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DLN: 93491167003060

2019

OMB No 1545-0052

**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

or	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , aı	nd er	nding 12-31-	2019	
		indation INDATION INC			A Employer Id	entification numbe	er
					82-1951508		
		d street (or P O box number if mail is not delivered to street address) DRE KINO	Room/suite		<b>B</b> Telephone nu	mber (see ınstructio	ns)
					(512) 971-5209	)	
		, state or province, country, and ZIP or foreign postal code NM 87501			<b>C</b> If exemption	application is pendin	ng, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere
		$\square$ Final return $\square$ Amended return				ganizations meeting	
		Address change Name change			·	k here and attach co	· -
_		pe of organization Section 501(c)(3) exempt private				undation status was n 507(b)(1)(A), chec	
			e private foundation				
of '	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 14,866  J Accounting method  □ Other (specify) (Part I, column (d) must	<b>☑</b> Cash ☐ Accru	ıal		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net Income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	29,455				
	2	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach	29,433				
	_	Sch B					
	3	Interest on savings and temporary cash investments  Dividends and interest from securities					
	5a	Gross rents					
	ь	Net rental income or (loss)					
пe	6a	Net gain or (loss) from sale of assets not on line 10	18				
Revenue	ь	Gross sales price for all assets on line 6a 20,858			10		
α̈́	7 8	Capital gain net income (from Part IV, line 2)			18		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	250		0		
	12	Total. Add lines 1 through 11	29,723		18		
	13 14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages	0		0		'
s	15	Pension plans, employee benefits					
ıse	16a	Legal fees (attach schedule)					
<u>ē</u>	ь	Accounting fees (attach schedule)	986		887		9
e) E	c	Other professional fees (attach schedule)					
Ě	17	Interest					
Stra	18	Taxes (attach schedule) (see instructions)					
Ξ	19	Depreciation (attach schedule) and depletion					
AG	20	Occupancy					
ב ב	21	Travel, conferences, and meetings					
6 5	23	Other expenses (attach schedule)					1
at III	24	Total operating and administrative expenses.					+
Operating and Administrative Expenses		Add lines 13 through 23	986		887		9
Ō	25	Contributions, gifts, grants paid	13,555				13,55
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	14,541		887		13,65
	27	Subtract line 26 from line 12	1.,511				123,03
	a	Excess of revenue over expenses and	15,182				
	ь	disbursements Net investment income (If negative, enter -0-)	13,182		0		
	С	Adjusted net income (If negative, enter -0-)					
or	Daner	work Reduction Act Notice, see instructions.			Cat No. 11289	, -	rm <b>000-DF</b> (2010

0

7,815

15.182

15,182

15,182

15,182

1 2

3

4

5

7,499

14.866

0

0

0

15,182

15,182

15,182 Form **990-PF** (2019)

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

Investments—corporate bonds (attach schedule) . . . . . . . .

Less accumulated depreciation (attach schedule) ▶ \_\_\_\_\_ 

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule) . . . . . .

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

Less accumulated depreciation (attach schedule)

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

Mortgages and other notes payable (attach schedule). . . . . .

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

Foundations that 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** 

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

Other increases not included in line 2 (itemize) ▶ \_\_\_\_\_

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

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 . . .

Net assets with donor restrictions . . . .

Other assets (describe > \_

Other liabilities (describe ▶\_

Grants payable

	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 ▶	
2	8	Inventories for sale or use	
set	9	Prepaid expenses and deferred charges	
	ı		

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h

С

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12 13

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24

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28

30

Part III

2

Liabilities

Fund Balances

ō

Assets

Net 29

Page **3** 

	e the kınd(s) of property sold (e g rehouse, or common stock, 200 sh	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1 a 400 SHARES BROOKFIEL	D INFRASTRUCTURE PA	D	2019-12-02	2019-12-04		
b						
С						
d						
e						
<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 2	0,858		20,840		18	
b						
c						
d						
e						
Complete only for assets	showing gain in column (h) and ov	wned by the foundation	on 12/31/69	(	I)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) Excess of col (I) over col (J), If any		h) gain minus less than -0-) <b>or</b> om col (h))	
a			15/-		18	
b						
С						
d						
e						
·	gain or (loss) as defined in sections rt I, line 8, column (c) (see instruct	tions) If (loss), enter -0	·	3	18	
Part V Qualification (	Jnder Section 4940(e) for R	educed Tax on Net	Investment In	come		
For optional use by domestic p	rivate foundations subject to the se	ection 4940(a) tax on ne	et investment incom	e )		
f section 4940(d)(2) applies, le	·					
f "Yes," the foundation does no	e section 4942 tax on the distribute of qualify under section 4940(e)	o not complete this part			es 🔽 No	
	nount 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 noncharitab	ole-use assets	( <b>d)</b> Distribution rati (col (b) divided by c		
2018						
2017 2016						
2015						
2014						
2 Total of line 1, column (	4)		2			
,	o for the 5-year base period—divide	the total on line 2 by 5				
number of years the four	idation has been in existence if less ncharitable-use assets for 2019 fro	s than 5 years	3 4			
<b>5</b> Multiply line 4 by line 3			5			
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6			
<b>7</b> Add lines 5 and 6			7			
8 Enter qualifying distribut If line 8 is equal to or gre	ons from Part XII, line 4 , eater than line 7, check the box in F		8 nplete that part usin	g a 1% tax rate Se	e the Part VI	
instructions						

Form	990-PF (20	019)							F	age <b>6</b>
Pa	rt VII-B	Statements Rega	arding	<b>Activities for Which</b>	Form 4720 May Be	Required (continued)				
5a	During the	year did the foundation	n pay o	r incur any amount to					Yes	No
3 , , , , , , , , , , , , , , , , , , ,				se attempt to influence legislation (section 4945(e))?						
	(2) Influe	nce the outcome of any	specifi	c public election (see sect	ion 4955), or to carry	L les L	140			
	on, dı	ectly or indirectly, any	voter re	egistration drive?		· · 🗌 Yes 🗸	No			
	(3) Provid	le a grant to an individ	ual for t	ravel, study, or other sımı	lar purposes?	☐ Yes ✓	No			
	(4) Provid	le a grant to an organiz	ation of	her than a charitable, etc	, organization described					
				ctions		· · 🗌 Yes 🗸	No			
				eligious, charitable, scient	• • • • • • • • • • • • • • • • • • • •					
_			•	ention of cruelty to childr		∟ Yes 🖭	No			
Ь				any of the transactions fa						
	-			ent notice regarding disast			. ⊢	5b		
				regarding disaster assista			]			
С		·		does the foundation claim	•					
		•		sponsibility for the grant?		· · L Yes L	No			
<b>.</b> .				y Regulations section 53						
6a				ive any funds, directly or			.			
L.						⊔ Yes 💌	No	6b		Na
b		ondation, during the ye 6b, file Form 8870	ar, pay	premiums, directly or ind	irectly, on a personal ber	ient contract?	F	90		No
7a		•	wac the	foundation a party to a p	rohihited tay shelter tran	isaction?				
	•			proceeds or have any net		⊔ Yes 🖭	No	7b		
8				1960 tax on payment(s) o			F	,,,		
•				ar <sup>?</sup>						
						· · <u> </u>				
Pa	rt VIII	and Contractors	COIIIC	ers, Directors, Trust	ees, roundation Ma	ilageis, nigiliy Palu El	про	ees,		
1	List all of	ficare directors true	toos fe	oundation managers an	d their compensation	See instructions				
	LISC all OI	ncers, unectors, trus		(b) Title, and average	(c) Compensation (If		Τ.,.	_		
	(a) Na	me and address		hours per week	not paid, enter	employee benefit plans and		e) Expense account, other allowances		
	CIVADD		PDEC	devoted to position	-0-)	deferred compensation				
	C KARP PADRE KINO		1 00	IDENT	0		0			0
	A FE, NM 87!	501								
BELIN	IDA KARP			ETARY/TREASURER	0		0			0
	PADRE KINO	-01	1 00							
	A FE, NM 87: SSA BUTTS G		DIRE	CTOR	0		0			
	BIG THICKET		1 00	CTOR			١	U		
	R PARK, TX									
_2	Compens	ation of five highest-	paid en	nployees (other than th	ose included on line 1	-see instructions). If no	ne, en	ter "	NONE.	."
(-)	Nau			(b) Title, and average		(d) Contributions to	(-) F			
(a)		iddress of each employ ore than \$50,000	ee paid	hours per week	(c) Compensation	employee benefit plans and deferred			se acco	
		. ,		devoted to position		compensation				
NON	E									
Tota	I number of	other employees paid	over \$5	0,000						0
				<del>-</del>			Form	. 001	D-DE	2019)

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id 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
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form <b>990-PF</b> (2019)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

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

4

5

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

За 3h

4

5

13.654

13.654

Form 990-PF (2019)

35

Form **990-PF** (2019)

Page 9

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X	I	ı	ľ	l	Į

Form 990-PF (2	019)
Part XIII	Undi

- istributed Income (see instructions) 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. . . . . . **b** Total for prior years
  - Excess distributions carryover, if any, to 2019

(a)

Corpus

13.619

13,619

13,619

13.619

(b)

Years prior to 2018

(c)

2018

- a From 2014. . . . . **b** From 2015. . . . .
- c From 2016. . . d From 2017. . . . . e From 2018. . . . . f Total of lines 3a through e. . . . . . . .
  - XII, line 4 🕨 \$
- 4 Qualifying distributions for 2019 from Part a Applied to 2018, but not more than line 2a
- **b** Applied to undistributed income of prior years
  - (Election required—see instructions). . . . .

e Remaining amount distributed out of corpus

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:

**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

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

same amount must be shown in column (a) )

**d** Applied to 2019 distributable amount. . . . .

a Paid during the year

**b** Approved for future payment

COOKING WITH KIDS

Total . . .

SANTA FE, NM 875026113

PO BOX 6113

Page **11** 

13,555

13,555

7,000

7,000

Form **990-PF** (2019)

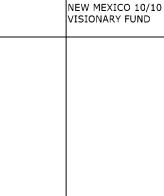
NONE

or substantial contributor

CANCER FOUNDATION FOR NEW MEXICO 3005 S ST FRANCIS DRIVE SANTA FE, NM 87505	NONE

PC

PC



UNRESTRICTED SUPPORT

Part XVI-A Analysis of Income-Producing	Activities				Page 1.
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
a					
b					
c d					
e					
f					
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>					
3 Interest on savings and temporary cash investments					
<ul><li>4 Dividends and interest from securities</li><li>5 Net rental income or (loss) from real estate</li></ul>					
a Debt-financed property					
<ul><li>b Not debt-financed property.</li><li>6 Net rental income or (loss) from personal property</li></ul>					
7 Other investment income					
8 Gain or (loss) from sales of assets other than					
inventory			18	18	
<b>9</b> Net income or (loss) from special events					
Of Gross profit or (loss) from sales of inventory					
l1 Other revenue  a REFUND					25
b					25
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		(		18	l .
(See worksheet in line 13 instructions to verify calci	· · · · · · · · · · · · · · · · · · ·		1	3	268
Part XVI-B Relationship of Activities to t		hment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's elements instructions.					
1A IRS REFUND OF FILING FEE FOR APPLICATE	ON FOR EXEMPT	ION			
<u> </u>					
					rm <b>990-PF</b> (2019

,	,		
XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part XVII	Exempt Organiz	zations	.5.0.5 . 0 0		io ana itolatio		onanicabic		
1 Did the org	ganization directly or inc than section 501(c)(3)	directly engage	in any of the	following with any 527, relating to pol	other organization	n described in sections?	n 501	Yes	No
a Transfers f	rom the reporting found	dation to a nonc	haritable exe	empt organization	of				
(1) Cash									No
(2) Other	assets						. 1a(2)		No
<b>b</b> Other trans	sactions								
(1) Sales	of assets to a noncharr	table exempt or	ganızatıon.				. 1b(1)		No
(2) Purch	ases of assets from a n	oncharitable exe	empt organiz	ration			. 1b(2)		No
(3) Renta	l of facilities, equipmen	t, or other asset	ts				. 1b(3)		No
	oursement arrangement						1b(4)		No
	or loan guarantees.						. 1b(5)		No
	mance of services or me						1b(6)		No
-	facilities, equipment, m		· ·						No
of the good	ver to any of the above ds, other assets, or serv saction or sharing arrai	rices given by th	ne reporting t	foundation If the f	oundation receive	d less than fair mark	et value		
(a) Line No	(b) Amount involved	(c) Name of non	charitable over	mnt organization	(d) Description of	transfers, transactions, a	and charing area	naomoni	+c
(a) Line NO	(b) Amount involved	(c) Name of hon	CHaritable exel	inpt organization	(d) Description of	transiers, transactions, e	and snaring arra	ngemen	
	idation directly or indire	•	•	•					
described i	n section 501(c) (other	than section 50	01(c)(3)) or ı	n section 527? .		∐Yes	s 🛂 No		
<b>b</b> If "Yes," co	omplete the following so								
	(a) Name of organizatio	n	(E	) Type of organizatio	n l	(c) Description of	of relationship		
of m	er penalties of perjury, I y knowledge and belief, h preparer has any kno	it is true, corre							
Sian	*****	eage		2020-06-01	*****		May the IRS d		
	Signature of officer or tr	ustee	Date		Title		with the prepa below (see instr )	_	
	Print/Type preparer's	name Pre	Preparer's Signature		Date	Check if self-	TIN P0052	7004	
Paid	RHONDA WILLIAMS					employed ▶ ☐		F00327004	
Preparer	Firm's name ► CARF	R RIGGS & INGR	AM LLC			F	rm's EIN ▶72	-13966	21
Jse Only	Firm's address ▶ 80	7 CAMINO DE M	ONTE REY						
		NTA FE, NM 87				PI	Phone no (505) 983-3387		
	1								

Form 990PF Part XV Line 1a - List any managers of the f	foundation who have contributed more than 2% of the total
contributions received by the foundation before the clos	se of any tax year (but only if they have contributed more
than \$5,000).	

BRAD C KARP

BELINDA KARP

efile GRAPHIC print - DO NOT PROCESS   As Filed Data -   DLN: 9349116700306						
TY 2019 Accounting Fees Schedule						
	Name: KARP FOUNDATION INC					
EIN: 82-1951508						
1						
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

TAX RETURN PREPARATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491167003060				
TY 2019 Investments Corporate Stock Schedule						
Name: H	KARP FOUNDATIO	ON INC				

22111 02 1301000				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
150 SHARES BROOKFIELD INFRASTRUCTURE PA	7,815	7,499		

**EIN:** 82-1951508

DLN: 93491167003060

Name: KARP FOUNDATION INC

FTN: 02 1051500

**EIN:** 82-1951508

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
REFUND	250		250		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491167003060		
<b>TY 2019 Substantial Contribut</b>	ors			
Schedule				
Name: KARP FOUNDATION INC				
EIN:	82-1951508			
Name		Address		
BRADLEY BELINDA KARP		1103 PADRE KINO SANTA FE, NM 875012900		

efile GRAPHIC print - [	OO NOT PROCESS	As Filed Data -				DLN: 93491167003060
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 <u>v/Form990</u> for the latest i			2019
Name of the organization KARP FOUNDATION INC					Employer id	entification number
					82-1951508	
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	rganization			
	☐ 4947(a)(	1) nonexempt charı	table trust <b>not</b> treated a	s a private foundat	tion	
	☐ 527 politi	ical organization				
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fou	undation			
	☐ 4947(a)(	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3)	) taxable private fou	ındatıon			
			F that received, during to property Parts I and II S			
Special Rules						
under sections 5 received from ai	509(a)(1) and 170(b)	(1)(A)(vı), that chec luring the year, tota	Form 990 or 990-EZ th cked Schedule A (Form I contributions of the gre plete 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 exclus cked, enter here the complete any of the p	sively for religious, one total contributions parts unless the <b>Ge</b>	or (10) filing Form 990 c charitable, etc., purposes that were received during theral Rule applies to the for more during the year	s, but no such con ng the year for an e is organization be	tributions tota e <i>xclusively</i> re cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>
990-EZ, or 990-PF), but	tit <b>must</b> answer "No	o" on Part IV, line 2,	e and/or the Special Ru of its Form 990, or chec et the filing requirements	ck the box on line I	H of its Form	m 990, 990-EZ
For Paperwork Reduction of for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	le B (Form 990,	, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 **Employer identification number** Name of organization KARP FOUNDATION INC 82-1951508 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed Contributors (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person BRADLEY BELINDA KARP 1 1103 PADRE KINO Payroll \$ 28,655 Noncash SANTA FE, NM 875012900 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution **✓** Person BRADLEY BELINDA KARP 1103 PADRE KINO **Payroll** \$ 800 Noncash SANTA FE, NM 875012900 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (a) (b) (C) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization NDATION INC		E	Employer identification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con	tributor. Complete colu total of exclusively re instructions.) > \$	ons described i	in section 501(c)(7), (8), or (10) that total more the (e) and the following line entry. For ble, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh			onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transf	-	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4			onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transf ZIP 4		onship of transferor to transferee
			90	hedule B (Form 990, 990-EZ, or 990-PF) (2019