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 for instructions and the latest information.

OMB No 1545-0047 2019

Open to Public Inspection

F	or ca	lendar year 2019 or tax year beginning		02	2/01 <b>, 2019</b> ,	and endi	ng		01/31,2020
Na	me of	foundation						A Employer identif	ication number
_	THE	SHIFTING FOUNDATION						36-610856	ο ,
Νι	ımber	and street (or P O box number if mail is not delivered to	street	address)		Room/suite	1	B Telephone numb	er (see instructions)
_	299	SOUTH MAIN STREET 10TH FLOOR				C/O BD	0	(801) 86	9-4300
Cı	ty or to	own, state or province, country, and ZIP or foreign posta	code						
							-   '	C If exemption application pending, check here	ation is
_		r Lake City, UT 84111						. 0.	
G	Che	ck all that apply Initial return		Initial return o	of a former p	ublic chari	ty	D 1 Foreign organiza	tions, check here ▶
		Final return		Amended ref	turn			2 Foreign organiza	
_		X Address change	Name change					85% test, check h computation .	
H	Che	ck type of organization: $X$ Section 501(	$\overline{}$			m	- 1	E If private foundation	n status was terminated
T		ection 4947(a)(1) nonexempt charitable trust		Other taxable pr					)(1)(A), check here . ►
I		1, —	-	method X Ca	ash Acc	rual	-   1	F If the foundation is	in a 60-month termination
				specify)			_	under section 507(b	(1)(B), check here
_			columr	(d), must be on ca	ash basis )				
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		Revenue and	(b) Net inve	stment	le'	) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in	е	expenses per books	incom		<b>(</b> V)	income	purposes
_	1	column (a) (see instructions) )							(cash basis only)
	1	Cheek In the foundation is not required to		1,111,000.					
	2	attach Sch B	_	258,621.	2.5	0 631			
	3	Interest on savings and temporary cash investments.		144,718.		8,621. 4,718.			
	4	Dividends and interest from securities		1,575.		1,575.	-		
!	5a	Gross rents		1,5/5.		1,5/5.			
		Net rental income or (loss)		797,844.					
Ę	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 928, 563.		/5/,044.					
Revenue		assets on line 6a			70	7,844.			
Š	7	Capital gain net income (from Part IV, line 2)		-	79	7,844.		-130,719.	
_	8	Net short-term capital gain						-130,719.	
	9 10a	Income modifications	_			+			
		and allowances					•		
	l	Less Cost of goods sold .				+			
		Gross profit or (loss) (attach schedule)		-1,215,997.	-1.22	4,001.			<u> </u>
	11 12	Other income (attach schedule) ATCH 1		1,097,761.		1,243.		-130,719.	
-	13	Compensation of officers, directors, trustees, etc		121,000.		8,400.		,,,	72,600.
S	14	Other employee salaries and wages			_				
enses	15	Pension plans, employee benefits		-					
þ		Legal fees (attach schedule)				<u> </u>			
ŭ	h	Accounting fees (attach schedule)							
Ş	C	Other professional fees (attach schedule) . [2]		70,360.					70,360.
rati	17	Interest		•					
isti	18	Taxes (attach schedule) (see instructions)[3].		54,947.	1	0,477.			-
Ē	19	Depreciation (attach schedule) and depletion.							
등	20	Occupancy	_						
Ϋ́	21	Travel, conferences, and meetings		54,972.					54,972.
aŭ	22	Printing and publications							
þ	16a b c 17 18 19 20 21 22 23 24	Other expenses (attach schedule) ATCH .4		10,690.					10,690.
菲	24	Total operating and administrative expenses.							
er		Add lines 13 through 23		311,969.	5	8,877.			208,622.
ö	25	Contributions, gifts, grants paid		1,468,000.					1,468,000.
	26	Total expenses and disbursements Add lines 24 and 25		1,779,969.	5	8,877.			1,676,622.
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements		-682,208.					
	b	Net investment income (if negative, enter -0-)				0.			
_	С	Adjusted net income (if negative, enter -0-)							

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000

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Р	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End c	of year
	٠		amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bear	ing	662,646.	383,1	61.	383,161
	2		cash investments				
	3	Accounts receivable					4 4 - !
		Less allowance for dou	btful accounts ▶				
	4	Pledges receivable ▶		and the first			
		Less allowance for dou	btful accounts ▶				_
	5						
	6		officers, directors, trustees, and other				
		disqualified persons (at	tach schedule) (see instructions)				
	7	Other notes and loans r	eceivable (attach schedule)	* - * *			<u>.</u> .
			btful accounts ▶	ľ			
ţ	8	Inventories for sale or us	e				
ssets	9		eferred charges				
ĕ	10a		e government obligations (attach schedule)				
	ь	Investments - corporate	stock (attach schedule)				
	ı	Investments - corporate	bonds (attach schedule)				
	11	Investments - land, buildings and equipment basis	s, <b>&gt;</b>			_	
		Less accumulated deprecia (attach schedule)					
	12	•	loans				
	13	Investments - other (atta	ach schedule)				
	14	Land, buildings, and equipment basis	<b>&gt;</b>			_	
		Less accumulated deprecia (attach schedule)	ation >				
	15	Other assets (describe	ATCH 5 )	24,647,561.	24,309,9	42.	28,801,471
	16		completed by all filers - see the				
_		instructions Also, see p	age 1, item l)	25-,310,207.	_ 24,693,1	03.	- 29,184,632
	17	Accounts payable and a	accrued expenses				•
	18	Grants payable					
es	19	Deferred revenue					'
Liabilities	20	Loans from officers, directo					
ā	21	<b>~</b> ~	otes payable (attach schedule)				
_	22	Other liabilities (describe	<b>→</b> )				
							:
_	23		es 17 through 22)	0.		0.	
es			w FASB ASC 958, check here			i	
2		and complete lines 24,	25, 29, and 30.				
alances	24	Net assets without done	or restrictions				
8	25		estrictions · · · · · · · · · · · · · · · · · · ·		_		
or Fund			ollow FASB ASC 958, check here				
Ē		and complete lines 26 thre	•				,
ō	26	• • •	cipal, or current funds				4
ets	27	·	r land, bldg, and equipment fund	25,375,311.	24,693,1	0.3	
SS	27 28 29	• .	ulated income, endowment, or other funds	25,375,311.	24,693,1		
t A	29		d balances (see instructions)	23,373,311.	24,093,1	03.	
Net	30		net assets/fund balances (see	25,375,311.	24,693,1	03	
_			nges in Net Assets or Fund Bala		21,000,1	<del>03.</del>	<u> </u>
			palances at beginning of year - Part		must agree with		
•			ed on prior year's return)		_	1	25,375,311
,			line 27a			2	-682,208
						3	
						4	24,693,103
		rines 1, 2, and 3 reases not included in		• • • • • • • • • • • • • •	· · · · · · · · · -	5	
6	Total	al net assets or fund h	palances at end of year (line 4 minus	line 5) - Part II, column /	h) line 29	6	24,693,103
_	100	ar not assots or fully t	alances at one of year time + illinus	and of Farth, columnit	υ <sub>/</sub> , πιο 20	<u> </u>	



Page 3

Pai	At V Capital Gains	and Losses for Tax on Inve	estment income			
	(a) List and de	scribe the kind(s) of property sold (for e	xample, real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200 s	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1 a	SEE PART IV SCHE	DULE				
b		<del></del>			_	
			· ·			
<del>U</del>	·					
<u>ч</u>	-					
<u>_</u>		(6 Degreestan ellewed	(g) Cost or other basis	<u> </u>	/b) Coup or /lo	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo: ((e) plus (f) minu	
	<del></del>		· · · · · · · · · · · · · · · · · · ·			
<u>a</u>						<del> </del>
<u>_b</u>						
<u>c</u>						
<u>d</u>		-				
<u>e</u>		howing gain in column (h) and owned	by the foundation on 12/21/60	_		
	Complete only for assets s				Gains (Col (h) ga (k), but not less the	
	(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (i), if any	"	Losses (from col	
		43 01 12/3 1/03				
<u>a</u>						<del></del>
<u>b</u>						
<u>c</u>						
<u>d</u>						
е			<del></del> _	<del> </del>		
2	Capital gain net income		ain, also enter in Part I, line 7	_		T07 044
_	. •	, it (ic	oss), enter -0- in Part I, line 7	2		797,844.
3	. •	ain or (loss) as defined in sections				
	-	art I, line 8, column (c) See_inst		-	•	120 510
_		Jnder Section 4940(e) for Rec		3		130,719.
Was		the section 4942 tax on the distrib		ase perio	d?	Yes X No
	<del></del>	n't qualify under section 4940(e) D	· · · · · · · · · · · · · · · · · · ·			
		mount in each column for each yea	ar, see the instructions before maki	ng any er		
	(a) Base penod years	(b)	(c) Net value of nonchantable-use assets		( <b>d)</b> Distribution ra	tio
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions			(col (b) divided by	
	2018	1,376,741.	25,287,963.	<u>-</u>		0.054443
	2017	1,383,791.	23,908,263.			0.057879
	2016	1,229,330.	22,909,245.			0.053661
	2015	1,266,766.	23,913,230.			0.052973
	2014	1,134,382.	22,055,802.			0.051432
						0 070300
2		d)		2		0.270388
3	_	o for the 5-year base period - divide		_		0 054050
	the number of years the	foundation has been in existence i	f less than 5 years	3		0.054078
					26	271 (51
4	Enter the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4		371,651.
				_	1	426 126
5	Multiply line 4 by line 3.			5		426,126.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b).		6		
				_	-	406 306
7	Add lines 5 and 6			7		426,126.
					3	C76 622
8		tions from Part XII, line 4 greater than line 7, check the box		8   that part		676,622. rate See the

JSA 9E1430 1 000

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	uction	s)
1a`	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			_
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	<i>-</i>		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here $\blacktriangleright$ $X$ and enter 1% of Part I, line 27b			ŧ
С	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-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0			<u>0.</u>
6	Credits/Payments			,
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 25,270.			•
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	backup withholding cholicously withhold		25,2	270
7	Total credits and payments Add lines 6a through 6d		23,2	
8	Zindi diny pondiny for dineorphy, month of committee tax of contract tax of co			
9			25,2	270.
10 11	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		25,2	
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
-	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
_	instructions for the definition	1b		Х
	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	بر <sub>-</sub> - بر-		~ ~1
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			•
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			}
	on foundation managers   \$			4
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
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? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	7,
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			;
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			'
	By language in the governing instrument, or			1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		х	
	conflict with the state law remain in the governing instrument?	6	- <u>x</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7		_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			,
	If the course of Ferritoria to the Atlanta Country of Ferritoria (Country of Ferritoria)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	х	- 1
^	(or designate) of each state as required by General Instruction $G^2$ If "No," attach explanation		<del></del>	$\vdash$ $\land$
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			6)
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	9		<sub>x</sub> /
4.5	complete Part XIV	<u> </u>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		х
	names and addresses	1.0		

Form	990-PF (2019) THE SHIFTING FOUNDATION 36-6108	3560	1	Page <b>5</b>
Pai	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			_
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ N/A			
14	The books are in care of ▶ DAVID BRESKIN Telephone no ▶ 801-869-	430	0	
	Located at ▶257 EAST 200 SOUTH STE 1300 SALT LAKE CITY, UT ZIP+4 ▶ 84111	_		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· 📋
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16_		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			٠ ا
	the foreign country	<u> </u>		
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	T	
	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? Yes X No			١.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			:
	disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			İ.
	(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)?	i		
	(6) Agree to pay money or property to a government official? (Exception Check-"No"-if-the			,
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			Ι.
	• • • • • • • • • • • • • • • • • • • •			
D	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1 h	٠.	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<del></del>
	Organizations relying on a current notice regarding disaster assistance, check here			ي ا
·	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	-	ر ا
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			ı
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		İ	;
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			,
_	6d and 6e) for tax year(s) beginning before 2019?			١.
	If "Yes," list the years ▶,,	1		'
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	١.		:
	all years listed, answer "No" and attach statement - see instructions )	2b		х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			•
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			,
ь	off "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			ŧ.
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			· '
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			- '
	foundation had excess business holdings in 2019 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
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		X

Total number of other employees paid over \$50,000. . . . .

m 990	-PF (2019)		SHIFTING FOUN				36-610	0300		Page 6
Part \	∕II-B	Statements Regarding	g Activities for	Which Form 4	720 May Be Req	uired (continue	ed)		, ,	
a` D	ouring the	year, did the foundation pay o	or incur any amount to	)			_		Yes	No
(1	<ol> <li>Carry o</li> </ol>	n propaganda, or otherwise a	ttempt to influence l	egislation (section	4945(e))?	Yes X	No [2	١,		
(2	2) Influenc	e the outcome of any spec	cific public election	(see section 49	955), or to carry on	. — —	ח			
	directly	or indirectly, any voter registr	ation drive?			Yes X	No			
(3	3) Provide	a grant to an individual for tr	avel, study, or other s	imilar purposes?		X Yes	No			
(4	4) Provide	a grant to an organization	other than a char	itable, etc., orga	nization described in		_			
		4945(d)(4)(A)? See instruction					No			
(5		for any purpose other tha					<b>7</b>			
		es, or for the prevention of cru	•				No			
		wer is "Yes" to 5a(1)-(5), di								~~ <sub>V</sub>
	•	section 53 4945 or in a curre					.:.—	1 5b		X
	•	ns relying on a current notice	• •				. ▶∟	וי		
		wer is "Yes" to question 5a	· ·		•		٦			
		maintained expenditure respo				Yes	No			
		ach the statement required b	. •	, ,						
		undation, during the year, r	eceive any funds, d	•		_	ภ			
		. 1 1 ( 1								
		al benefit contract?					∐ No	, .		~
D	old the four	ndation, during the year, pay					<b>≦</b> No 	6b		X
D If	old the four "Yes" to 6	ndation, during the year, pay 8b, file Form 8870	premiums, directly o	or indirectly, on a p	personal benefit contra	ct?	•••	6b		X
D If A	old the four "Yes" to 6 It any time	ndation, during the year, pay 6b, file Form 8870 during the tax year, was the	premiums, directly of	or indirectly, on a p	personal benefit contra	ct?	 No	-		~ X
D If A If	old the four "Yes" to 6 It any time "Yes," did	ndation, during the year, pay Sb, file Form 8870 during the tax year, was the I the foundation receive any p	premiums, directly of foundation a party to proceeds or have an	or indirectly, on a p o a prohibited tax s y net income attrib	personal benefit contra shelter transaction?	ct?	 No	6b 7b		X
D If A If	old the four "Yes" to 6 It any time "Yes," dic s the found	ndation, during the year, pay Sb, file Form 8870 during the tax year, was the I the foundation receive any p dation subject to the section 4	premiums, directly of foundation a party to proceeds or have an 1960 tax on paymen	or indirectly, on a p o a prohibited tax s y net income attrib t(s) of more than	shelter transaction? outable to the transactii \$1,000,000 in	Yes X	 No	-		х ~
If A If Is	Old the four "Yes" to f at any time "Yes," did s the found emuneration	ndation, during the year, pay 8b, file Form 8870 during the tax year, was the dithe foundation receive any p dation subject to the section 4 on or excess parachute payme	premiums, directly of foundation a party to proceeds or have an 1960 tax on paymen ent(s) during the year	or indirectly, on a poor or a prohibited tax sy net income attribit(s) of more than	shelter transaction? outable to the transaction \$1,000,000 in	Yes X	 По 	7b		- X
If A If Is re	old the four Tyes" to 6 at any time Tyes," did the found Tyes the found Tyes the found Tyes the found Tyes the found	ndation, during the year, pay 8b, file Form 8870 during the tax year, was the 4 the foundation receive any p dation subject to the section of on or excess parachute paymenformation About Offic and Contractors	foundation a party to foundation a party to proceeds or have an 1960 tax on paymen ent(s) during the year ers, Directors, T	or indirectly, on a poor a prohibited tax sy net income attribit(s) of more than contact the contact tax sy net income attributes.	shelter transaction? outable to the transaction \$1,000,000 in	Yes X Yes X Yes X A Highly Paid I	No No No No	7b		X
D If A If Is re	old the four Tyes" to 6 at any time Tyes," did the found Tyes the found Tyes the found Tyes the found Tyes the found	ndation, during the year, pay 8b, file Form 8870 during the tax year, was the if the foundation receive any particular dation subject to the section of on or excess parachute paymentor attorn About Office	foundation a party to foundation a party to proceeds or have an 1960 tax on paymen ent(s) during the year ers, Directors, T and foundation in	or indirectly, on a poor a prohibited tax sy net income attribit(s) of more than considerable rustees, Foundanagers and the prohibit of the pr	shelter transaction? outable to the transaction \$1,000,000 in adation Managers	Yes Xon?	No No No Employ	7b /ees,		7.
D If A If Is re	old the four Tyes" to 6 at any time Tyes," did the found Tyes the found Tyes the found Tyes the found Tyes the found	ndation, during the year, pay 8b, file Form 8870 during the tax year, was the 4 the foundation receive any p dation subject to the section of on or excess parachute paymenformation About Offic and Contractors	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? outable to the transaction \$1,000,000 in adation Managers heir compensation. (c) Compensation.	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ s. (e	7b		
D If A If Is re	old the four Tyes" to 6 at any time Tyes," did the found Tyes the found Tyes the found Tyes the found Tyes the found	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient subject to the section 4 on or excess parachute paymentormation About Officind Contractors cers, directors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor a prohibited tax sy net income attribit(s) of more than contact the contact that th	shelter transaction? butable to the transaction \$1,000,000 in  adation Managers  heir compensation. (c) Compensation.	Yes X  On?	No No Employ s. (e	7b 7ees,		
If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? outable to the transaction \$1,000,000 in adation Managers heir compensation. (c) Compensation.	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ s. (e	7b 7ees,		
D If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? suitable to the transaction \$1,000,000 in  addition Managers heir compensation. (c) Compensation - (ff not paid,enter0-)	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ S. Ons (e	7b 7ees,		unt,
D If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? suitable to the transaction \$1,000,000 in  addition Managers heir compensation. (c) Compensation - (ff not paid,enter0-)	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ S. Ons (e	7b 7ees,		unt,
D If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? suitable to the transaction \$1,000,000 in  addition Managers heir compensation. (c) Compensation - (ff not paid,enter0-)	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ S. Ons (e	7b 7ees,		unt,
D If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? suitable to the transaction \$1,000,000 in  addition Managers heir compensation. (c) Compensation - (ff not paid,enter0-)	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ S. Ons (e	7b 7ees,		unt,
D If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? suitable to the transaction \$1,000,000 in  addition Managers heir compensation. (c) Compensation - (ff not paid,enter0-)	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ S. Ons (e	7b 7ees,		unt,
D If A If Is re	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on payment ers, Directors, T and foundation in (b) h	or indirectly, on a poor or indirectly, on a poor or a prohibited tax sy net income attribut(s) of more than or indirectly and average ours per week	shelter transaction? suitable to the transaction \$1,000,000 in  addition Managers heir compensation. (c) Compensation - (ff not paid,enter0-)	Yes X  Yes X  Highly Paid I  See instructions  (d) Contributions to employee benefit plan	No No Employ S. Ons (e	7b 7ees,		unt,
D Iff A Iff Is report Line	ond the found in "Yes" to 6 st any time in "Yes," did to st the found emuneration with a st all office.	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 1 the foundation receive any patient of the section 4 on or excess parachute paymentormation About Officing Contractors, trustees,	foundation a party to proceeds or have an 1960 tax on paymen ent(s) during the year ers, Directors, T and foundation in dev	or indirectly, on a poor indirectly, on a poor indirectly, on a poor indirectly or ind	shelter transaction? butable to the transaction \$1,000,000 in  ndation Managers heir compensation (c) Compensation (ff not paid,enter-0-)	Yes X on? Yes X i, Highly Paid if See instructions (d) Contributions to employee benefit plan and deferred compense	No No Employ S. Ons (eation	7b 7ees, Expensother all	owance	unt, ss
D D Iff A A Iff Iss recart \ Li:	old the found th	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 4 the foundation receive any particular subject to the section 4 on or excess parachute paymentormation About Officind Contractors cers, directors, trustees, (a) Name and address	foundation a party to proceeds or have an 1960 tax on paymen ent(s) during the year ers, Directors, T and foundation in dev	or indirectly, on a poor indirectly, on a poor indirectly, on a poor indirectly or ind	shelter transaction? butable to the transaction \$1,000,000 in  ndation Managers heir compensation (c) Compensation (ff not paid,enter-0-)	Yes X on? Yes X s, Highly Paid I See instructions (d) Contributions to employee benefit plar and deferred compensa	No No Employ Ss. O .	7b 7ees, Expensother all	owance	unt, ss
DI Iff A Iff Iss reserved. Lister CCC "N	ond the found in "Yes" to 6 st any time is "Yes," did to st the found emuneration in the st all office of the st a	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 4 the foundation receive any particular subject to the section 4 to or excess parachute paymentormation About Officind Contractors cers, directors, trustees, (a) Name and address	foundation a party to proceeds or have an 1960 tax on paymen ent(s) during the year ers, Directors, T and foundation in dev	or indirectly, on a poor indirectly, on a poor indirectly, on a poor indirectly or a poor indirectly or a poor indirectly or an anagers and the indirectly or an anag	shelter transaction? butable to the transaction \$1,000,000 in  mation Managers heir compensation (c) Compensation (ff not paid	Yes X on?	No No Employ Ss. Os (eation	7b 7ees, e) Expensother all	one,	o .
D Iff A Iff Is report Line	ond the found in "Yes" to 6 st any time is "Yes," did to st the found emuneration in the st all office of the st a	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 4 the foundation receive any particular subject to the section 4 on or excess parachute paymentormation About Officind Contractors cers, directors, trustees, (a) Name and address	foundation a party to proceeds or have an algebra tax on paymen and foundation in the process of	or indirectly, on a poor indirectly, on a poor indirectly, on a poor indirectly or ind	shelter transaction? butable to the transaction \$1,000,000 in  ndation Managers heir compensation (c) Compensation (ff not paid,enter-0-)	Yes X on?	No No Employ Ss. Os (eation	7b 7ees, e) Expens other all	one,	o .
D D Iff A A Iff Is represented to the Common	ond the found in "Yes" to 6 st any time is "Yes," did to st the found emuneration in the st all office of the st a	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 4 the foundation receive any particular subject to the section 4 to or excess parachute paymentormation About Officind Contractors cers, directors, trustees, (a) Name and address	foundation a party to proceeds or have an algebra tax on paymen and foundation in the process of	or indirectly, on a poor or indirectly, on a poor or indirectly, on a poor or indirectly or indiversely or indirec	shelter transaction? butable to the transaction \$1,000,000 in  mation Managers heir compensation (c) Compensation (ff not paid	Yes X on? Yes X on? Yes X on Yes Y on Yes X on Yes Y on Yes	No No Employ Ss. Os (eation	7b 7ees, e) Expensother all	one,	o .
D Iff A A Iff Issart Line CH	ond the found in "Yes" to 6 st any time is "Yes," did to st the found emuneration in the st all office of the st a	ndation, during the year, pay 5b, file Form 8870 during the tax year, was the 4 the foundation receive any particular subject to the section 4 to or excess parachute paymentormation About Officind Contractors cers, directors, trustees, (a) Name and address	foundation a party to proceeds or have an algebra tax on paymen and foundation in the process of	or indirectly, on a poor or indirectly, on a poor or indirectly, on a poor or indirectly or indiversely or indirec	shelter transaction? butable to the transaction \$1,000,000 in  mation Managers heir compensation (c) Compensation (ff not paid	Yes X on? Yes X on? Yes X on Yes Y on Yes X on Yes Y on Yes	No No Employ Ss. Os (eation	7b 7ees, e) Expensother all	one,	o .

Form **990-PF** (2019)

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Form 990-PF (2019) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 **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 Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE All other program-related investments. See instructions

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NONE

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Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn tound	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1a	26,497,016.
	Average monthly fair market value of securities	1b	276,234.
	Average of monthly cash balances	1c	
C	, , , , , , , , , , , , , , , , , , , ,	1d	26,773,250.
d	Total (add lines 1a, b, and c)	Tu	20,,,3,230.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)	2	
2	Acquisition indebtedness applicable to line 1 assets	3	26,773,250.
3	Subtract line 2 from line 1d	<del>-                                    </del>	20,773,230.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		401,599.
_	instructions)	4	26,371,651.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,318,583.
6	Minimum investment return. Enter 5% of line 5	6	1,310,303.
Pai	To the property of the proper	idations	
1	Minimum investment return from Part X, line 6	1	1,318,583.
-			
	Tax on investment income for 2019 from Part VI, line 5		
b	,,,,	2c	
C		3	1,318,583.
3	Distributable amount before adjustments Subtract line 2c from line 1	4	1,310,303.
4	Recoveries of amounts treated as qualifying distributions	5	1,318,583.
5	Add lines 3 and 4	6	1,310,303.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	7	1,318,583.
	line 1	<i>'</i>	1,310,303.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,676,622.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes,	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	·	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,676,622.
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	Adjusted qualifying distributions. Subtract line 5 from line 4		1,676,622.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		whether the foundation
	qualifies for the section 4940(e) reduction of tay in those years		

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Pa	Part XIII Undistributed Income (see instructions)								
4	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019				
•	line 7		<u> </u>		1,318,583.				
2	Undistributed income, if any, as of the end of 2019								
	Enter amount for 2018 only				:				
	Total for prior years 20 17 ,20 16 ,20 15								
	Excess distributions carryover, if any, to 2019				:				
	From 2014 65,828.								
	From 2015				'				
	From 2016 95,329.								
	From 2017 188,378.				ı				
	From 2018 570,684.				,				
f	Total of lines 3a through e	995,951.	_		· ·				
4	Qualifying distributions for 2019 from Part XII,			-	;				
	line 4 ▶ \$ 1,676,622.								
а	Applied to 2018, but not more than line 2a								
b	Applied to undistributed income of prior years (Election required - see instructions)								
С	Treated as distributions out of corpus (Election required - see instructions)								
d	Applied to 2019 distributable amount				1,318,583.				
е	Remaining amount distributed out of corpus	358,039.							
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:								
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,353,990.							
	Prior years' undistributed income Subtract								
_	line 4b from line 2b				1				
C	Enter the amount of prior years' undistributed				1				
	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	•							
е	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			<del></del>					
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				i				
	required - see instructions)				<del></del> ,				
8	Excess distributions carryover from 2014 not	65,828.							
_	applied on line 5 or line 7 (see instructions)								
9	Excess distributions carryover to 2020.  Subtract lines 7 and 8 from line 6a	1,288,162.							
10	Analysis of line 9				<del> </del>				
	Excess from 2015								
	Excess from 2016 95,329 .								
	Excess from 2017 188,378.				:				
	Excess from 2018 570,684 .								
	Excess from 2019 358,039.				,				

,								
Form	990-PF (2019)		ING FOUNDATION			36-61		
Pa	rt XIV Private Op	erating Foundations	s (see instructions a	and Part VII-A, quest	on 9)	NOT	APF	LICABLE
1 a	If the foundation has	<del>-</del>		·	ating			
_	foundation, and the ruling	~	_		▶∟_	1 1040(1/0)		40.40(.)(5)
	Check box to indicate v		is a private operating		section	4942(J)(3)	or	4942(j)(5)
Za	Enter the lesser of the ad- justed net income from Part	Tax year	(1) 0040	Prior 3 years			(e	) Total
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(0)	2016		<del></del>
	return from Part X for each							
<b>L</b>	year listed				1			
	85% of line 2a							
C	Qualifying distributions from Part XII, line 4, for each year listed .							
d	Amounts included in line 2c not							
	used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities. Subtract line							
	2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test - enter		/					
	(1) Value of all assets							
	(2) Value of assets qualifying under section							
h	4947(j)(3)(B)(i)				<del></del>			
	enter 2/3 of minimum invest-							
	ment return shown in Part X.							
c	line 6 for each year listed "Support" alternative test - enter		/					
_	(1) Total support other than	/						
	gross investment income (interest, dividends, rents,							
	payments on secuntles							
	loans (section 512(a)(5)), or royalties)							
	(2) Support from general public and 5 or more							
	exempt organizations as	/						
	provided in section 4942 (j((3)(B)(iii)				ļ			
	(3) Largest amount of sup- port from an exempt	/						
	organization	<del>/</del> ~		················	<del> </del>			
Da	(4) Gross investment income .  rt XV Supplemer	ntany Information //	 	t only if the found	ation had	\$5,000 or m	ore i	n accote at
Га		uring the year - see		t only it the lound	ation nau	\$5,000 Or III	ioie i	ii assets at
1	Information Regarding	g Foundation Manage	rs:					
а	List any managers of						by th	e foundation
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000) (S	ee section	507(d)(2))		
	ATTACHME						•	
b	List any managers of ownership of a partner					r an equally la	rge p	ortion of the
	ownership or a partner	ship or other entity) o	i which the foundation	ii nas a 10% or greater	meresi			
	N/A							
2	Information Regarding	g Contribution Grant	Gift Loan Scholars	hin etc. Programs:	<del>.</del>			<del></del> .
-	Check here ► X if t	-		· · · · · ·	itable oro:	anizations and	door	not accort
	unsolicited requests for	or funds If the found	ation makes difts, or	ants, etc., to individua	als or orga	nizations under	othe	r conditions.
	complete items 2a, b,			.,	3-			
a	The name, address, a	nd telephone number	or email address of t	he person to whom ap	plications sl	nould be address	sed	
	<u></u>	( <del></del>	L M - d d - f		alan del	1	_	
b	The form in which app	lications should be su	omitted and informati	on and materials they	snould inc	iuae.		

c Any submission deadlines

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

JSA 9E1490 1 000

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Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Du	ring the Year or App		1	<del> </del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ATCH 8				
•				
			1	
Total				1,468,000
b Approved for future payment				
		İ		
	,			
	,			
			1	
	-			
		<u> </u>	<u>L</u>	
Total			<u></u>	

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ĽΚ	aft XVI- <i>l</i>	A Analysis of Income-Prod	ucing Acti	vities			
Ent	er gross a	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
		service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	-						(Occ metroener)
					<del>                                     </del>		
	c				<del> </del>		
	d				<del> </del>		
	e				<u> </u>		
	f						
	g Fees a	nd contracts from government agencies			-		
2	Members	hip dues and assessments	•		14	250 621	
3	Interest on	savings and temporary cash investments •		<u>-</u>	<del> </del>	258,621.	<del></del>
4	Dividends	and interest from securities			14	144,718.	
5	Net renta	I income or (loss) from real estate			1		
	a Debt-f	financed property					
	b Not de	ebt-financed property					·
6	Net rental	income or (loss) from personal property					
7	Other inv	estment income			1		
8	Gain or (lo	ss) from sales of assets other than inventory			18	797,844.	
9	Net incon	ne or (loss) from special events					
		ofit or (loss) from sales of inventory			ļ	<u> </u>	
11	Other rev	enue a					
	bA.	TCH 9		14,245.		-1,230,242.	
	с						
	e						
12	Subtotal	Add columns (b), (d), and (e)		14,245.		-29,059.	
		d line 12, columns (b), (d), and (e)				13	-14,814.
(Se	e workshe	eet in line 13 instructions to verify calc	ulations)				
P	art XVI-E	Relationship of Activitie	s to the A	ccomplishment of Ex	kempt Pur	ooses	
	v No ▼	Explain below how each activit accomplishment of the foundation					
_		<del></del>					
							_
_							_
	_						<del></del> .
_						<del></del>	
_						-	
_		<del></del>					
			-				
_			-				
			-				

## Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	ın sed organi	e organization direct ction 501(c) (other zations?	than section	501(c)(3) organ	izations) or	in sect	ion 527, re			Yes	No
а		ers from the reportin							ł		
		sh									X
	(2) Oti	her assets							1a(2)	ļ	Х
þ	Other	transactions									
		les of assets to a no								7	X
	(2) Pu	rchases of assets fro	om a noncharit	able exempt organi	zation				1b(2)		X
	(3) Re	ental of facilities, equi	pment, or other	r assets					1b(3)		X
	(4) Re	embursement arrang	ements						1b(4)		<u> </u>
	(5) Lo	ans or loan guarantee	es						1b(5)		X
	(6) Pe	rformance of service	s or membersl	hip or fundraising s	olicitations .				1b(6)		X
C	Sharin	ig of facilities, equipm	ent, mailing lis	ts, other assets, or	r paid employe	ees			1c		X
d	If the	answer to any of th	e above is "Ye	es," complete the	following so	hedule	Column (b)	should alway	ys show the	fair m	arket
	value	of the goods, other	assets, or serv	ices given by the	reporting for	undation	If the found	lation receiv	ed less than	fair m	arket
	value	in any transaction or	sharing arran	gement, show in o	column (d) th	ne value	of the goods	s, other asse	ts, or service	s rec	eived
(a) Li	пе по	(b) Amount involved	(c) Name of	noncharitable exempt o	rganization	(d) Des	scription of trans	fers, transactions	s, and sharing arr	angeme	nts
		N/A				N/A	-				
							· ·				
							<u> </u>				
										· · · · · · · · · · · · · · · · · · ·	
								·			
2a	Is the	foundation directly	or indirectly af	ffiliated with, or re	elated to, one	e or mor	e tax-exemp	t organizatio	ons		
		bed in section 501(c)						_		es X	No
b	If "Yes	s," complete the follo	wing schedule								
•		(a) Name of organization	1	(b) Type of	organization			(c) Description (	of relationship		
								_			
		r penalties of perjury, I decia						to the best of my	y knowledge and i	oelief, it	is true,
Sigr	_ I	ct, and complete Declaration of	r preparer (other than t	taxpayer) is based on all into	ormation of which p	oreparer nas a	any knowledge	1			
_		Milana	Had	en 12/15/2	2020	SECR	ETARY		y the IRS discus h the preparer :		
Here	Sig	nature of officer or trustee	· · · · · · · · · · · · · · · · · · ·	Date		Title				Yes	No
					_ ^		\	<u> </u>			
D - ' '	<del></del>	Print/Type preparer's na	me /	Preparers signatu	ire //	1).	Date	Check	if PTIN		
Paid	l	JOANNA JOHNS	røn	Jarra	Shust	10c	/   12/15/2	2020 self-em	ployed P010	7507	9
Prej	parer	Firm's name BD	O USA, LLP		/				13-53815		
Use	Only	Firm's address > 29			R	<del></del>					
		add. 555	LT LAKE CI	•		84	111	Phone no	801-269-1	818	
				<del></del>	<del>-                                    </del>			,	5 QQ		(0040)

FORM 990-PF THE SHIFTING FOUNDATION 36-6108560
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of I	Property		Desci	ription		20.7	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	Ĭ	Gain or	_
xpenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	$\dagger \dagger$	(loss)	
,		TOTAL SHORT					i	
		PARTNERSHIP, ESTATES OR :			THER		-130,719.	
		TOTAL LONG-T						
		ESTATES OR T	TRUST GAIN (	OR LOSS			928,563.	
mar catal/r	200						707.044	
TAL GAIN(L	OSS)						<u>797,844.</u>	
							ļ	
							1	
	,							

## Schedule B

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

Name of the organization

## Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

THE SHIFTING FOUNDATION 36-6108560 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number 36-6108560

Part.I.	Contributors (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_	DAVID BRESKIN  257 EAST 200 SOUTH STE 1300  SALT LAKE CITY, UT 84111	\$ 200,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	JULIE BRESKIN  257 EAST 200 SOUTH STE 1300  SALT LAKE CITY, UT 84111	\$325,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	MARK HART III  201 MAIN STREET, SUITE 1800  FORT WORTH, TX 76102	\$50,000.	Person —X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4_	DARREN BENSON  257 EAST 200 SOUTH STE 1300  SALT LAKE CITY, UT 84111	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	DAVID BRESKIN  257 EAST 200 SOUTH STE 1300  SALT LAKE CITY, UT 84111	\$200,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6_	JULIE BRESKIN  257 EAST 200 SOUTH STE 1300  SALT LAKE CITY, UT 84111	\$325,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions)			

Employer identification number 36-6108560

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. -Part-II-

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	INTEREST IN POETIC LICENSE PARTNERS	-	10/01/0010
		\$\$	12/31/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	INTEREST IN POETIC LICENSE PARTNERS	_	
		\$\$25,000.	12/31/2019
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	INTEREST IN POETIC LICENSE PARTNERS	_	
		\$\$	01/01/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	INTEREST IN POETIC LICENSE PARTNERS	_	
		\$\$	01/01/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_ _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - -	

Name of or	rganization THE SHIFTING FOUNDATION			Employer identification number
•				36-6108560
Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one con is completing Part III, enter year. (Enter this information	<b>tributor</b> . Cor	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Fait1				
		(e) Transfer of gift		
	Transferee's name, address, and a	ZIP + 4	Relationsh	up 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 a	ZIP + 4	Relationsh	up of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		· · · · · · · · · · · · · · · · · · ·	-	
				<del>.</del>
		(e) Transfer of gift		
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			-	
		<del></del> -	-	
		<del></del>	-	
		(e) Transfer of gift	<b>_</b>	
	Transferee's name, address, and a		Relationsh	ip of transferor to transferee
			<del></del>	
	1			

ATTACHMENT 1

# FORM 990PF, PART I - OTHER INCOME

DESCRIPTION
OTHER INCOME FROM POETIC LICENSE
OTHER INCOME FORM EGG ROCK HOLDINGS
TAX REFUND

TOTALS -1,215,997.

AND NET
EXPENSES INVESTMENT
PER BOOKS
-1,165,239. -1,165,239.
-58,762.
8,004.

REVENUE

-1,224,001.

ATTACHMENT 1

ATTACHMENT 2

## FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE ANDEXPENSES

DESCRIPTION PER BOOKS

OTHER PROFESSIONAL FEES 70,360.

TOTALS 70,360.

2019 FORM 990-PF
SHIFTING FOUNDA

36-6108560

ATTACHMENT 3

FORM 990PF, PART I - TAXES

NET	INCOME		10,477.
REVENUE AND EXPENSES	PER BOOKS	28,556. 15,914.	10,477.
	OESCRIPTION	UBTI NII/EXCISE-990-PF	SIGN TAXES
! !	DES	UBT	FOR

10,477.

54,947.

TOTALS

36-6108560

ATTACHMENT 4

## - OTHER EXPENSES FORM 990PF, PART I

REVENUE	AND	EXPENSES	PER BOOKS	3,954.	4,546.	2,190.
			DESCRIPTION	BUSINESS SERVICES	MERCHANDISE & SUPPLIES	GRANTEE TRAVEL

J	4,54	, 1	

10,690.

TOTALS

CHARITABLE

PURPOSES

3,954.

4,546.

2,190.

10,690.

ATTACHMENT 4

36-6108560

SETS	
OTHER AS	
_	II
- II	
PART II -	
II	

ENDING	BOOK VALUE
	DESCRIPTION

ENDING FMV

	١
POETIC LICENSE PARTNERS, LP	EGG ROCK HOLDINGS, LLC

TOTALS

26,872,771. 1,928,700.	28,801,471.
23,988,014. 321,928.	24,309,942.

ATTACHMENT 6

ě.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TIONS EXPENSE ACCT YEE AND OTHER PLANS ALLOWANCES				
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS				
COMPENSATION	,		121,000.	
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 37.50	VICE PRESIDENT .50	SECRETARY 40.00	TREASURER . 50
NAME AND ADDRESS	DAVID A. BRESKIN 257 EAST 200 SOUTH STE 1300 SALT LAKE CITY, UT 84111	JULIE G. BRESKIN 257 EAST 200 SOUTH STE 1300 SALT LAKE CITY, UT 84111	CHELSEA HADLEY 257 EAST 200 SOUTH STE 1300 SALT LAKE CITY, UT 84111	DARREN T. BENSON 257 EAST 200 SOUTH STE 1300 SALT LAKE CITY, UT 84111

121,000.

GRAND TOTALS

ATTACHMENT 7

## FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

DAVID BRESKIN JULIE BRESKIN

ATTACHMENT 8

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ENVIRONMENTAL DEFENSE FUND	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	50,000
257 PARK AVENUE SOUTH, 17TH FLOOR	NC	ORGANIZATION	
NEW YORK, NY 10010			
NATURAL RESOURCES DEFENSE COUNCIL (NRDC)	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	20,000
40 WEST 20TH STREET	NC	ORGANIZATION	
NEW YORK, NY 10011			
PARTNERS IN HEALTH	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	20,000
888 COMMONWEALTH AVENUE, 3RD FLOOR	NC	ORGANIZATION	
BOSTON, MA 02215			
DOCTORS WITHOUT BORDERS/MSF USA	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	20,000
USA 333 SEVENTH AVENUE, 2ND FLOOR	NC	ORGANIZATION	
NEW YORK, NY 10001			
UNION OF CONCERNED SCIENTISTS	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	50,000
TWO BRATTLE SQUARE	NC	ORGANIZATION	
CAMBRIDGE, MA 02138			
INTERNATIONAL RESCUE COMMITTEE	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	35,000
122 EAST 42ND STREET	NC	ORGANIZATION	
NEW YORK, NY 10168			

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION	TO SUPPORT THE OVERALL MISSION OF THE 20,000 ORGANIZATION	TO SUPPORT THE 30,000 ORCANIZATION	TO SUPPORT THE OVERALL MISSION OF THE 30,000 ORGANIZATION	TO SUPPORT THE OVERALL MISSION OF THE 30,000 ORGANIZATION	TO SUPPORT THE OVERALL MISSION OF THE 10,000 ORGANIZATION	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION
ı	TO SUPPORT THE ORGANIZATION	TO SUPPORT THE ORGANIZATION	TO SUPPORT THE ORGANIZATION	TO SUPPORT THE ORGANIZATION	TO SUPPORT THE ORGANIZATION	TO SUPPORT THE ORGANIZATION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NO RELATIONSHIP NC	NO RELATIONSHIP NC	NO RELATIONSHIP NC	NO RELATIONSHIP NC	NO RELATIONSHIP NC	NO RELATIONSHIP NC
RECIPIENT NAME AND ADDRESS	OXFAM AMERICA 226 CAUSEWAY STREET, STH FLOOR BOSTON, MA 02114	PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001	CONSERVATION LAW FOUNDATION 62 SUMMER SIREET BOSTON, MA 02110	350 ORG 20 JAY ST , SUITE 732 BROOKLYN, NY 11201	PROPUBLICA 155 AVENUE OF THE AMERICAS, 13TH FLOOR NEW YORK, NY 10013	raw art works 37 Central Square

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	TNUUME
SOUTHERN POVERTY LAW CENTER	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	12,500
P O BOX 548	NC	ORGANIZATION	
MONTGOMERY, AL 36101			
EARTHJUSTICE	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE	20,000
50 CALIFORNIA ST, STE 500	NC	ORGANIZATION	
SAN FRANCISCO, CA 94111			
BROWN, BEN THORP	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	25,000
325 CLINTON AVENUE, APT 14F	I		
BROOKLYN, NY 11205			
BUNTE, STEFFEN	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	20,000
DIEFFENBACHSTR 34	ı		
BERLIN			
GERMANY 10967			
CARDOSO, MARIA FERNANDA	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	55,000
9 HERBERT STREET	н		
MALABAR			
NSW			
AUSTRALIA 2036			
CHAKAROVA, MIROSLAVA	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	7,000
1463 CURTIS STREET			
BERKELEY, CA 94702			

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

CHARRIÈRE, JULIAN SKALITZER STRASSE 43 BERLIN GERMANY 10997 EKWURTZEL, SAM 206 HUNGARY ROAD GRANBY, CT 06035	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND FOUNDATION STATUS OF RECIPIENT  I  NO RELATIONSHIP  I  I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT  TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	55,000.
FORSTER, RICHARD WOODWAY, 5 EAST LANE SHIP-BY-BENINGBROUGH YORK UNITED KINGDOM YO301AH	NO RELATIONSHIP I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	50, 000
FORTINER, SULLIVAN 34 HILLSIDE AVENUE, APT 5CC NEW YORK, NY 10040	NO RELATIONSHIP I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	51,000
GREEN, ELLIOTT 589 SCHOHARIE TURNPIKE ATHENS, NY 12015	NO RELATIONSHIP I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	48,000
HEATH, FRANK R 83 NEWELL ST , APT 3R BROOKLYN, NY 11222	NO RELATIONSHIP I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	30,000

2019 FORM 990-PF

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
KIWANGA, KAPWANI	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	20,000
43 RUE CANTAGREL	н		
PARIS			
FRANCE 75013			
MILES, RON	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	48,000
1608 OLIVE STREET	I		
DENVER, CO 80220			
NORFOLK, SIMON	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	44,000
13 SOUTHCOTE ROAD	I		
LONDON			
UNITED KINGDOM N19 5BJ			
OKAZAKI, MILES	ON RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	45,000
122 WINTHROP STREET APT 1	Н		
BROOKLYN, NY 11225			
SANCHEZ, ANGELICA	NO RELATIONSHIP	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	52,000
28 HENRY STREET	н		
JERSEY CITY, NJ 07306			
SMITH. GORDON MCCHESNEY	NO RELATIONSHIP	TO SUPPORT INDIVIDIAL ARTIST'S PROJECT	50.000
403 AVE C #1B	ı		
BROOKLYN, NY 11218			

ATTACHMENT 8 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WEISS, DAN 619 VANDERBILT AVENUE, APT 1 BROOKLYN, NY 11238	NO RELATIONSHIP I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	50,000
YOUNG, NATHANIEL 4223 WEST LAKE STREET CHICAGO, IL 60624	NO RELATIONSHIP I	TO SUPPORT INDIVIDUAL ARTIST'S PROJECT	52,000
AFRICAN ELEPHANT CONSERVATION TRUST 10 STATE STREET NEWBURYPORT, MA 01950	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	50,000
THE BAY SCHOOL OF SAN FRANCISCO 35 KEYES AVE SAN FRANCISCO, CA 94129	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	5,000
BIG EARS FESTIVAL 900 S GAY STREET, SUITE 101 KNOXVILLE, IN 37902	NO RELATIONSHIP	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	10,000
CARBONFUND ORG FOUNDATION 853 MAIN STREET EAST AURORA, NY 14052	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	10,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	10,000
HAMMER MUSEUM 19899 WILSHIRE BLVD LOS ANGELES, CA 90024	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	5,000
LOS ANGELES COUNTY MUSEUM OF ART 5905 WILSHIRE BLVD LOS ANGELES, CA 90036	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	e 000's
LOS ANGELES RESIDENTIAL COMMUNITY (LARC) 29890 N BOUQUET CANYON ROAD SAUGUS, CA 91390	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	5,000
PYROCLASTIC ARTS INC 2 TERRACE AVENUE OSSINING, NY 10562	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	60,000
RHODE ISLAND SCHOOL OF DESIGN TWO COLLEGE STREET PROVIDENCE, RI 02903	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	17,000

9 FORM 990-P	
HE SHIFTING FOUNDATION	

36-6108560

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST PETERSBURG COLLEGE FOUNDATION PO BOX 13489 ST PETERSBURG, FL 33733	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	15,000
WILDWOOD SCHOOL 11811 OLYMPIC BOULEVARD LOS ANGELES, CA 90064	NO RELATIONSHIP NC	TO SUPPORT THE OVERALL MISSION OF THE ORGANIZATION	15,000

1,468,000

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 8

36-6108560		RELATED OR EXEMPT FUNCTION INCOME		
	ATTACHMENT 9	AMOUNT	-1,230,242.	-1,230,242.
		EXCLUSION	41	
		AMOUNT	14,245.	14,245.
2019 FORM 990-PF	II	BUSINESS CODE	525920	1 1
2019	FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE			
THE SHIFTING FOUNDATION	FORM 990-PF, PART XVI-A	DESCRIPTION	POETIC LICENSE PARTNERS	TOTALS