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OMB No. 1545-0052

2019

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

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 02-01-20)19 , ar	nd er	nding 01-31-	2020			
		Indation			A Employer ide	entification numbe	r		
		FOUNDATION INC	_		20-2214025				
	ber and D BOX 7	d street (or P.O. box number if mail is not delivered to street address) 7486	Room/suite		B Telephone nu	mber (see instructio	ns)		
					(703) 978-4040				
		n, state or province, country, and ZIP or foreign postal code ATION, VA 22039			C If exemption	application is pendin	g, check here		
G Ch	eck al	ll that apply: \Box Initial return \Box Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere		
		\square Final return \square Amended return				ganizations meeting			
		Address change Name change			, i	k here and attach co	· -		
1 Ch	eck ty	ablape of organization: $ abla$ Section 501(c)(3) exempt private	foundation			ındation status was 1 n 507(b)(1)(A), ched			
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxable	e private foundation						
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 7,609,492 J Accounting method: □ Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru	al		ation is in a 60-mont n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(-) D				(d) Disbursements		
		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	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	250,809						
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B							
Reverkie	3	Interest on savings and temporary cash investments	4		4				
	4	Dividends and interest from securities	168,254		168,254				
	5a	Gross rents							
	b	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	336,523						
	b	Gross sales price for all assets on line 6a1,376,412							
ã	7	Capital gain net income (from Part IV, line 2)			336,523				
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b c	Less: Cost of goods sold							
	11	Other income (attach schedule)	9 13,785		13,785				
	12	Total. Add lines 1 through 11	769,375		518,566				
	13	Compensation of officers, directors, trustees, etc.	27,000	<u> </u>	310,300				
	14	Other employee salaries and wages	24,617		2,461				
s	15	Pension plans, employee benefits			_,				
)se	16a	Legal fees (attach schedule)	9 200						
<u>ē</u>	b	Accounting fees (attach schedule)	8,444						
Ä	С	Other professional fees (attach schedule)	_						
il Ye	17	Interest							
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	9,123		291				
<u>=</u>	19	Depreciation (attach schedule) and depletion							
Ē	20	Occupancy							
Ă	21	Travel, conferences, and meetings	2,487						
anc	22	Printing and publications							
<u>5</u>	23	Other expenses (attach schedule)	33,024		30,274				
a <u>E</u>	24	Total operating and administrative expenses.							
<u>6</u>		Add lines 13 through 23	104,895		33,026				
)	25	Contributions, gifts, grants paid	364,590				364,590		
	26	Total expenses and disbursements. Add lines 24 and 25	469,485		33,026		364,590		
	27	Subtract line 26 from line 12:	·		·				
	а	Excess of revenue over expenses and	200 000						
	b	disbursements Net investment income (if negative, enter -0-)	299,890		485,540				
	c	Adjusted net income (if negative, enter -0-)			+03,340				
	ı -		l	1			İ		

Page **2**

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

Decreases not included in line 2 (itemize) ▶ _

2

3

4

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

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

Part II		Balance Sheets Attached schedules and amounts in the description column	n Be	eginning of year	End of	nd of year				
		should be for end-of-year amounts only. (See instructions	.) (a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing		36,262	8,795	8,795				
	2	Savings and temporary cash investments	• 📙							
	3	Accounts receivable								
		Less: allowance for doubtful accounts ▶								
	4	Pledges receivable ►								
		Less: allowance for doubtful accounts ▶								
	5	Grants receivable	•							
	6	Receivables due from officers, directors, trustees, and other								
		disqualified persons (attach schedule) (see instructions)	1,000							
	7	Other notes and loans receivable (attach schedule) 43,494								
		Less: allowance for doubtful accounts ▶		132,578	43,494	43,494				
2	8	Inventories for sale or use								
Assets	9	Prepaid expenses and deferred charges	and deferred charges							
As	10a	Investments—U.S. and state government obligations (attach schedule)							
	b	Investments—corporate stock (attach schedule)	-corporate stock (attach schedule)							
	С	Investments—corporate bonds (attach schedule)								
	11	Investments—land, buildings, and equipment: basis ▶								
		Less: accumulated depreciation (attach schedule)	_							
	12	Investments—mortgage loans		175,000	175,000	175,000				
	13	Investments—other (attach schedule)		4,602,063	4,750,569	7,380,993				
	14	Land, buildings, and equipment: basis ►								
		Less: accumulated depreciation (attach schedule) ▶ 2,428								
	15	Other assets (describe)	9	555	1,210	1,210				
	16	Total assets (to be completed by all filers—see the			_	<u> </u>				
		instructions. Also, see page 1, item I)		4,947,458	4,979,068	7,609,492				
\dashv	17	Accounts payable and accrued expenses	.							
	18	Grants payable	_							
Š	19	Deferred revenue	-							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons								
abi	21	Mortgages and other notes payable (attach schedule)								
	22	Other liabilities (describe \(\bigsir \))	· •	66,679	45 31,861					
	23	Total liabilities(add lines 17 through 22)		66,679	31,861					
\dashv		Total Habilities (add liftes 17 tillough 22)	•	00,073	31,001					
es		Foundations that follow FASB ASC 958, check here 🕨 📙								
<u>۱</u>		and complete lines 24, 25, 29 and 30.								
<u> </u>	24	Net assets without donor restrictions								
or Fund Balanc	25	Net assets with donor restrictions	·							
Ē		Foundations that do not follow FASB ASC 958, check here	⋥ │							
<u>"</u>		and complete lines 26 through 30.								
S	26	Capital stock, trust principal, or current funds	.							
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund								
As	28	Retained earnings, accumulated income, endowment, or other funds		4,880,779	4,947,207					
Net	29	Total net assets or fund balances (see instructions)	.	4,880,779	4,947,207					
z	30	Total liabilities and net assets/fund balances (see instructions)	4,947,458	4,979,068						
Рa	rt III									
1		I net assets or fund balances at beginning of year—Part II, column (a),	line 29	must agree with	end-					

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4,880,779

5,180,669

4,947,207

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233,462

299,890

	e the kind(s) of property sold (e.g., irehouse; or common stock, 200 shs	How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)				
1 a PUBLICALLY TRADED SE	CURITIES							
b								
c								
d								
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) or (loss) or minus (a)			
a 1,37	6,412	ριασιοχρ	1,040,049	(0) pius (1				
b			_,_,,,,,,,					
c								
d								
	schowing gain in column (h) and ou	nod by the foundation	on 12/21/60	,	11			
(i) F.M.V. as of 12/31/69	s showing gain in column (h) and ow (j) Adjusted basis as of 12/31/69	Excess	(k) s of col. (i) l. (j), if any	Gains (Col. (col. (k), but not	3			
a	45 01 12/01/05	3701 031	()// (/					
b								
c								
d								
e								
·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		·	3	336,523			
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come				
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e.)				
f section 4940(d)(2) applies, le	eave this part blank. e section 4942 tax on the distributal	ble amount of any year	r in the base period?	. П	es 🗸 No			
	ot qualify under section 4940(e). Do	• •						
1 Enter the appropriate an	nount in each column for each year;	see instructions before	e making any entries	5.				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rat (col. (b) divided by c				
2018	365,836		6,311,333	00	00000.057965			
2017	256,435		5,219,727	00	00000.049128			
2016	246,905		4,650,844	00	00000.053088			
2015	215,033		4,813,661		00000.044671			
2014	193,431		4,824,860	00	00000.040090			
2 Total of line 1, column (d)		2	01	00000.244942			
number of years the four	o for the 5-year base period—divide b ndation has been in existence if less ncharitable-use assets for 2019 fron	than 5 years	.0, or by the 3	0.	00000.04898 <u>8</u> 7,101,709			
5 Multiply line 4 by line 3		•	5		347,899			
	ent income (1% of Part I, line 27b)		6		4,855			
			7		352,754			
	ons from Part XII, line 4 ,		8		364,590			
	eater than line 7, check the box in Pa			l g a 1% tax rate. Se				
instructions.	and the second of the second o	32,e 15, and con	.p. see and pare dam	5 = 170 tax rate. De				

Form	990-PF (2019)								Page 6
Pa	rt VII-B Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (continue	ed)			
5a	During the year did the foundation	рау о	r incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ 1	No		
	(2) Influence the outcome of any sp	ecifi	ecific public election (see section 4955); or to carry						
	on, directly or indirectly, any voter registration drive? Yes V								
	(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 t	han r	eligious, charitable, scien	tific, literary, or					
	educational purposes, or for the	prev	ention of cruelty to childr	en or animals?	· · 🗌 Yes	✓ I	No		
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in								
	Regulations section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instru	uctions		5t	<u> </u>	
	Organizations relying on a current n	otice	regarding disaster assist	ance check here					
C	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the								
	tax because it maintained expenditu				· · 🗌 Yes		No		
	If "Yes," attach the statement requi		· =						
6a	Did the foundation, during the year,	rece	ive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes	✓ 1	No		
b	Did the foundation, during the year,	pay	premiums, directly or ind	lirectly, on a personal ber	nefit contract?		6t	<u> </u>	No
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tran	nsaction?	✓ 1	No		
b	If "Yes", did the foundation receive	any p	roceeds or have any net	income attributable to th			7t	<u> </u>	
8	Is the foundation subject to the sec								
	excess parachute payment during th	ne ye	ar?		· · 🗌 Yes	✓ 1	No		
Pa	rt VIIII and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, Highly Pa	id Em	ployee	s,	
1	List all officers, directors, truste	es, fo	oundation managers ar	d their compensation.	See instructions				
	(a) Name and address	(b) Title, and average	(c) Compensation (If	(d) Contributions		(e) Exp	ense acc	count,
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee benefit plan deferred compensat		other	allowan	ces
BUDD	DY G BECK	CHAI	RMAN	0					
1060	1 SHADOW LANE	005.0	00						
	FAX STATION, VA 22039								
	LOTTE V BECK	PRES 005.0	IDENT 00	0					
	1 SHADOW LANE FAX STATION, VA 22039								
	AEL S BECK	DIRE	CTOR	0					
2573	OAK VISTA CT	001.0	00						
	LE ROCK, CO 80104								
	RAH B CORBATTO	DIRE 001.0	CTOR	27,000					
	NPITT STREET ANDRIA, VA 22314	001.	,,,						
2	Compensation of five highest-pa	id en	ployees (other than t	hose included on line 1	_see instructions).	If non	e, enter	"NONE	."
			(b) Title, and average		(d) Contributions	to			
(a)	Name and address of each employee	paid	hours per week	(c) Compensation	employee benefit		(e) Expe		
	more than \$50,000		devoted to position		plans and deferre compensation	a	otner	allowand	es
					1				
Tota	I number of other employees paid ov	er \$5	0,000	.	 •				
	. , ,		<u> </u>		•		_ ^	~~	/2015

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professiona	al services (see instructions). If none, enter "NC	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	_	
	\dashv	
Total number of others receiving over \$50,000 for professional service	es	
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pap	nclude relevant statistical information such as the number of	Expenses
1 N/A	ers produced, etc.	0
2		
3		
4		
Part IX-B Summary of Program-Related Investments		T
Describe the two largest program-related investments made by the foundation	n during the tax year on lines 1 and 2.	Amount
1 N/A 2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	
		Form 990-PF (2019)

5

6

7

1a

1b

2

3a 3b

4

5

350.230

350.230

364,590

364,590

4.855

359.735

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

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

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

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

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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Part XII

P	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				350,230				
2	Undistributed income, if any, as of the end of 2019:								
а	Enter amount for 2018 only								
b	Total for prior years: 20, 20, 20								
3	Excess distributions carryover, if any, to 2019:								
а	From 2014								
b	From 2015								
С	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e	73,731							
4	Qualifying distributions for 2019 from Part								
	VII line 4: ▶ ¢ 364 500								

14.360

88,091

88,091

2.856

70,875

14.360

Page 9

350,230

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•	110111 2017			-,			
е	From 2018			70,875			
f	Total of lines 3a th	rough e		[
4	Qualifying distributions for 2019 from Part						
	XII, line 4: ► \$		364,590				
а	Applied to 2018, bu	it not more th	an line 2a				

same amount must be shown in column (a).)

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

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) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2020.

Subtract lines 7 and 8 from line 6a.

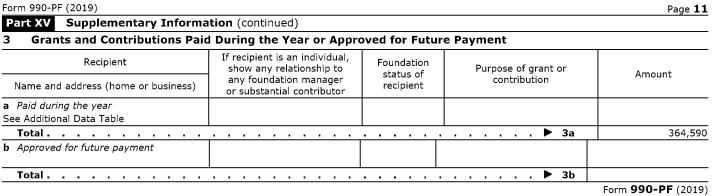
10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. .

e Excess from 2019. .

indicated below:



nter gross	amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
е						
-	and contracts from government agencies					
Membe	rship dues and assessments					
Interes investn	t on savings and temporary cash nents			14	4	
	ids and interest from securities			14	168,254	
	ital income or (loss) from real estate: financed property.					
	ebt-financed property					
	nvestment income					
Gain or invento	(loss) from sales of assets other than			18	336,523	
	ome or (loss) from special events:			10	330,323	
	profit or (loss) from sales of inventory revenue:					
a OTHER	R INVESTMENT INCOME			14	13,785	
	al. Add columns (b), (d), and (e).				518,566	
Total.	Add line 12, columns (b), (d), and (e)			13	310,300	518,56
(See wo	orksheet in line 13 instructions to verify calcu B Relationship of Activities to the		ment of Exem	pt Purposes		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	income is report	ed in column (e) o	f Part XVI-A contribu		

Foi	rm 990-PF (20	19)			Pa	ge 13
	Part XVII	Information Re Exempt Organia	garding Transfers To and Transactions and Relationships With Noncharit zations	able		
1			directly engage in any of the following with any other organization described in section 501 organizations) or in section 527, relating to political organizations?		Yes	No
а	Transfers fro	m the reporting foun	dation to a noncharitable exempt organization of:			
	(1) Cash.			1a(1)		No
	(2) Other a	ssets		1a(2)		No
b	Other transa	ctions:				
			, -	1b(1)		No
	` ,		' '	1b(2)		No
				1b(3)		No
				1b(4)		No
				1b(5)		No
			· · · · · · · · · · · · · · · · · · ·	1b(6)		No
	_		nailing lists, other assets, or paid employees	1c		No
(a	,	ction or sharing arra b) Amount involved	ngement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and share	ring arra	naemen	ıts
	,	2) / milouile mirotreu	(a) realist of the format and the fo	ing arra	ng cimen	
_						
_						
_						
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_						
_						
2		•	ectly affiliated with, or related to, one or more tax-exempt organizations	7 1		

ın aı	ny tran	saction or snaring arra	ngement, sn	iow in	column (c	i) the value of	tne	goods, ot	ner asse	its, or services rece	eivea.		
(a) Line	No.	(b) Amount involved	(c) Name of	noncha	aritable exe	mpt organization	I	(d) Desc	ription of	transfers, transaction	s, and sharing arrangements		
							╄						
							+						
							+						
							+						
							T						
							1						
							+						
							+						
							+						
							T						
D 11 1	es, cc	mplete the following s (a) Name of organization			(1	b) Type of organiz	zatio	n		(c) Description	on of relationship		
Sign	of m whicl	y knowledge and belief n preparer has any kno	, it is true, c			plete. Declaratio					statements, and to the best based on all information of May the IRS discuss this		
Here		*****				2020-12-14		*	****		return with the preparer shown		
	S	Signature of officer or t	rustee			Date		/	itle		below (see instr.) Yes No		
		Print/Type preparer's	name	Prepa	arer's Sigr	nature		Date		Check if self-	PTIN		
Paid		SUSAN Y WAGNER						2020-12-14		employed ▶ ✓			
Preparent of the Prepar		Firm's name ► SUS.						1		•	Firm's EIN ▶		
		Firm's address ► 11	.02 EMERALD .EXANDRIA. '								Phone no. (703) 360-3508		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICAN BIBLE SOCIETY 101 N INDEPENDENCE AMLL EAST FL8 PHILADELPHIA, PA 19106	NONE	PC	BIBLES FOR TROOPS	50
AMERICAN LEGIONPO BOX 11025	NONE	PC	WOUNDED HEROES AND	50

AMERICAN LEGIONPO BOX 11025 RICHMOND, VA 23230	NONE	PC	WOUNDED HEROES AND AMERICAN VETERANS	50
ARMY EMERGENCY RELIEF 200 STOVALL ST 5S33 ALEXANDRIA. VA 22332	NONE	PC	RETIRED SOLDIER CAMPAIGN	200

ARMY EMERGENCY RELIEF 200 STOVALL ST 5S33 ALEXANDRIA, VA 22332	NONE	PC	RETIRED SOLDIER CAMPAIGN	200
Total			▶ 3a	364,590

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467	NONE	PC	CHANCELLORS CABINET	1,500
ARKANSAS STATE UNIVERSITY	NONE	PC	DICK CLAY SCHOLARSHIP	10,000

ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467	NONE	PC	DICK CLAY SCHOLARSHIP	10,000
ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680	NONE	PC	ENGINEER SCHOOL PROFESSORSHIP	35,000

Total			▶ 3a	364,590
ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467	NONE	PC	ENGINEER SCHOOL PROFESSORSHIP	35,000
PO BOX 1680 STATE UNIVERSITY, AR 72467				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ARKANSAS STATE UNIVERSITY NONE PC PRIDE 26,000 FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467

ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467	NONE	PC	ROTC	10,000
ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680	NONE	PC	STEM	30,000

Total		l	▶ 3a	364.590
ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467	NONE	PC	STEM	30,000
STATE UNIVERSITY, AR 72467				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ARKANSAS STATE UNIVERSITY FOUNDATION PO BOX 1680 STATE UNIVERSITY, AR 72467	NONE	PC	VETERANS MEMORIAL SCHOLARSHIP	10,000
BLUEWATER BAPTIST CHURCH	NONE	l _{NC}	GENERAL PURPOSE	2.000

STATE UNIVERSITY, AR 72467				
BLUEWATER BAPTIST CHURCH 1517 GLENLAKE CIRCLE NICEVILLE, FL 32578	NONE	NC	GENERAL PURPOSE	2,000
BRIGHT PROSPECT BAPTIST CHURCH HC2 PO BOX 106 MCGEE, MO 63763	NONE	NC	BUILDING CONSTRUCTION FUND DONATION	25,000

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364,590

П	BLUEWATER BAPTIST CHURCH 1517 GLENLAKE CIRCLE NICEVILLE, FL 32578	NONE	NC	GENERAL PURPOSE	2,00
	BRIGHT PROSPECT BAPTIST CHURCH HC2 PO BOX 106	NONE	NC	BUILDING CONSTRUCTION FUND DONATION	25,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

364,590

a Paid during the year				
BRIGHT PROSPECT BAPTIST CHURCH HC2 PO BOX 106 MCGEE, MO 63763	NONE	NC	GENERAL PURPOSE	500
C-6 EDUCATIONAL FOUNDATION	NONE	PC	GENERAL PURPOSE	250

,				1
C-6 EDUCATIONAL FOUNDATION 745 JEFFCO BLVD ARNOLD, MO 63010	NONE	PC	GENERAL PURPOSE	
CANINE COMPANIONS	NONE	PC PC	GENERAL DURPOSE	

any foundation manager

or substantial contributor

Name and address (home or business)

745 JEFFCO BLVD ARNOLD, MO 63010				
CANINE COMPANIONS 2244 CONQUEST WAY	NONE	PC	GENERAL PURPOSE	250
ODENTON MD 21112				

ARNOLD, MO 63010				
CANINE COMPANIONS 2244 CONQUEST WAY ODENTON, MD 21113	NONE	PC	GENERAL PURPOSE	250

CANTINE COMPANIONS	INONE	I PC	GENERAL PURPOSE	
2244 CONQUEST WAY ODENTON, MD 21113				
,				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CATLETT VOLUNTEER FIRE & RESCUE CO PO BOX 280 CATLETT, VA 20119	NONE	PC	GENERAL PURPOSE	100
CROHNS AND COLITIS FOUNDATION 733 THIRD AVE SE 510	NONE	PC	GENERAL PURPOSE	250

CATLETT, VA 20119				
CROHNS AND COLITIS FOUNDATION 733 THIRD AVE SE 510 NEW YORK, NY 10017	NONE	PC	GENERAL PURPOSE	250
FLORIDA UNITED METHODIST CHILDREN'S HOME	NONE	PC	GENERAL PURPOSE	2,000

733 THIRD AVE SE 510 NEW YORK, NY 10017				
FLORIDA UNITED METHODIST CHILDREN'S HOME 51 CHILDRENS WAY ENTERPRISE EL 32725	NONE	PC	GENERAL PURPOSE	2,000

FLORIDA UNITED METHODIST CHILDREN'S HOME 51 CHILDRENS WAY ENTERPRISE, FL 32725	NONE	PC	GENERAL PURPOSE	2,000
Total			▶ 3a	364,590

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
GIRLS INC1798 OAK RIDGE TURNPIKE	NONE	PC	GENERAL PURPOSE	5,000

OAK RIDGE, TN 37830	NONE	rc	GENERAL FORFOSE	5,000
GIVING TO GEORGETOWN GROEGETOWN UNIVERSITY DEPT NO 0734	NONE	PC	GENERAL PURPOSE	1,000

GROEGETOWN UNIVERSITY DEPT NO 0734 WASHINGTON, DC 200730734	NONE		GLINERAL PORPOSE	1,000
GMU FOUNDATION INC 4400 UNIVERSITY DR	NONE	PC	ASSIP	5,000

0734 WASHINGTON, DC 200730734				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	ASSIP	5,000

11710111111011011, DC 200730731				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	ASSIP	5,000
Total			▶ 3a	364,590

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	ATHLETIC DIRECTOR FUND	30,000
GMU FOUNDATION INC	NONE	PC	BASEBALL DINNER	5,000

FAIRFAX, VA 22030				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	BASEBALL DINNER	5,000
GMU FOUNDATION INC	NONE	PC	CEHD ANNUAL FUNDRAISER	5,000

4400 UNIVERSITY DR FAIRFAX, VA 22030	INONE	10	DASEBALE DINNER	3,000
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	CEHD ANNUAL FUNDRAISER	5,000

FAIRFAX, VA 22030				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	CEHD ANNUAL FUNDRAISER	5,000
Total			▶ 3a	364,590

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	PSYCHOLOGICAL SERVICES ANNUAL FUNDRAISER	3,000

FAIRFAX, VA 22030				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	SCHOOL OF BUSINESS	10,0

GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	SCHOOL OF BUSINESS	10,045
GMU FOUNDATION INC 4400 UNIVERSITY DR	NONE	PC	ARTS BY GEORGE	1,500

4400 UNIVERSITY DR FAIRFAX, VA 22030				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	ARTS BY GEORGE	1,500

TAIRIAA, VA 22030				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	ARTS BY GEORGE	1,500
Total			▶ 3a	364,590

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	BECK MEDAL AWARD FOR RESEARCH	25,000

GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030 PC CEHD DEANS FUND ATHLETIC TRAINING	

4400 UNIVERSITY DR FAIRFAX, VA 22030			TRAINING	
GMU FOUNDATION INC 4400 UNIVERSITY DR	NONE	PC	CEHD FACULTY FELLOWSHIP	25,000

4400 UNIVERSITY DR FAIRFAX, VA 22030			TRAINING	
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX VA 22030	NONE	PC	CEHD FACULTY FELLOWSHIP	25,000

GMU FOUNDATION INC 4400 UNIVERSITY DR	NONE	PC	CEHD FACULTY FELLOWSHIP	25,000
FAIRFAX, VA 22030				

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GMU FOUNDATION INC	NONE	PC	CEND FACULTY FELLOWSHIP	2:
4400 UNIVERSITY DR				
FAIRFAX, VA 22030				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

,	or substantial contributor			
a Paid during the year				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	CENTER FOR SPORTS MEDICINE TRAINING	2,500

recipient

25,000

364,590

CMILL FOLIND ATION INC	NONE	20	COLLEGE OF VICUAL	
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	CENTER FOR WELL BEING	

any foundation manager

Name and address (home or business)

4400 UNIVERSITY DR FAIRFAX, VA 22030				
GMU FOUNDATION INC 4400 UNIVERSITY DR	NONE	PC	COLLEGE OF VISUAL PERFORMAING ARTSOFF THE	2,500

GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030 PC COLLEGE OF VISUAL 2,500 PERFORMAING ARTSOFF THE WALL PROGRAM SUPPORT	FAIRFAX, VA 22030				
	4400 UNIVERSITY DR	NONE	PC	PERFORMAING ARTSOFF THE	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

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364,590

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

FAIRFAX, VA 22030

a Paid during the year				
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	GENERAL PURPOSE	1,130
GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	GREEN MACHINE BAND DONATION	4,000

GMU FOUNDATION INC 4400 UNIVERSITY DR FAIRFAX, VA 22030	NONE	PC	GREEN MACHINE BAND DONATION	4,0
GMU FOUNDATION INC 4400 UNIVERSITY DR	NONE	PC	WOMEN IN BUSINESS	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GMU FOUNDATION INC NONE PC WOMENS BASKETBALL 35,000

4400 UNIVERSITY DR FAIRFAX, VA 22030				·
HABITAT FOR HUMANITY 6295 EDSALL RD SUITE 120 ALEXANDRIA VA 22312	NONE	PC	ADDICTION/MENTAL HEALTH SUPPORT	250

6295 EDSALL RD SUITE 120 ALEXANDRIA, VA 22312	NONE	PC	SUPPORT	250
HOUSE OF RUTHPO BOX 416 MERRIFIELD, VA 22116	NONE	PC	GENERAL PURPOSE	100

364,590

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HOUSE OF RUTHPO BOX 416 MERRIFIELD, VA 22116	NONE	PC	GENERAL PURPOSE	10

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC INOVA LOBSTERFEST 400 INOVA FOUNDATION 11204 WAPLES MILL RD

FAIRFAX, VA 22030				
KENA SHRINERS9500 TECHNOLOGY DR MANASSAS, VA 20110	NONE	NC	GENERAL PURPOSE	100
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PC	GENERAL PURPOSE	1,000

364,590

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MANASSAS, VA 20110	NONE	NC	GENERAL PURPOSE	10
LEUKEMIA & LYMPHOMA SOCIETY 3601 EISENHOWER AVE ALEXANDRIA, VA 22304	NONE	PC	GENERAL PURPOSE	1,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
LYMPHOMA RESEARCH	NONE	PC	LYMPHOMA RESEARCH	2,000

88 PINE ST SUITE 2400 NEW YORK, NY 10005				_,,,,,
NATIONAL MUSEUM OF THE AMERICAN INDIAN	NONE	PC	GENERAL PURPOSE	100

NATIONAL MUSEUM OF THE AMERICAN INDIAN PO BOX 23473 WASHINGTON, DC 20026	NONE	PC	GENERAL PURPOSE	100
THICHERO CHI, BO LOCES				

PO BOX 23473 WASHINGTON, DC 20026				
OUR MILITARY KIDS6861 ELM ST 2A	NONE	PC	GENERAL PURPOSE	200

WASHINGTON, DC 20026				
OUR MILITARY KIDS6861 ELM ST 2A MCLEAN, VA 22101	NONE	PC	GENERAL PURPOSE	200

OUR MILITARY KIDS6861 ELM ST 2A MCLEAN, VA 22101	NONE	PC	GENERAL PURPOSE	200

MCLEAN, VA 22101	NONE	SENERAL FOR OSE	200
Total		 ▶ 3a	364,590

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
R1 FOUNDATION1815 NORTH UTAH ST ARLINGTON, VA 22207	NONE	PC	GENERAL PURPOSE	500

ARLINGTON, VA 22207	NONE		GENERAL FOR OSE	300
RONALD MCDONALD HOUSE PO BOX 96066	NONE	PC	GENERAL PURPOSE	500

RONALD MCDONALD HOUSE PO BOX 96066 WASHINGTON, DC 20090	NONE	PC	GENERAL PURPOSE	500
SALVATION ARMYPO BOX 3570	NONE	PC	GENERAL PURPOSE	600

WASHINGTON, DC 20090				
SALVATION ARMYPO BOX 3570 WASHINGTON, DC 20027	NONE	PC	GENERAL PURPOSE	600

Wite Hiller on J. B. C. 20030				
SALVATION ARMYPO BOX 3570 WASHINGTON, DC 20027	NONE	PC	GENERAL PURPOSE	600

SALVATION ARMYPO BOX 3570 WASHINGTON, DC 20027	NONE	PC	GENERAL PURPOSE	600
Total			▶ 3a	364,590

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

	or substantial contributor			
a Paid during the year				
SAN DIEGO WOODTURNERS 1170 LUPINE HILLS DRIVE VISTA, CA 92081	NONE	PC	GENERAL PURPOSE	1,000

110 17 17 02002				
SILVERBROOK UNITED METHODIST CHURCH	NONE	NC	GENERAL PURPOSE	3,000
8616 SILVERBROOK DRIVE				
LORTON, VA 22079				

CMILE TRAINIDO BOY 06221	NONE	DC.	CENERAL BURDOSE	625
CHURCH 8616 SILVERBROOK DRIVE LORTON, VA 22079				

8616 SILVERBROOK DRIVE LORTON, VA 22079				
SMILE TRAINPO BOX 96231	NONE	PC	GENERAL PURPOSE	625

LORTON, VA 22079				
SMILE TRAINPO BOX 96231 WASHINGTON, DC, 20090	NONE	PC	GENERAL PURPOSE	625

,				
SMILE TRAINPO BOX 96231 WASHINGTON, DC 20090	NONE	PC	GENERAL PURPOSE	625

WASHINGTON, DC 20090		
Total	 ▶ 3a	364,590

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SOMEPO BOX 96325 WASHINGTON, DC 20090	NONE	PC	GENERAL PURPOSE	100
SPECIAL OPERATIONS WARRIOR FOUNDATION	NONE	PC	GENERAL PURPOSE	2,000

SPECIAL OPERATIONS WARRIOR FOUNDATION PO Box 89367 TAMPA, FL 33689	NONE	PC	GENERAL PURPOSE	2,000
ST JUDE'S CHILDREN'S RESEARCH CENTER	NONE	PC	ART BUNTE MEMORIAL-ST. JUDES	200

PO Box 89367 TAMPA, FL 33689				
ST JUDE'S CHILDREN'S RESEARCH CENTER 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PC	ART BUNTE MEMORIAL-ST. JUDES	200

ST JUDE'S CHILDREN'S RESEARCH CENTER 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PC	ART BUNTE MEMORIAL-ST. JUDES	200
Total			▶ 3a	364,590

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST JUDE'S CHILDREN'S RESEARCH NONC PC GENERAL PURPOSE 300 CENTER

501 ST JUDE PLACE MEMPHIS, TN 38105				
UNCW601 SOUTH COLLEGE RD WILMINGTON, NC 28403	NONE	PC	UNCW-ASSIP PROGRAM	10,000
USCPO BOX 80354	NONE	PC	ANNUAL GIVING FUND	100

364,590

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UNCW601 SOUTH COLLEGE RD WILMINGTON, NC 28403	NONE	PC	UNCW-ASSIP PROGRAM	10,00
USCPO BOX 80354 LOS ANGELES, CA 90080	NONE	PC	ANNUAL GIVING FUND	10

Total . .

Recipient If recipient is an individual, show any relationship to status of any foundation manager or substantial contributor

a Paid during the year				
WRIGHTSVILLE BEACH VOLUNTEER FIREFIGHTERS PO BOX 251 WRIGHTSVILLE BEACH, NC 28480	NONE	PC	GENERAL PURPOSE	100

WRIGHTSVILLE BEACH, NC 28480				
ZALMA BAPTIST CHURCHHC 02 BOX 54 MEGEE, MO 63763	NONE	NC	GENERAL PURPOSE	2,000

364,590

efile GRAPHIC print - DO NOT PR	OCESS As Filed D	ata -		DLN: 93491349002110			
TY 2019 Accounting Fees Schedule							
	Name: THE BEC	K FOUNDATION INC					
	EIN: 20-2214025						
Softwa	are ID: 1900961	0					
Software Ve	ersion: 19.2.1.0						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	8,444						

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.					
TY 2019 Depreciation Schedule					
Name:	THE BECK FOUNDATION INC				
EIN:	20-2214025				
Software ID:	19009610				
Software Version:	19.2.1.0				
Depreciation Schedule					

DLN: 93491349002110

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

	Colonial Colonial Internation								
	Depreci	ation 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
SURFACE TABLET	2015-08-11	1,235	1,236	SL	0000000003.000000000000				
TOSHIBA LAPTOP	2015-09-18	1,194	1,194	SL	0000000003.00000000000				

erile GRAPHIC PIlit - DO NOT PROCESS	AS Fileu Data -	DLN. 93491349002110
TY 2019 Investments - Other	· Schedule	
TI 2019 Investments Other	Schedule	
Name:	THE BECK FOUNDATION II	NC
EIN:	20-2214025	

DIN. 02/012/0002110

7,380,993

4,750,569

ofile CDADHIC print - DO NOT BROCESS | As Filed Data -

INVESTMENTS AT FIRST REPUBLIC SECURITIES

Software ID: 19009610

Software Version: 19.2.1.0

Investments Other Schedule 2

Category/ Item

Listed at Cost or FMV

Book Value

End of Year Fair FMV

Market Value

AT COST

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data -	DLN: 93491349002110
TY 2019 Land, Etc. Schedule		
Name	: THE BECK FOUNDATION INC	
EIN	1: 20-2214025	
Software ID): 19009610	

Software Vers				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
SURFACE TABLET	1,234	1,234		
TOSHIBA LAPTOP	1,194	1,194		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u>]	DL	N: 93491349002110
TY 2019 Legal Fees Schedule				
Name:	THE BECK FO	OUNDATION INC		
EIN:	20-2214025			
Software ID:	19009610			
Software Version:	19.2.1.0			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	200			

TY 2019 Other Assets Schedule							
Name:	THE BECK F	OUNDATION INC					
EIN:	20-2214025	5					
Software ID:	19009610						
Software Version:	19.2.1.0						
Other Assets Schedule				1			
Description		Beginning of Year -	End of Year - Book	End of Year - Fair			

Book Value

555

DLN: 93491349002110

Market Value

1,210

Value

1,210

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

OTHER

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491349002110		
TY 2019 Other Decreases Schedule					
Name:	THE BECK FOL	JNDATION INC			
EIN:	20-2214025				
Software ID:	19009610				
Software Version:	19.2.1.0				
Description			Amount		
STEP UP IN BASIS FOR GAINS ON SALE	OF DONATED AS	SETS	233,462		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491349002110	
TY 2019 Other Expenses Sche	dule		<u> </u>		
Name:	THE BECK FOUN	NDATION INC			
EIN: 20-2214025					
Software ID: 19009610					
Software Version:	19.2.1.0				
Other Expenses Schedule	,			1	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT ACCOUNT FEES	30,274	30,274			
OTHER EXPENSES	2,490				
ENTERTAINMENT	260				

TY 2019 Other Income Schedule							
Name:	THE BECK FOUNDATION INC						
EIN:	20-2214025	,					
Software ID:	: 19009610						
Software Version:	: 19.2.1.0						
Other Income Schedule				4			
Description		Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			

13,785

DLN: 93491349002110

13,785

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FIRST REPUBLIC FORM 1099

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		ר	DLN: 93491349002110
TY 2019 Other Liabilities Sche	dule			
Name:	THE BECK FOL	INDATION IN	٧C	
EIN:	20-2214025			
Software ID:	19009610			
Software Version:	19.2.1.0			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
CREDIT CARD PAYABLE			65,057	30,441
PAYROLL TAX LIABILITY			1,622	1,420

efile GRAPHIC	print - DO NO	T PROCESS	As File	d Data -						DLN: 9349	1349002110
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Other Notes/Loans Receivable Long Schedule											
		Name:	THE BI	ECK FO	UNDATIO	ON INC					
		EIN:	20-22	14025							
	Sof	tware ID:	19009	610							
	Software	e Version:	19.2.1	.0							
Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
SANDY STATLER HUNT	NONE	93,900		2012-09	2042-09	MONTHLY	4.5000000000 %	PROPERTY	MORTGAGE		
EDWARD AND SALLY ELLIOTT	NONE	49,758	43,494	2018-01	2035-01	MONTHLY	3.5000000000 %	PROPERTY	GENERAL		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491349002110
TY 2019 Other Receivables			
from Officers Schedule			
Name:	THE BECK FOUNDATI	ON INC	
EIN:	20-2214025		
Software ID:	19009610		
Software Version:	19.2.1.0		
Travel Advance to Officers:	1000		
	Item No		1
	Borrower's Nam	EMILY NOLAN	
	Borrower's Titl	9	
O	riginal Amount of Loa	1	1000
	Balance Du	•	
	Date of Not	2017-09	
	Maturity Dat	2018-12	
	Repayment Term	S ANNUAL	
	Interest Rat	e	
Security	y Provided by Borrowe	r	
	Purpose of Loa	HURRICANE REFIEF	
Description o	of Lender Consideratio	1	
	Consideration FM	/	
		•	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491349002110	
TY 2019 Taxes Schedule					
Name:	THE BECK F	OUNDATION INC			
EIN:	: 20-2214025				
Software ID:	D: 19009610				
Software Version:	19.2.1.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
PAYROLL TAXES	3,135	198			
INCOME TAXES ON INVESTMENT INCOME	5,895				
FOREIGN TAXES ON DIVIDENDS	93	93			

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491349002110		
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.				
Name of the organization THE BECK FOUNDATION IN	C		Employer i	dentification number		
Organization type (chec			20-2214025	5		
Organization type (chec	K Offe).					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt cl	naritable trust not treated as a p	orivate foundation			
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private	foundation				
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	te foundation			
	501(c)(3) taxable private	foundation				
	ion filing Form 990, 990-EZ, or 99 property) from any one contributor					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fi 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (tal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, ch	aritable, scientific, literary,			
during the year, co If this box is check purpose. Don't co	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this o	ut no such contributions tot ne year for an e <i>xclusively</i> r rganization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't	e 2, of its Form 990; or check th	ie box on line H of its Form	•		
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)		

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number THE BECK FOUNDATION INC 20-2214025 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 BUDDY AND CHARLOTTE BECK Person 10601 SHADOW LANE Payroll \$ 250,809 Noncash FAIRFAX STATION, VA 22039 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (a) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization FOUNDATION INC			mployer identification number 0-2214025
Part III	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 information once. See instructions.) \(\bigsim \) \$ Use duplicate copies of Part III if additional space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		nsfer of gift Relatio	nship 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 Relationsh			nship 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 Transferee's name, address, and ZIP 4			f gift 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			enship of transferor to transferee
			Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2019)