient		
during the year, If this box is che purpose Don't o	contributions exclusions cked, enter here the complete any of the	sively for religious, cl total contributions to parts unless the Gei	or (10) filing Form 990 of haritable, etc , purposes that were received during neral Rule applies to the or more during the year .	s, but no such cont ig the year for an e is organization bed	ributions tota exclusively rel cause it receiv	led more than \$1,000 igious, charitable, etc, ved nonexclusively
Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, F 990-EZ, or 990-PF)	tit must answer "No	o" on Part IV, line 2,	of its Form 990, or chec	k the box on line h	of its Form s	n 990, 990-EZ
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	е В (Form 990,	990-EZ, or 990-PF) (2019)

81-5123721

Employer identification number

Contributors	Contributors (see instructions) Use duplicate copies of Part I if addit	cional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVEN MADDEN 52-16 BARNETT AVENUE LONG ISLAND CITY, NY 11104	\$ 1,183,513	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ Schedule B (Fr	Person Payroll Noncash (Complete Part II for noncash contributions) prim 990, 990-EZ, or 990-PF) (2019)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 3	
Name of organization THE STEVEN H MADDEN FOUNDATION INC		Employer identification number		
		81-5123721		
Part II	Noncash Property	•		
(a) No. from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	500 SHS ALPHABET INC	\$ 585,963	2019-08-27	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
2	5,000 SHS HCA HEALTHCARE, INC	\$ 597,550	2019-08-27	
(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	
-		\$		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2019)	

orm 990, 990-EZ, or 990-PF) (2019)		Page 4
ation 1ADDEN FOUNDATION INC		Employer identification number
n \$1,000 for the year from any one cont anizations completing Part III, enter the year. (Enter this information once. See	ributor. Complete columns total of exclusively religionstructions.) **Truction	(a) through (e) and the following line entry. For
(b) Purpose of gift	(c) Use of gi	t (d) Description of how gift is held
Transferee's name, address, and 2		gift Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gi	t (d) Description of how gift is held
Transferee's name, address, and 2	` ,	gift Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gi	t (d) Description of how gift is held
(e) Transfer of g		gift Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gi	it (d) Description of how gift is held
	Address and 2 (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and 2 (b) Purpose of gift	(e) Transfer of Transferee's name, address, and ZIP 4 (b) Purpose of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Purpose of gift (e) Transfer of Transferee's name, address, and ZIP 4