

Form 990-PF

Department of the Treasury  
Internal Revenue Service

## 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.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

2019

Open to Public  
Inspection

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

Name of foundation TUSCAN RESEARCH INSTITUTE		A Employer identification number 94-3025713	
Number and street (or P.O. box number if mail is not delivered to street address) 222 VIA MARNELL WAY		B Telephone number (see instructions) (702) 739-2000	
City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89119		C If exemption application is pending, check here ► <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here ..... ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ► <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 44,337,771	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	(Part I, column (d) must be on cash basis.)	

<b>Part I</b> Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	26,227,000			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	376	376	376	
	5a Gross rents	29,222	29,222	29,222	
	b Net rental income or (loss)	29,222			
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances	478,278			
	b Less: Cost of goods sold	442,772			
	c Gross profit or (loss) (attach schedule)	35,506		35,506	
	11 Other income (attach schedule)	342,283	0	342,283	
	<b>12 Total.</b> Add lines 1 through 11	26,634,387	29,598	407,387	
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	4,000	0	0	0
	14 Other employee salaries and wages	224,997	0	0	224,997
	15 Pension plans, employee benefits	23,547	0	0	23,547
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,720	0	0	0
	c Other professional fees (attach schedule)	441	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	115,002	0	0	114,202
	19 Depreciation (attach schedule) and depletion	26,689	0	56,625	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	590,451	0	0	566,017
	<b>24 Total operating and administrative expenses.</b>				
	Add lines 13 through 23	989,847	0	56,625	928,763
	25 Contributions, gifts, grants paid	0			0
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	989,847	0	56,625	928,763
	<b>27</b> Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	25,644,540			
	b Net investment income (if negative, enter -0-)		29,598		
	c Adjusted net income (if negative, enter -0-)			350,762	

	<b>Part II Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	<b>1</b> Cash—non-interest-bearing . . . . .		529,948	657,317	657,317
	<b>2</b> Savings and temporary cash investments . . . . .		17,747	18,133	18,133
	<b>3</b> Accounts receivable ► 7,524				
	Less: allowance for doubtful accounts ►		13,823	7,524	7,524
	<b>4</b> Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ►				
	Less: allowance for doubtful accounts ►				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .		11,584	12,719	12,719
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .				
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .				
	<b>11</b> Investments—land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	<b>12</b> Investments—mortgage loans . . . . .				
	<b>13</b> Investments—other (attach schedule) . . . . .				
	<b>14</b> Land, buildings, and equipment: basis ► 44,461,284				
	Less: accumulated depreciation (attach schedule) ► 819,207		18,118,765	43,642,077	43,642,077
	<b>15</b> Other assets (describe ► )				
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)		18,691,868	44,337,771	44,337,771
	<b>17</b> Accounts payable and accrued expenses . . . . .		97,853	99,216	
	<b>18</b> Grants payable . . . . .				
	<b>19</b> Deferred revenue . . . . .				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b> Other liabilities (describe ► )				
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		97,853	99,216	
	<b>Foundations that follow FASB ASC 958, check here ► <input type="checkbox"/></b>				
	<b>and complete lines 24, 25, 29 and 30.</b>				
	<b>24</b> Net assets without donor restrictions . . . . .				
	<b>25</b> Net assets with donor restrictions . . . . .				
	<b>Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/></b>				
	<b>and complete lines 26 through 30.</b>				
	<b>26</b> Capital stock, trust principal, or current funds . . . . .		0	0	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund		12,858,000	12,858,000	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds		5,736,015	31,380,555	
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .		18,594,015	44,238,555	
	<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		18,691,868	44,337,771	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	18,594,015
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	25,644,540
<b>3</b> Other increases not included in line 2 (itemize) ►	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	44,238,555
<b>5</b> Decreases not included in line 2 (itemize) ►	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .	<b>6</b>	44,238,555



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	592
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	592
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	5	592
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	9,834
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	9,834
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	9,242
11	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ►	11	0

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>Yes</b>	<b>No</b>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).		<b>Yes</b>	<b>No</b>
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> for this year?		<b>Yes</b>	<b>No</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1)	On the foundation. ► \$ _____ 0	(2)	On foundation managers. ► \$ _____ 0	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		<b>Yes</b>	<b>No</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>Yes</b>	<b>No</b>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>Yes</b>	<b>No</b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		<b>Yes</b>	
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>		<b>Yes</b>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	► NV, CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>		<b>Yes</b>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		<b>Yes</b>	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		<b>Yes</b>	

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	Yes
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <a href="http://WWW.TUSCANYRESEARCHINSTITUTE.COM">WWW.TUSCANYRESEARCHINSTITUTE.COM</a>	13	Yes
14	The books are in care of ► <u>ANTHONY A MARNELL II</u>	Telephone no. ► (702) 739-2000	
Located at ► <u>222 VIA MARNELL WAY LAS VEGAS NV</u>			ZIP+4 ► <u>89119</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. . . . .	► <input type="checkbox"/>	15
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes      No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b>	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .				
(3) Provide a grant to an individual for travel, study, or other similar purposes?				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .				
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>				
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000. . . . . ► 0</b>				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total number of others receiving over \$50,000 for professional services.** . . . . . ► 0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
<b>1</b>	Maintenance of habitat for waterfowl	928,763
<b>2</b>		
<b>3</b>		
<b>4</b>		

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
<b>1</b>		
<b>2</b>		
<b>3</b>	All other program-related investments. See instructions.	

**Total. Add lines 1 through 3** . . . . . ► 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. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	474,029
c	Fair market value of all other assets (see instructions). . . . .	1c	19,681
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	493,710
e	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	493,710
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	7,406
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	486,304
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	24,315

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** organizations check here ►  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2019 from Part VI, line 5. . . . .	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	928,763
b	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:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	928,763
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	928,763
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.			

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only. . . . .				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. . . . .				
b From 2015. . . . .				
c From 2016. . . . .				
d From 2017. . . . .				
e From 2018. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2019 distributable amount. . . . .				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				
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 <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a . . . . .				
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. . . . .				

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ►				
b	Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .				
	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>
	<b>(a) 2019</b>	<b>(b) 2018</b>	<b>(c) 2017</b>	<b>(d) 2016</b>	
	24,315	22,810	20,686	0	67,811
b	85% of line 2a . . . . .	20,668	19,389	17,583	57,639
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .	928,763	1,020,419	1,421,494	4,765,324
d	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	928,763	1,020,419	1,421,494	1,394,648
3	Complete 3a, b, or c for the alternative test relied upon:				4,765,324
a	"Assets" alternative test—enter:				
	(1) Value of all assets . . . . .				0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	16,210	15,207	13,791	17,341
c	"Support" alternative test—enter:				62,549
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .				0
	(3) Largest amount of support from an exempt organization				0
	(4) Gross investment income				0

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

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

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

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

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

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

BOARD OF TRUSTEES TUSCANY RESEARCH  
222 VIA MARNELL WAY  
LAS VEGAS, NV 89119  
(702) 739-2000

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

LETTER INCLUDING INFORMATION ON PROJECT FOR WHICH CONTRIBUTION IS REQUESTED

c Any submission deadlines:

APPLICATIONS ARE ACCEPTED AT ANY TIME

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

NONE

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
<b>Total</b> . . . . .			► 3a	0
<i>b Approved for future payment</i>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1 Program service revenue:</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>					
<b>4 Dividends and interest from securities.</b>			14	376	
<b>5 Net rental income or (loss) from real estate:</b>					
a Debt-financed property.					
b Not debt-financed property.			16	29,222	
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>					
<b>9 Net income or (loss) from special events:</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>	111000	35,506			
<b>11 Other revenue:</b>					
a MISCELLANEOUS INCOME		342,283			
b					
c					
d					
e					
<b>12 Subtotal. Add columns (b), (d), and (e).</b>		377,789		29,598	0
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>			13		407,387
(See worksheet in line 13 instructions to verify calculations.)					

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

## Part XVII

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

a Transfers from the reporting foundation to a noncharitable exempt organization of:

**b Other transactions:**

(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule.

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

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

\*\*\*\*\*

2020-11-09

\*\*\*

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

Signature of officer or trustee

Date

>Title

**Sign  
Here**

**Paid  
Preparer  
Use Only**

(see instr.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	JACKIE SMITH				P00695709
	Firm's name ► SMITH & FRANCIS LLC				Firm's EIN ► 88-0262893
Firm's address ► 6700 VIA AUSTI PKWY STE C LAS VEGAS, NV 89119				Phone no. (702) 798-1919	

## Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANTHONY A MARNELL II  222 VIA MARNELL WAY LAS VEGAS, NV 89119	TRUSTEE 1.00	0	0	0
MATTHEW E WOODHEAD  2100 PARKRIDGE CIRCLE RENO, NV 89509	TRUSTEE 0.25	0	0	0
CHRISTOPHER L KAEMPFER  8435 WEST SUNSET ROAD 250 LAS VEGAS, NV 89113	TRUSTEE 0.25	0	0	0
ANTHONY A MARNELL III  222 VIA MARNELL WAY LAS VEGAS, NV 89119	TRUSTEE 0.25	0	0	0
ALISA M WILSON  222 VIA MARNELL WAY LAS VEGAS, NV 89119	TRUSTEE 7.50	4,000	0	0
GREGORY WELLS  222 VIA MARNELL WAY LAS VEGAS, NV 89119	TRUSTEE 0.25	0	0	0

## TY 2019 Accounting Fees Schedule

**Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SMITH & FRANCIS	4,720	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2019 Depreciation Schedule

**Name:** TUSCANY RESEARCH INSTITUTE

**EIN:** 94-3025713

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
1997 VERMEER 1	2003-02-05	13,000	13,000	150DB	7.00000000000000	0	0	0	
CAT EXCAVATOR	2003-02-05	72,696	72,696	150DB	7.00000000000000	0	0	0	
CAMP 17 IRRIGATION	2010-05-01	105,858	70,077	150DB	7.00000000000000	0	0	0	
YOUTH CAMP I	2012-05-31	27,885	13,088	150DB	7.00000000000000	854	0	1,660	
LAKE RESTORATION	2012-05-31	424,766	105,785	150DB	15.00000000000000	12,541	0	28,318	
LAND	1994-12-31	2,625,000		L		0	0	0	
LAND	1995-12-31	7,860,000		L		0	0	0	
LAND	2002-12-31	2,373,000		L		0	0	0	
FIBER OPTIC CABLES	2011-04-30	29,435		150DB	7.00000000000000	0	0	0	
SIPHON MATERIALS CER 349	2013-07-31	34,131	7,492	150DB	15.00000000000000	1,008	0	2,275	
2014 SIPHONS	2014-11-30	139,186	24,504	150DB	15.00000000000000	4,509	0	9,279	
LAND	2014-06-09	2,637,883		L		0	0	0	
LAND	2014-12-31	619,250		L		0	0	0	
LAND	2015-03-27	1,784,304		L		0	0	0	
WALNUT ORCHARD	2016-07-31	123,030	20,404	150DB	10.00000000000000	6,167	0	12,303	
REBUILT PUMP FOR CAMP 1 PUMP STATION	2016-09-30	21,351	2,461	150DB	15.00000000000000	821	0	1,423	
REBUILT PUMP FOR CAMP 17 PUMP STATION	2016-12-31	20,509	2,364	150DB	15.00000000000000	789	0	1,367	
LAND	2019-12-31	25,550,000		L		0	0	0	

## TY 2019 General Explanation Attachment

**Name:** TUSCANY RESEARCH INSTITUTE

**EIN:** 94-3025713

### General Explanation Attachment

Identifier	Return Reference	Explanation	
1	CONTROLLED ENTITIES	FORM 990-PF, PAGE 5, PART VII-A, LINE 11	DURING THE YEAR, THE FOUNDATION DIRECTLY OWNED TWO CONTROLLED ENTITIES WITHIN THE MEANING OF SECTION 512(B)(13) AS FOLLOWS: TUSCANY GAS, LLC 222 VIA MARNELL WAY, LAS VEGAS, NV 89119 EIN 68-0482229 TUSCANY MONTANA, LLC 222 VIA MARNELL WAY, LAS VEGAS, NV 89119 EIN 46-5281734

**TY 2019 Land, Etc.  
Schedule****Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
1997 VERMEER 1	13,000	13,000	0	
CAT EXCAVATOR	72,696	72,696	0	
CAMP 17 IRRIGATION	105,858	105,858	0	
YOUTH CAMP I	27,885	27,885	0	
LAKE RESTORATION	424,766	330,709	94,057	
LAND	2,625,000	0	2,625,000	
LAND	7,860,000	0	7,860,000	
LAND	2,373,000	0	2,373,000	
FIBER OPTIC CABLES	29,435	29,435	0	
SIPHON MATERIALS CER 349	34,131	25,566	8,565	
2014 SIPHONS	139,186	98,606	40,580	
LAND	2,637,883	0	2,637,883	
LAND	619,250	0	619,250	
LAND	1,784,304	0	1,784,304	
WALNUT ORCHARD	123,030	88,086	34,944	
REBUILT PUMP FOR CAMP 1 PUMP STATION	21,351	13,958	7,393	
REBUILT PUMP FOR CAMP 17 PUMP STATION	20,509	13,408	7,101	
LAND	25,550,000	0	25,550,000	

## TY 2019 Other Assets Schedule

**Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CHARITABLE REMAINDER FUND	1	1	1

## TY 2019 Other Expenses Schedule

**Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	6,684	0	0	0
DUES & SUBSCRIPTIONS	17,039	0	0	0
REPAIRS AND MAINTENANCE	480,910	0	0	480,910
MISCELLANEOUS EXPENSES	711	0	0	0
HABITAT COSTS	83,497	0	0	83,497
CONTRACT LABOR	1,610	0	0	1,610

## TY 2019 Other Income Schedule

**Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	342,283		342,283

## TY 2019 Other Professional Fees Schedule

**Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CT CORPORATION	441	0	0	0
NATIONAL REGISTERED AGENTS	0	0	0	0

# TY 2019 Substantial Contributors

## Schedule

**Name:** TUSCANY RESEARCH INSTITUTE

**EIN:** 94-3025713

<b>Name</b>	<b>Address</b>
DOUBLE FORK WEST LLC	222 VIA MARNELL WAY LAS VEGAS, NV 89119

## TY 2019 Taxes Schedule

**Name:** TUSCANY RESEARCH INSTITUTE**EIN:** 94-3025713

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE	77,445	0	0	77,445
STATE TAXES	800	0	0	0
PAYROLL TAXES	36,757	0	0	36,757

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**Name of the organization  
TUSCANY RESEARCH INSTITUTEEmployer identification number  
94-3025713**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 other 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<sup>1</sup>/<sub>3</sub> 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, charitable, 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, charitable, 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, charitable, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
TUSCAN RESEARCH INSTITUTEEmployer identification number  
94-3025713

<b>Part I</b>		<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANTHONY A MARSELL III 222 VIA MARSELL WAY  LAS VEGAS, NV 89119	\$ 677,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
2	DOUBLE FORK WEST LLC  222 VIA MARSELL WAY  LAS VEGAS, NV 89119	\$ 25,550,000	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions.)

Name of organization TUSCANY RESEARCH INSTITUTE		Employer identification number 94-3025713	
<b>Part II</b> <b>Noncash Property</b>			
<b>(a)</b> <b>No. from Part I</b>	(see instructions). Use duplicate copies of Part II if additional space is needed.		
	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
2	100% INTEREST IN TUSCANY MONTANA WEST LLC WHICH OWNS 1733.65 ACRES OF PROPERTY IN RAVALLI COUNTY MT	\$ 25,550,000	2019-12-23
<b>(a)</b> <b>No. from Part I</b>	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
		\$	
<b>(a)</b> <b>No. from Part I</b>	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
		\$	
<b>(a)</b> <b>No. from Part I</b>	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
		\$	
<b>(a)</b> <b>No. from Part I</b>	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
		\$	
<b>(a)</b> <b>No. from Part I</b>	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
		\$	
<b>(a)</b> <b>No. from Part I</b>	<b>(b)</b> <b>Description of noncash property given</b>	<b>(c)</b> <b>FMV (or estimate)</b> (See instructions)	<b>(d)</b> <b>Date received</b>
		\$	

