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Form	990-PF
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# EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

De Int	partment of the Treasury email Revenue Service	ŀ			Form990PF for ins				141 7	Open to Public In	spection
	r calendar year 2019	or tax year	beginning MAY	7,	2019	, and e	ending	DEC 31	, 2019		
N	lame of foundation							A Employer i	dentificatior	number	
			FAMILY FOUN		ON		_	83-4632256			
	•		mail is not delivered to street a	ddress)			Room/suite	B Telephone number 212-832-0400			
	3465 N. PINES WAY  City or town, state or province, country, and ZIP or foreign postal code					1.		-			
	WILSON, WY 83014					G If exemption a	application is p	ending, check here			
<b>-</b> G	Check all that apply:	X	Initial return		Initial return of a	former public	charity	D 1. Foreign	organization	s, check here	
0			Final return	<u> </u>	Amended return			2. Foreign or	ganizations me	eeting the 85% test,	. —
S F	0. 1		Address change	<u> </u>	Name change			check her	and attach co	eeting the 85% test, emputation	
ᆗ	Check type of organiz		X Section 501(c)(3) ex pt charitable trust		rivate foundation axable private fount	tation (	H			itus was terminated	d
	Fair market value of al						rual	1		)(A), check here	<b>-</b>
而,	(from Part II, col. (c), I			ther (sp			1021			60-month terminat )(B), check here	tion ▶
<del>4</del>	<b>▶</b> \$		5,540 . (Part I, colur			SIS.)				,, e,, e,, e,, e,, e,, e,	
SCANNED	Analysis of R (The total of amnecessarily equ	ounts in colu	d Expenses mns (b), (c), and (d) may not ts in column (a) )		) Revenue and penses per books		nvestment come	(c) Adjus		(d) Disbursem for chantable pui (cash basis o	rposes
<u>က</u> –	1 Contributions,	gifts, gran	ts, etc., received	5	,091,956.			N/2	A.		
/	2 Check	if the foundation	n is not required to attach Sch. B								
4	3 Interest on saving	gs and tempo s	orary					ļ .		<u> </u>	
•	4 - Dividends and	interest fro	om securities	<u> </u>	36,109.	] 3	6,109.	-		STATEMEN	<u> 1T 2</u>
•	5a Gross rents									<del> </del>	
	b Net rental income	` ' -		<del>  .</del>	-104,244.					STATEMEN	<u>זייי</u> 1
	62 Net gain or (loss) Gross sales price	for all	4,987,352.	<del> </del>	104,244.	<del>                                     </del>		<b>.</b> .	1 Dec	inua Service	
11	assets on line 6a Capital gain net ii					3,54	2,686.	\$5.75 Day	ا ا اسمانی	Bank - USE	3
,	8 Net short-term							3.00		17	
	9 Income modifi										
	10a and allowances	returns							LVOY.	<b>6</b> 2020	
	b Less Cost of goo				<del></del>	<del></del>					
	c · Gross profit or	(IOSS)		ļ		<del> </del>		ļ <u>-</u>	1000	en, UT	
	11 Other income 12 Total. Add line	pe 1 throug	h 11	<u> </u>	,023,821.	3 57	8,795.		Fnac	GII. UI	
_	1		ctors, trustees, etc	<del>                                     </del>	0.	1 3,3,	0,755.	2485.			0.
	14 Other employe			<u> </u>		<b>†</b>					
	15 Pension plans,		•								
	16a Legal fees										
	b Accounting fee			<u> </u>		<del> </del>			-		
1	c Other professi	onal fees		-		+		-			
	17 Interest					+		<del>                                     </del>			
	17 Interest 18 Taxes 19 Depreciation a 20 Occupancy 21 Travel, confere	nd denletin	n	<b></b>		<del>                                     </del>				<u> </u>	
_	20 Occupancy	a aopioilo	••	<u> </u>		<del> </del>		<b></b>		†	
<b>)</b>	21 Travel, confere	ences, and	meetings								
6	22 Printing and p		-								
<u>.</u>			STMT 3		150.	<u> </u>	0.				0.
O Received I-	24 Total operation expenses. Add	-			450		^				^
•				ļ	150. 0.	<del>                                     </del>	0.			-	0.
·	25 Contributions,				<u> </u>	1		-		+	<u> </u>
	26 Total expense Add lines 24 a		นาจะเทยกเริ.		150.		0.			,	0.
_	27 Subtract line 2		12:		130.			<u> </u>			· ·
			ses and disbursements	5	,023,671.						
		•	f negative, enter -0-)				8,795.				
_	c Adjusted net in	ncome (fin	egative, enter -0-)					N/2	4		
923	3501 12-17-19 LHA	For Paper	work Reduction Act Notice	e, see ir	nstructions.			<u> </u>		Form <b>990-P</b>	F (2019)

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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.

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Part VI Excise Tax Based on Investment Income (Section		740 - See II	istruc	uons	<del>"</del>
1a Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter: (attach copy of lette				1	
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check he	ere 🕨 🔛 and enter 1%	1		1,5	<u>/6.</u>
of Part I, line 27b					- 1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, er					<u>_</u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	nly; others, enter -0-)	2		4	0.
3 Add lines 1 and 2		3		1,5	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	0-	5	7.	1,5	<u>/6 •                                    </u>
6 Credits/Payments:					
a 2019 estimated tax payments and 2018 overpayment credited to 2019	0a 0.	1 1			• 1
b Exempt foreign organizations - tax withheld at source	6b 0.	1 1			
c Tax paid with application for extension of time to file (Form 8868)	6c 100,000.	1 [			- 1
d Backup withholding erroneously withheld	6d 0.	ļļ. <u></u>			
7 Total credits and payments. Add lines 6a through 6d		7		0,00	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	is attached	8		1,88	32.
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 overp		10	2	6,54	
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	26,542. Refunded ►	11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local	al legislation or did it participate or intervene	ın		Yes	
any political campaign?			1a		<u> </u>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political	purposes? See the instructions for the defin	ition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any materials published or				
distributed by the foundation in connection with the activities.			11		
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri	ng the year:				_
(1) On the foundation. > \$ 0 . (2) On foundation ma	nagers. ► \$0.	_			ľ
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	xpenditure tax imposed on foundation	-			
managers. ▶ \$ 0.			11		
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2		X
If "Yes," attach a detailed description of the activities.					$\overline{}$
3 Has the foundation made any changes, not previously reported to the IRS, in its gover	rning instrument, articles of incorporation, o	r	11		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	S		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	he year?		48		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	•	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?		5		<u>x</u>
If "Yes," attach the statement required by General Instruction T					-
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	fied either:				
By language in the governing instrument, or					1
By state legislation that effectively amends the governing instrument so that no mai	ndatory directions that conflict with the state	law	1 }		
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	complete Part II, col. (c), and Part XV		7	Х	
. ,	, , , , , , , , , , , , , , , , , , , ,				$\overline{}$
8a Enter the states to which the foundation reports or with which it is registered. See ins $\mathbf{DE}$	tructions. ►				-
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 G2 If "No," attach explanation	SEE STATEM	ENT 5	8b		$\overline{\mathbf{x}}$
9 Is the foundation claiming status as a private operating foundation within the meaning				1	
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes			9		$\overline{\mathbf{x}}$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a		STMT 6	10	х	
1 105, discuts	The state of the s		rm <b>990</b>		2010)

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Pa	art VII-A   Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	İ		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ RODMAN MOORHEAD III Telephone no. ▶ 212-83	2-0	<u>400</u>	
	Located at ► 3465 N. PINES WAY PMB 25211, WILSON, WY ZIP+4 ►83	014		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	·Ļ
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	0.
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	· ·	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?  Yes X No			ļ
	(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.)			
U	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  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	"		
r	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	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	"	$\overline{}$	<u> </u>
-	defined in section 4942(j)(3) or 4942(j)(5)):			İ
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
_	6d and 6e) for tax year(s) beginning before 2019?  Yes X No			
	If "Yes," list the years ▶ , , , , ,	}		- 1
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		İ	- 1
	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.)  N/A	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.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
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		<u> </u>
	Foi	m 990	)-PF (	(2019)

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Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	<del></del>
(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	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis' number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the uced, etc.	Expenses
1 N/A		
2		-
<del></del>		
3		
4	<u>.</u>	
Part IX-B   Summary of Program-Related Investments		<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
<del></del>	<del> </del>	
2		
All other program-related investments. See instructions.		
3		
-		
Total Add lines 1 through 3	<b></b>	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)  1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  a Average monthly fair market value of securities  b Average of monthly cash balances  1 975,  1 0 3,445,	
a Average monthly fair market value of securities	
a Average monthly fair market value of securities  b Average of monthly cash balances  1a 975, 1b 3,445,	
b Average of monthly cash balances 1b 3,445,	
	875.
c Fair market value of all other assets	875 <u>.</u>
d Total (add lines 1a, b, and c)	
e Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation)	
2 Acquisition indebtedness applicable to line 1 assets	0.
3 Subtract line 2 from line 1d 3 4,421,	
	328.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	547.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 6 142,	601.
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 6 142,	601.
2a Tax on investment income for 2019 from Part VI, line 5 2a 71,576.	
b Income tax for 2019. (This does not include the tax from Part VI.)	
c Add lines 2a and 2b	576.
3 Distributable amount before adjustments. Subtract line 2c from line 1 3 71,	025.
4 Recoveries of amounts treated as qualifying distributions	0.
5 Add lines 3 and 4 5 71,	025.
6 Deduction from distributable amount (see instructions) 6	0.
	025.
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	0.
b Program-related investments - total from Part IX-B	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	
3 Amounts set aside for specific charitable projects that satisfy the:	
<del></del>	
a Suitability test (prior IRS approval required) 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	0.
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	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	0.
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.	

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Part XIII Undistributed Income (se	ee instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2018	2018	2019
1 Distributable amount for 2019 from Part XI,	•			
line 7				71,025.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		_		
,,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016	j			
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 0.			0.	
a Applied to 2018, but not more than line 2a	-		U•	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	- 0.			0.
d Applied to 2019 distributable amount e Remaining amount distributed out of corpus	0.			•
5 Excess distributions carryover applied to 2019				
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				<del>.</del>
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line			-,	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				71,025.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	_			
Subtract lines 7 and 8 from line 6a	0.			<u> </u>
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018		ļ		
e Excess from 2019		<b>I</b>		

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Tart XV Supplementally information	(continuea)				
3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	Contribution	Amount	
a Paid during the year					
NONE					
	:				
			·		
Total			► 3a	0	
b Approved for future payment					
NONE					
Total			▶ 3b	0.	

$\blacksquare$	the foundation's exempt purposes (other than by providing funds for such purposes).	<u>'</u>
		<del></del>
		·· <del>·····</del>
		******
-	· <u> </u>	
		<del> </del>
923621 12-17	7-19	Form <b>990-PF</b> (2019

### THE BUTTONWOOD FAMILY FOUNDATION 83-4632256 Form 990-PF (2019) Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes 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? a Transfere from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527?

b if Yes, complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		
The day agreed to a green and a service of the serv		estaments, and to the heat of multinovide due

Sign
Here
Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any k

DIRECTOR

MEMBER

Title

Preparer's signature

	May the IRS dis return with the p shown below?	preparer
-	X Yes	☐ No

Paid	MARCO SVAGNA Tares Svagne	1/09/2020 self- employed	P00217291		
Preparer Use Only	Firm's name ► BERDON LLP	Firm's EIN ► 1	Firm's EIN ► 13-0485070		
_ ;	Firm's address ► 360 MADISON AVENUE NEW YORK, NY 10017	Phone no. 21	2-832-0400		
	* * ***		200 55		

Form **990-PF** (2019)

Print/Type preparer's name

Check

Date

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

**Employer identification number** 

Т	HE BUTTONWOOD FAMILY FOUNDATION	83-4632256
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(d  General Rule  X For an organization	us covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule.	otaling \$5,000 or more (in money or
Special Rules	,	,
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the Z, line 1 Complete Parts I and II	, 16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, celty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received as exclusively for religious, charitable, etc., purposes, but no such contributions total there the total contributions that were received during the year for an exclusively recomplete any of the parts unless the <b>General Rule</b> applies to this organization because, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box eligious, charitable, etc.,
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or o	•

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE	BUTTONWOOD	FAMILY	FOUNDATION

83-4632256

<u> </u>	OTTONWOOD TANIET TOUNDATION		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RODMAN W. MOORHEAD III  3465 N. PINES WAY, PMB 25211  WILSON, WY 83014	\$ 5,091,956.	Person Payroll Omnocash X (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 Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

# THE BUTTONWOOD FAMILY FOUNDATION

83-4632256

о оп	TTONWOOD FAMILY FOUNDATION		-4032230
Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	PUBLICLY TRADED SECURITIES		
		\$ \$\$_2,542,523.	05/07/19
		\$2,542,523.	05/07/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
	PUBLICLY TRADED SECURITIES		
1			
		<u>2,549,433.</u>	07/26/19
(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
Parti			······································
		<del></del>	
		(	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<del></del>	
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		<del></del>	
		\$	

Name of organization **Employer identification number** 83-4632256 THE BUTTONWOOD FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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 Relationship of transferor to transferee (a) No. from (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 Relationship of transferor to transferee

FORM 990-PF	GAIN OR	(LOSS) FR	OM SAI	LE OF	ASSETS		STA	ATEMEN'	T 1
(A) DESCRIPTION OF PROP	PERTY				MANNER CQUIRE			DATE	SOLI
PUBLICLY TRADED SEC	CURITIES					_			
(B)	((		(D)		(	E)		(F)	
GROSS SALES PRIC	COST CE OTHER		SAI		DEP	RBC.	GAIN	OR LO	oss
4,987,	352. 5,0	91,596.		0.		0.		-104	,244.
CAPITAL GAINS DIVII TOTAL TO FORM 990-1						-		-104	0. ,244.
FORM 990-PF	DIVIDENDS	S AND INTE	REST I	FROM S	BCURIT	IES	STA	ATEMEN'	T 2
FORM 990-PF	DIVIDENDS GROSS AMOUNT	CAPITA GAINS DIVIDEN	AL	FROM STATE	UE N	IES (B) ET INVE	ST-	ATEMEN' (C) ADJUS	) STED
	GROSS	CAPITA GAINS DIVIDEN	AL	(A) REVEN PER BO	UE N	(B) ET INVE	ST- OME	(C)	) STED
SOURCE DIVIDENDS AND	GROSS AMOUNT	CAPITA GAINS DIVIDEN	AL S IDS I	(A) REVENT PER BOO	UE N OKS M	(B) ET INVE: ENT INC	ST- OME 	(C)	) STED
SOURCE  DIVIDENDS AND INTEREST  TO PART I, LINE 4	GROSS AMOUNT 36,109	CAPITA GAINS DIVIDEN	DS I	(A) REVENT PER BOO	UE NOKS M	(B) ET INVE: ENT INCO	ST- OME - 09.	(C) ADJUS NET IN	) STED NCOME
SOURCE  DIVIDENDS AND INTEREST	GROSS AMOUNT 36,109	CAPITA GAINS DIVIDEN	DS I	(A) REVENT PER BOO	UE NOKS M	(B) ET INVE: ENT INCO	ST- OME - 09.	(C)	) STED NCOME
SOURCE  DIVIDENDS AND INTEREST  TO PART I, LINE 4	GROSS AMOUNT 36,109	CAPITA GAINS DIVIDEN	O.  O.  EXPENS	(A) REVENT PER BOO	UE NOKS M	(B) ET INVE: ENT INCO	ST- OME 09.	(C) ADJUS NET IN	) STED NCOME
SOURCE  DIVIDENDS AND INTEREST  TO PART I, LINE 4	GROSS AMOUNT 36,109	CAPITA GAINS DIVIDEN  OTHER  (A) EXPENSES	O.  O.  EXPENS  MET	(A) REVENT PER BOO  36,  36,  SES	UE NOKS M	(C) ADJUSTE	ST- OME 09.	(C)	) STED NCOME

FORM 990-PF CORPORATE STOCE	K	STATEMENT 4
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EXPEDIA GROUP SDPR S&P 500	383. 1,480,771.	1,514. 1,641,486.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,481,154.	1,643,000.

					4,-,418
FORM 990-PF	EXPLANATION	CONCERNING	PART VII-A,	LINE 8B	STATEMENT 5

### EXPLANATION

A NON-PROFIT THAT IS A PRIVATE FOUNDATION WITH NO ACTIVITIES CONDUCTED IN THE STATE OF DELAWARE DOES NOT HAVE TO FILE A COPY OF THE FEDERAL FORM 990PF WITH THE ATTORNEY GENERAL.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 6
NAME OF CONTRIBUTOR	ADDRESS	
RODMAN W. MOORHEAD II	3465 N. PINES WAY PMB 25211	-