...Form 990-PF Department of the Treasury **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

	Interr	nal Re	venue Service				orm990PF for ins	tructions and	the latest int				Open to Public t	nspection
	For	cale	dar year 2019	or tax year beginning	SEF	30,	2019	, and e	nding	DEC 31	, 20	<u>19</u>		
	Name of foundation				A Employer	identifica	ation r	number						
•	P	UT	CHIE FO	UNDATION										
	C/O INTENTIONAL PHILANTHROPY, LLC Number and street (or P O box number if mail is not delivered to street address) Room/suite						84-3229178							
						B Telephone	number							
	_ 3	В	ETHESDA	METRO CEN	TER				960	(301)761	-44	133	
	City	or t	own, state or pro	ovince, country, and ZI	P or foreign p	ostal cod	te			C If exemption	application	ıs per	nding, check here	ightharpoonup
	_B	ET	HESDA,	MD 20814										
	G	heck	all that apply:	X Initial returi	า		Initial return of a	former public	charity	D 1. Foreign	organizat	tions,	check here	ightharpoons
				Final return			Amended return			2				
				X Address ch			Name change	<u> </u>		check he	organization are and atta	ch com	ting the 85% test, putation	
	H C	_	type of organiz		· · · · · · · · · · · · · · · · · · ·	cempt pri	vate foundation		Od	E If private f	oundation	ı statu	is was terminate	d
	<u> </u>) nonexempt charitable			cable private found			under sec	tıon 507(t)(1)(/	A), check here	
				assets at end of year	J Accounti	-		Accı		F If the foun	dation is i	ın a 60	O-month termina	ition
	-	_	art II, col. (c), in				cify) MODIF		H	under sec	tion 507(t)(1)(E	B), check here	
		.\$		0,005,398.	(Part I, colur	nn (d), m	ust be on cash ba	SIS.)					(4)	
	Pa	ırt l	The total of amo	evenue and Expenses ounts in columns (b), (c), an al the amounts in column (a	d (d) may not))		Revenue and enses per books		ivestment ome		isted net ome		(0) Disbursen for charitable pu (cash basis c	ırposes
a 2		1	Contributions,	gifts, grants, etc., recei	ved	10,	000,000			N/	A]
OI		2		f the foundation is not required to	attach Sch B									
		3	Interest on saving cash investments	s and temporary										
-01	7	4	Dividends and	interest from securities	1		5,398		5,398.			2	TATEMEN	IT 1
\cup	1	5a	Gross rents]
		b	Net rental income	or (loss)									·	<u> </u>
	<u>e</u>	6a	Net gain or (loss) t	from sale of assets not on I	ine 10			<u> </u>						
	enc	b	Gross sales price assets on line 6a					ļ				_		
	Revenue	7		ncome (from Part IV, line 2)				<u> </u>	0.	ļ				
	_	8	Net short-term					 		ļ		\dashv		
		9	Income modific Gross sales less r					 				\rightarrow		<u>i</u>
			and allowances	-				 				+		
		ŀ	Less Cost of goo			 		 				\dashv		
		1	Gross profit or Other income	(iuss)		<u> </u>		 				\dashv		
		12	Total. Add line	c 1 through 11		10	005,398	-	5,398.					
		13	*	officers, directors, trustees	oto	10,	003,330		0.				 -	0.
		14		e salaries and wages	, etc	}		 		 _		-		
				employee benefits		<u> </u>		 		 		\dashv		
	es		Legal fees	omproyed beneate		<u> </u>		 						
	ens		Accounting fee	s								\neg		
	Expens		Other profession					 	RECI	EIVED				
(V)	Ve	!	Interest								7%			
Ş	rati	18	Taxes					8	MAY 1	5 2020	Ö			
Ź	ist	19	Depreciation ar	nd depletion				Ö	- 1517 (1	1	S	\neg		
SCANNED	Administrative	20	Occupancy								<u>∃≝</u>			
Ö	Ad	21	Travel, conferen	nces, and meetings					OGD	EN, UT				
	and,	22	Printing and pu	blications								\Box		
APR	ng	23	Other expenses	3										
2	Operating	24		g and administrative]				
000	be			l lines 13 through 23			0.		0.					0.
2	٥			gifts, grants paid			0.					\dashv		0.
2021		26	-	s and disbursements.			-		_			1		_
			Add lines 24 an		·	ļ	0.	ļ	0.					0.
		27	Subtract line 26	6 from line 12:			005 000	'	• •	,	eh f	ĺ	**	j
				over expenses and disbur		10,	005,398.		F 300				·	}
				t income (if negative, enti	•			ļ	5,398.	N/		_		
	1	C	Adjusted not in	COMP (if negative enter a	0-1	I		I .		ı N/	A	/ I	_	1

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

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PUTCHIE FOUNDATION C/O INTENTIONAL PHILANTHROPY, LLC

D	art	Bàlance Sheets Attached schedules and amounts in the description	Beginning of year	Ena o	
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	(
		Savings and temporary cash investments		10,005,398.	10,005,398.
		Accounts receivable		· · · · · · · · · · · · · · · · · · ·	
	٠	Less: allowance for doubtful accounts			
ı				•	 -
1	4	Pledges receivable >			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
g.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥		Investments - U.S. and state government obligations			
l	ļ.	Investments - corporate stock		*******	
		Investments - corporate bonds			
1					
	11	Invostments land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	_		
		instructions. Also, see page 1, item I)	0.	10,005,398.	10,005,398.
	17	Accounts payable and accrued expenses]
	18	Grants payable .			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable	****		
Ľ		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	-	Foundations that follow FASB ASC 958, check here			
s		and complete lines 24, 25, 29, and 30.			
ည	24	Net assets without donor restrictions		10,005,398.	
alances	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here			
Š		and complete lines 26 through 30.			
ř	26	Capital stock, trust principal, or current funds			
ţ	27	Paid-ın or capital surplus, or land, bldg., and equipment fund			
SSe	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets or Fund B	29	Total net assets or fund balances	0.	10,005,398.	
ž	- •				
	30	Total liabilities and net assets/fund balances	0.	10,005,398.	}
_			· · · · · · · · · · · · · · · · · · ·		<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund B	aiances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		st agree with end-of-year figure reported on prior year's return)		1	0.
2	Ente	r amount from Part I, line 27a		2	10,005,398.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	10,005,398.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	10,005,398.
_					Form 990-PF (2019)

	INTENTIONAL PHI			;		8	4-322	9178	Page 3
(a) List and describe	and Losses for Tax on I the kind(s) of property sold (for exa arehouse; or common stock, 200 sh	ample, real estate,	icome	(b) How	acquired irchase onation	(c) Date (mo., d		(d) Date so (mo., day,	
1a		,		0-0	Jiialion	\			
	NE			 					
C	·-·-								
d			 	1					
е									
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale				ain or (loss) s (f) minus (
8									
b		ļ						· · · · · · · · · · · · · · · · · · ·	
<u>C</u>		 							
d					•				
Complete only for assets show	I ng gain in column (h) and owned by	the foundation on	12/31/60			/I) Coupe /C	ol. (h) gain	minus	
(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (1)			òl. (k), but r	ot less than (from col. ()	-0-) or	
a		 							
b								•	
C									
d									
e		1							
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 Part V Qualification U	ass) as defined in sections 1222(5) a , column (c). Jnder Section 4940(e) for the foundations subject to the section	^{nd (6):} r Reduced T			tment In	come		N/A	
If "Yes," the foundation doesn't quali	ction 4942 tax on the distributable ar ify under section 4940(e). Do not co	mplete this part.						Yes _	□ No
	each column for each year, see the	instructions before	making any e	ntries.		₁		728	
(a) Base period years Calendar year (or tax year beginn	ing in) Adjusted qualifying di	stributions	Net value of no	(c) incharitab	le-use asse	ts		ution ratio ded by col. (c))
2018								 =	
2017 2016			.						
2015			· · · · · · · · · · · · · · · · · · ·						
2014									
Total of line 1, column (d) Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5.0, o	r by the numb	er of year	s	2			
the foundation has been in existe 4. Enter the net value of noncharital	ence it less than 5 years ble-use assets for 2019 from Part X,	line 5			•	3			
5 Multiply line 4 by line 3		,				5			
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)					6			
7 Add lines 5 and 6						7			
						, ,			

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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.

8 Enter qualifying distributions from Part XII, line 4

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year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

STMT

10

Form 990-PF (2019) C/O INTENTIONAL PHILANTHROPY, LLC | Part VII-A | Statements Regarding Activities (continued)

Pe	int VII-A Statements negariting 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				
	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		X	
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 ► INTENTIONAL PHILANTHROPY, LLC Telephone no. ► 301-76				
	Located at ► 3 BETHESDA METRO CENTER, SUITE 960, BETHESDA, MD ZIP+4 ►20	814			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		· / 3 P		
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A		
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	No	
	securities, or other financial account in a foreign country?	16	ļ	X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ļ			
	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.	
18	a 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?	}		li	
	(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?	ļ			
	(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)?	,			
	(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.)	[
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ļ			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u> </u>	
	Organizations relying on a current notice regarding disaster assistance, check here				
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		<u> </u>		
	before the first day of the tax year beginning in 2019?	1c		X	
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)):	ļ]	
á	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?	}		{	
	If "Yes," list the years				
t	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.) N/A	2b		 .	
(o If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	·				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?				
ı	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		1		
	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	1			
	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,			اــــا	
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	<u> </u>	17	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	ļ	Х	
i	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>	X	
	Fo	rm 99 0	U-PF	(2019)	

Part VII-B	Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)			_
5a During the	year, did the foundation pay or incur any amount to:				Ye	s No	_
(1) Carry o	n propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🛣 No	ŀ		1
(2) Influen	ce the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			ľ	- 1	I
•	ter registration drive?			es X No			۱
	e a grant to an individual for travel, study, or other similar purposes'		Y	es X No	ļ	-	١
	e a grant to an organization other than a charitable, etc., organization	n described in section	<u> </u>	(TE)	- 1		l
4945(d)(4)(A)? See instructions Yes X No							l
. ,	e for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	(1 27		*	l
	vention of cruelty to children or animals?			es X No	1		ļ
-	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / 7	<u></u> -		L
	4945 or in a current notice regarding disaster assistance? See instru			N/A	5b		7
-	ns relying on a current notice regarding disaster assistance, check h				1		Ì
	er is "Yes" to question 5a(4), does the foundation claim exemption fr			es 🔲 No	İ		ļ
•	responsibility for the grant?	7/	/A 11	es NO		- 1	
-	ich the statement required by Regulations section 53.4945-5(d).			ŀ			1
	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No		1	١
•	benefit contract?	oreanal hanafit contract?	''	ES LAZINO	6b -	~- - _X -	J
	ndation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	-	ŀ	-00	- ^	7
	b, file Form 8870. during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		1	1
-	the foundation receive any proceeds or have any net income attribu			N/A	7b	+	
	dation subject to the section 4960 tax on payment(s) of more than \$		•	,		_	1
	achute payment(s) during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y	es 🗶 No		1	1
Part VIII	Information About Officers, Directors, Trust	ees. Foundation Ma			<u> </u>		_
	Paid Employees, and Contractors	,	0,0				
1 List all office	cers, directors, trustees, and foundation managers and t	heir compensation.					_
	4 2 01	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, othe	ŕ
	(a) Name and address	to position	enter -0-)	and deferred compensation	allo	wances	_
SARAH K		DIRECTOR, PRE	SIDENT &	SECRETAI	ŲΥ		
	SDA METRO CENTER, SUITE 960					_	
BETHESDA	A, MD 20814	1.00	0.	0	· <u> </u>	0 .	<u>.</u>
			(
			ļ		1		
							_
					+		_
2 Compense	tion of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>			-
		(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, othe	_
(a) Nan	ne and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acco	unt, othe wances	
N(ONE	action to position		Compensation	1		-
	<u> </u>			İ	į		
				1	†		-
			1	1	1		
· · ·					1		-
		1	Í		1		
							-
•			-				_
				<u> </u>			_
Total number of	f other employees paid over \$50,000			>			<u> </u>
				Forn	n 990-F	PF (2019	'n

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Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If nor		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
to the second se		
Total number of others receiving over \$50,000 for professional services	•	▶ 0
Part IX-A Summary of Direct Charitable Activities		
I ist the foundation's four largest direct charitable activities during the tax year. Include releving number of organizations and other beneficiaries served, conferences convened, research pa	rant statistical information such as the ipers produced, etc.	Expenses
1 N/A		
2		
		4
		
3		-
		4
4	· · · · · · · · · · · · · · · · · · ·	
		1
]
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	x year on lines 1 and 2.	Amount
1N/A		
		4
2		4
		-
All other program-related investments. See instructions.	· · · · · · · · · · · · · · · · · · ·	
3		
]
	•	i

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Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,667,566
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,667,566
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,667,566
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,013
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,642,553
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	20,926
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	id certair	1
1	Minimum investment return from Part X, line 6	1	20,926
2a	Tax on investment income for 2019 from Part VI, line 5 2a 2a 108.		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	——————————————————————————————————————	2c	108.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,818
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20,818.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20,818.
P	eart XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies	for the section

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				20,818.
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 20 Hz	74		I to the state of	
a From 2014		"" i + ""	ماه ما راح در	4,
b From 2015	,			٠, ٦
ւ From 2016	٠,			A* , -
d From 2017	_			
e From 2018	t .			
f Total of lines 3a through e	0.			1
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2018, but not more than line 2a		-	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				0.
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			-, -	i
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	·····			
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			0.]
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				20,818.
7 Amounts treated as distributions out of		•		
corpus to satisfy requirements imposed by		a		
section 170(b)(1)(F) or 4942(q)(3) (Election				
may be required - see instructions)	0.	-		*
8 Excess distributions carryover from 2014				
not applied on line 5 or line /	0.	a this a	*	
9 Excess distributions carryover to 2020.		-		j
Subtract lines 7 and 8 from line 6a	0.	· • 4 •	M O	1
10 Analysis of line 9		· 3) 50 - 5 .	A	, , ,
a Excess from 2015			•	
b Excess from 2016	. 6			'*' . '\
c Excess from 2017		- ,		
d Excess from 2018	hi :	٠, ـ	. •	,
e Excess from 2019	L .	1 11	*	

923581 12-17-19

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.

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 If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year NONE **▶** 3a ٥. Total b Approved for future payment NONE Total ٥. Form **990-PF** (2019) Part XVI-A Analysis of Income-Producing Activities

	Uprolotos	business income	1 6 3 4	-db 540 540 544 I	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	ed by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7 mount	
a	-		+		
			+ +		
<u> </u>			++++		
<u> </u>	-		+		
4			+ +		·····
g Fees and contracts from government agencies					·····
g Fees and contracts from government agencies 2 Membership dues and assessments	 	····	╁╌╁		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash			+		
investments					
4 Dividends and interest from securities	<u> </u>		14	5,398.	
5 Net rental income or (loss) from real estate:	~~		+		
a Debt-financed property			- -		
b Not debt-financed property	<u> </u>		+ +	-	
6 Net rental income or (loss) from personal					
property	1 1				
7 Other investment income	 				
8 Gain or (loss) from sales of assets other			 		
than inventory					
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory	<u> </u>	 			
11 Other revenue:			<u> </u>	-	
_					
a b	_				
g		·	1 1		
d	_		1 1		
e			1 1		· · · · · · · · · · · · · · · · · · ·
12 Subtotal. Add columns (b), (d), and (e)	-	0	•	5,398.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	5,398.
(See worksheet in line 13 instructions to verify calculations.))				
Part XVI-B Relationship of Activities		mplishment of F	Evemnt	Durnosas	
Line No Explain below how each activity for which in	come is reported in	column (e) of Part XVI			plishment of
the foundation's exempt purposes (other the	an by providing fun	ds for such purposes).			
	, ,,				
		<u>-</u>	 		
	·-·-	·····			- · · · · · · · · · · · · · · ·
					
<u>'</u>					
	· <u> </u>				
					<u> </u>
					

923621 12-17-19

Form 9

990-PF (2019)		AL PHILANTHROPY,		84-3229178
	mation Regarding Tra npt Organizations	nsfers to and Transactio	ns and Relationships Wi	th Noncharitable
hid the organization	directly or indirectly engage in an	v of the following with any other orga	nization described in section 501(c)	1 1

		Exempt Organ				
1	Did the o	rganization directly or indir	rectly engage in any of the following	ng with any other organization	described in section 501(c)	Yes No
	(other tha	an section 501(c)(3) organ	izations) or in section 527, relatin	g to political organizations?		
а	•		ation to a noncharitable exempt or			
	(1) Cast	h		•		1a(1) X
	· ·	er assets				1a(2) X
		nsactions:				13(3)
U			ble average averagization			1b(1) X
			ble exempt organization			
			ncharitable exempt organization			
	• •	tal of facilities, equipment, (· ····· · · · · · · · · · · · · · · ·	1b(3) X
	(4) Rein	nbursement arrangements	•••••			1b(4) X
	(5) Loar	ns or loan guarantees				1b(5) X
	(6) Perfe	ormance of services or me	mbership or fundraising solicitation	ons		1b(6) X
C	Sharing o	of facilities, equipment, mai	iling lists, other assets, or paid em	npłoyees		1c X
d	If the ans	swer to any of the above is	"Yes," complete the following scho	edule. Column (b) should alwa	ays show the fair market value of the goods, o	ther assets,
					in any transaction or sharing arrangement, sl	
		• • •	other assets, or services received.			
(a)ı	ine no	(b) Amount involved	(c) Name of noncharitabl		(d) Description of transfers, transactions, and s	sharing arrangements
(-,-		(4)	N/A	3	, , , , , , , , , , , , , , , , , , ,	
			N/A	· · · · · · · · · · · · · · · · · · ·		
				 		
						-
				· · · · · · · · · · · · · · · · · · ·		
						
				 		
			<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·
						· · · · · · · · · · · · · · · · · · ·
					<u>l</u>	
2a			tly affiliated with, or related to, one			
	in section	n 501(c) (other than section	n 501(c)(3)) or in section 527?		L	Yes X No
þ	If "Yes," o	complete the following sch	edule.			
		(a) Name of org	anization	(b) Type of organization	(c) Description of relationsh	nip
		N/A				
		· · · · · · · · · · · · · · · · · · ·		1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
				 		· · · · · · · · · · · · · · · · · · ·
	Linda	er nonattine of normal Laboratore	that I have examined this return meturin	no accompanying schedules and st	atements, and to the best of my knowledge	
o:	204 F				May	the IRS discuss this
	gn		_	15/11/2-	sho	m with the preparer wn below? See Instr.
П	ere	100		13/4/20		Yes 🔲 No
	Sig	mature of officer or trustee	·	Date	Title	
		Print/Type preparer's na	ime Preparer's s	signature	Date Check if PTIN	
		1	Ι Λ	11-1	5/4/20 self-employed	
Pa	aid	AMY KHIANI	CPA JAN	I wash	P02	2145533
Pr	eparer			THROPY, LLC	Firm's EIN ▶ 27-22	
	se Only					
_,	 y		BETHESDA METRO	CRNTER CITTE	960	
						1 _ / / 2 2
		BE	THESDA, MD 2081	.4	Phone no. 301-76	1-4433

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

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Name of the organization **Employer identification number** PUTCHIE FOUNDATION C/O INTENTIONAL PHILANTHROPY, 84-3229178 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

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

Name of organization

Employer identification number

PUTCHIE FOUNDATION

C/O INTENTIONAL PHILANTHROPY, LLC

84-3229178

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER G. ALFOND 2008 TRUST TWO MONUMENT SQUARE, 6TH FLOOR PORTLAND, ME 04101	\$ <u>10,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash (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 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.)

923452 11-06-19

Name of organization

Employer identification number

PUTCHIE FOUNDATION

'C/O' INTENTIONAL PHILANTHROPY, LLC

84-3229178

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
		0-b-d-t- 5 /2	000 000 FT 000 DE\(0040\)					

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) **Employer identification number** Name of organization PUTCHIE FOUNDATION 84-3229178 ·C/O·INTENTIONAL PHILANTHROPY, LLC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this 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 (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose 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

11430430 160254 PUTCHIE

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
FIDELITY	5,398.	0.	5,398.	5,398	,	
TO PART I, LINE 4	5,398.	0.	5,398.	5,398		
FORM 990-PF		SUBSTANTIAL CO			STATEMENT	2
NAME OF CONTRIBUTOR	ADDRESS	ADDRESS				
PETER G. ALFOND 200	8 TRUST	TWO MON		E, 6TH FLOOR	R	