Form 990-PF

EXTENDED TO DECEMBER 15, 2020

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.

	Dep:	ertment of the	he Treasury;			social security numbers irs.gov/Form990PF for in				100	2019
			year 2019 or tax year		FEE		-	ending	JAN 31,	202	Open to Public Inspection
		me of fou		<u> </u>		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A Employer id		
					357m35		017		25.04	C 1 5 0 1	-
			treet (or P O box number it			BLE FOUNDATI	ON	Room/suite	85-0461725		
			OTULPH LAN		ITE 1	nounisand			B Telephone number (505) 988-8801		
			, state or province, cou			postal code					pending, check here
		SANTA FE, NM 87505									
	G (	Check all t	that apply:	Initial returi	1	Initial return of a	former public	charity	D 1. Foreign o	rganızatıor	ns, check here
				Final return		Amended return			2. Foreign ord	anızatıons m	neeting the 85% test.
ንን	—.	hack type		Address ch		Name change xempt private foundation			1		neeting the 85% test, computation
المار		_	e of organization n_4947(a)(1) nonexem		· · · · · · · · · · · · · · · · · · ·	Other taxable private four	idation	04	E If private for	indation st	atus was terminated  1)(A), check here
07	ı Fa	•	t value of all assets at e		J Account			rual			60-month termination
	(fi	om Part I	II, col. (c), line 16)		o	ther (specify)					1)(B), check here
1	<u> </u>	·\$			(Part I, colur	mn (d), must be on cash b	asis.)		ļ		
	Pa	س تعت	nalysis of Revenue an ne total of amounts in colur cessarily equal the amount	mns (b), (c), an	d (d) may not	(a) Revenue and expenses per books		nvestment ome	(c) Adjust		(d) Disbursements for charitable purposes (cash basis only)
•			ntributions, gifts, grant			100,000			N/A	<del></del>	(casi basis only)
		2 Che	ock 🕨 🔃 if the foundation	n is not required to						4	
-		3 inter	rest on savings and tempo h investments	orary		55		55.			STATEMENT 1
			idends and interest fro	m securities		24,326	. 2	4,326	<u> </u>		STATEMENT 2
			oss rents	•			1		<del> </del>	<del></del>	<del> </del>
			rental income or (loss) gain or (loss) from sale of a	esets not on l	ne 10	1,164		<del></del> -			
	nue	_ Gros	ss sales price for all ets on line 6a		,188.		•		<del></del>	R	ECEIVED
	Revenue	l	ital gain net income (from F	Part IV, line 2)				1,164.			OLIVED
	ш		short-term capital gair	n			<del></del>			9020	EC 2 8 2020 S
		. Gros	ome modifications ss sales less returns				<del>-</del> -			<u> </u>	
			allowances . s Cost of goods sold							0	GDEN UT
		_	es profit or (loss)		· · <del></del> - · · · · ·						
71		11 Oth	er income			2,510		0.			STATEMENT 3
202		12 Tot	al Add lines 1 through	h <u>11</u>		128,055		5,545.			<del> </del>
_		i	npensation of officers, direct	•	etc	0	•	0.			0.
1			er employee salaries a Ision plans, employee l	_			<del> </del>				<del> </del>
MAR	Ses	16a Leg		benents			<del>                                     </del>				
	Sen:		counting fees	ST	MT 4	3,718	•	719.			0.
	Ä	c Oth	er professional fees								
SCANNED	Administrative Expenses		erest	am	·	169		<u> 169.</u>			0.
A	stra	18 Tax	es preciation and depletion		MT 5	630	•	0.	-		0.
တ္တ	iric		supancy	ı							<del> </del>
-	Adr		vel, conferences, and n	neetings							
<u></u>	and	22 Prin	nting and publications	-							
707	gui		er expenses	•	MT 6	167	•	0.			0.
JAN 1 3 2021	perating		al operating and admi			4 604		888.			
z	Ö		enses. Add lines 13 th atributions, gifts, grants	-		4,684 38,600		000.	<u> </u>		38,600.
JA			al expenses and disbu			30,000					30,000.
<b></b> -			l lines 24 and 25			43,284		888.			38,600.
gder -			tract line 26 from line	12:	<del></del>			_ <del>_</del>	,		1
elve ing C			ess of revenue over expens			84,771		1 657			
Received In Batching Ogden			investment income (if usted net income (if ne				+ 4	4,657.	N/A		
<u> </u>		- null	111001110 11101	J 5, 5, 10, 10, 10							

Fo	m 99	00-PF (2019) THE HOFFMAN-BRAVY CHARI		ON 85-	0461725 Page 2
E	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
	ait	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	89,172.	175,496.	<u>175,497.</u>
	3	Accounts receivable ► 50 .			
		Less: allowance for doubtful accounts	242.	50.	50.
	4	Pledges receivable			
		Less: allowance for doubtful accounts			<u></u>
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		<u>,</u>	,
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	497.	228.	228.
¥	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	429,758.	429,758.	882,805.
	14	Land, buildings, and equipment: basis		,	
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	519,668.	605,532.	1,058,580.
	17	Accounts payable and accrued expenses			·
	18	Grants payable			
es	19	Deferred revenue			<del></del>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			<del></del>
_	22	Other liabilities (describe STATEMENT 9.)	982.	2,513.	
	23	Total liabilities (add lines 17 through 22)	982.	2,513.	
		Foundations that follow FASB ASC 958, check here			
ės		and complete lines 24, 25, 29, and 30.			
auc	24	Net assets without donor restrictions			
Bal	25	Net assets with donor restrictions			<del></del>
힏		Foundations that do not follow FASB ASC 958, check here			
Z		and complete lines 26 through 30.		_ 1	
ŏ	26	Capital stock, trust principal, or current funds	0.	0.	
set	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	28	Retained earnings, accumulated income, endowment, or other funds	518,686.	603,019.	
Net Assets or Fund Balances	29	Total net assets or fund balances	518,686.	603,019.	
	20	Tabal tink ithing and ask access than disclarate	519,668.	605,532.	
=		Total liabilities and net assets/fund balances		005,552	
Р	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
		t agree with end-of-year figure reported on prior year's return)		1	518,686.
	•	amount from Part I, line 27a		2	84,771.
		increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	603,457.
		eases not included in line 2 (itemize)	SEE STA	rement 7 5	438.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29	6	603,019.
					Form <b>990-PF</b> (2019)

		<u>-0461</u>			Page 4
Pa	art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see i	nstru	ıctio	ns)
1	a 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)	,		,	
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%			4	93.
	of Part I, line 27b				
(	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	}	•	•	0.
3		1			93.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			4	93.
6				=	
	a 2019 estimated tax payments and 2018 overpayment credited to 2019				
	Exempt foreign organizations - tax withheld at source 6b 0.				
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
		-4-	-	A	97
_	Total credits and payments. Add lines 6a through 6d	<del> </del>		4	<u>97.</u> 0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del></del>			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del>                                     </del>			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del> </del>			4.
	Enter the amount of line 10 to be: Credited to 2020 estimated tax	ــــــــــــــــــــــــــــــــــــــ		——	0.
	art VII-A Statements Regarding Activities			V	TNI
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	<del></del>
	any political campaign?		1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			٠ "	_
	distributed by the foundation in connection with the activities.				-
(	Did the foundation file Form 1120-POL for this year?		1c		X
C	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1 1	ĺ	
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .			l	
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		.	l	
	managers. ▶ \$ 0 .				١.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.			7	
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	1	x
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X	
	of "Yes," has it filed a tax return on Form 990-T for this year?		4b	Х	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	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:				1
-	By language in the governing instrument, or				,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				1
	remain in the governing instrument?		6	X	Ť .
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	X	
•	Die the reconstituent have at least we we we made at any time during the year. If Too, complete that it, our to, and that the				<del></del>
Ω.	Enter the states to which the foundation reports or with which it is registered. See instructions.				
08					1
ı	NM	<del></del>			
O	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		· _	v	-
_	of each state as required by General Instruction G? If "No," attach explanation		<u>8b</u>	_X_	<del></del>
y	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		· ·		- T
4.0	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	. 10	9	37	<u>X</u> .
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT		10	X	(0040)
		For	m <b>990</b>	/-PF	(2019)

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Part VII-A Statements Regarding Activities (continued)

<u>.                                    </u>	The A statements regarding Activities (continues)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address ► N/A	000		<u> </u>
14	The books are in care of ► MAYA HOFFMAN Telephone no. ► (505)	988		01
	Located at ► 406 BOTULPH LANE STE 1, SANTA FE, NM ZIP+4 ►87	505		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. , , ▶	لـــا
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	Ma
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16_		_X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Da	foreign country	L		
Г	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	NI-
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	res	140
ıa	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			
		1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	1	Ì	,
			٠.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(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.)			
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
Ü	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	16	Ì	
	Organizations relying on a current notice regarding disaster assistance, check here	10-	$\dashv$	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		.	
Ť	before the first day of the tax year beginning in 2019?	1c	· ·	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):		- 1	
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?		1	
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ľ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	
	during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	۱ ،	,	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			_
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		٠	
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>

	t Officers, Directors, Trustees, Found and Contractors (continued)		
	stractors for professional services. If none, enter of each person paid more than \$50,000		(c) Compensation
<del></del>	reach person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	· · · · · · · · · · · · · · · · · · ·		
<del></del>	<u> </u>		
otal number of others receiving over \$50,0	00 for professional services		<u> </u>
Part IX-A Summary of Direct			<del></del>
	itable activities during the tax year. Include relevant stati iries served, conferences convened, research papers pro		Expenses
	ries served, connectinces convened, research papers pre		
N/A		·	-
		· <del></del>	-
			<del> </del>
			1
			7
			_
Part IX-B Cummon, of Drown	Polated Investments		<u> </u>
Part IX-B Summary of Program-related up	vestments made by the foundation during the tax year or	n lines 1 and 2	Amount
N/A	obtained in a control of the first tax year or		T.III.Gaille
			1
!			
			]
All other program-related investments. See	nstructions.		
			_
			-
			4
		<del></del>	_

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**•** 

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	710,443.
	Average of monthly cash balances	1b	108,052.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	818,495.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	*/* *	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	818,495.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,277.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	806,218.
6	Minimum investment return. Enter 5% of line 5	6	40,311.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
<del>_</del> 1	Minimum investment return from Part X, line 6	1	40,311.
	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)  2b 137.		
	Add lines 2a and 2b	2c	630.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	39,681.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	39,681.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	39,681.
	art XII Qualifying Distributions (see instructions)	• •	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	38,600. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	38,600.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	38,600.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies foi	r the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	( <b>c)</b> 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,				
line 7				39,681.
2 Undistributed income, if any, as of the end of 2019			-	
a Enter amount for 2018 only			32,437.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.	atanno no 6 - c . C C		
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 38,600.				
a Applied to 2018, but not more than line 2a			32,437.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
(Election required - see instructions)	0.			,
d Applied to 2019 distributable amount				6,163.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (if an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Finter the net total of each column as	0.			<u> </u>
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		<u>0.</u>	·	
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				•
lines 4d and 5 from line 1. This amount must				22 542
be distributed in 2020				33,518.
/ Amounts treated as distributions out of		, '		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_	1	* 11	, ,
may be required - see instructions)	<u> </u>	, , , , , , , , , , , , , , , , , , ,		
8 Excess distributions carryover from 2014	_			
not applied on line 5 or line 7	0.		· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2020.	_			
Subtract lines 7 and 8 from line 6a	0.	, , , , , , , , , , , , , , , , , , , ,		<u> </u>
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019	<u> </u>			

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Part XIV Private Operating R	<del>}</del>		-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•		▶ └	1,0,10,1,10	
b Check box to indicate whether the found		ng toundation described i		4942(j)(3) or4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2019	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(a) 2013	(0) 2010	(6) 2017	(0) 2010	(e) iotai
investment return from Part X for					
each year listed  b 85% of line 2a					<del> </del>
				<del>  · </del>	<del> </del>
<ul> <li>Qualifying distributions from Part XII, line 4, for each year listed</li> </ul>	Ì				
d Amounts included in line 2c not			<del></del>		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c		1			
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:		•			
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:			<u></u>		<del></del>
(1) Total support other than gross					
investment income (interest,	1				
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	•				
(2) Support from general public					
and 5 or more exempt organizations as provided in				1	
section 4942(j)(3)(B)(iii)				1	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t		ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed n			ibutions received by the	e foundation before the clo	se of any tax
MAYA HOFFMAN					
b List any managers of the foundation wh			or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi					
Check here 🕨 🗶 if the foundation o					iests for funds. If
the foundation makes gifts, grants, etc.,			<del> </del>	<del></del>	
a The name, address, and telephone num	ber or email address of th	ne person to whom applica	ations should be addres	sed:	
				<del></del>	
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include;		
c Any submission deadlines:			-		
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields, l	kinds of institutions, or	other factors:	<del></del>
			• •		

### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)	
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business	Amount	sion code	Amount	function income	
			<b>!</b> "		· <del></del>	
				<del></del>	·	
^		<del></del>	1	<del></del>	<del></del>	
f		<del></del>				
<u> </u>				<del></del>	···	
	<del></del>		<del>   </del>			
2 Membership dues and assessments		·				
3 Interest on savings and temporary cash			1 1			
investments	<del></del>		14 14	55. 24,326.		
4 Dividends and interest from securities	ļ		14	24,320.	···	
5 Net rental income or (loss) from real estate:	<b></b>					
a Debt-financed property	++	· · · <del> · ·</del>	<del>                                     </del>		<del></del> _	
b Not debt-financed property				_		
6 Net rental income or (loss) from personal						
property	<u> </u>		-			
7 Other investment income					<del></del>	
8 Gain or (loss) from sales of assets other						
than inventory			18	1,164.		
9 Net income or (loss) from special events			ļ			
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a <u>SCHEDULE K-1 - SUBURBAN</u>						
b PROPANE PARTNERS, LP	900099	2,510.				
c						
d	1					
e						
12 Subtotal. Add columns (b), (d), and (e)		2,510.		25,545.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13		
(See worksheet in line 13 instructions to verify calculations.)				<del></del>		
Part XVI-B Relationship of Activities t	o the Acce	mplichment of Ev	omnt	Durnoses		
rait XVI-B helationship of Activities t	O tile Accol	IIpiisiiiieiit oi Ex	empi	. rui puses		
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contribi	uted importantly to the accomp	olishment of	
the foundation's exempt purposes (other than	by providing fund	is for such purposes).			· · · · · · · · · · · · · · · · · · ·	
	<del></del>					
		-				
				<del></del>		
	<del></del> -		_	<del>_</del>		
	<del></del>			<u> </u>		
		<del></del>				
					<del></del>	
					<del> </del>	
		<del></del>		<del></del>		
					Form <b>990-PF</b> (2019)	

	t XVII Information Re	OFFMAN-BRAVY CHARITABLE FO egarding Transfers to and Transactions		85-0461725 s With Noncharitable	<del></del>
1 [	Exempt Organ	itzations rectly engage in any of the following with any other organiza	ation described in section !	501(c)	Yes N
		nizations) or in section 527, relating to political organizations		001(0)	100
		ation to a noncharitable exempt organization of:			
(	(1) Cash			1a(1)	) 2
(	(2) Other assets			1a(2)	1 1 -
b (	Other transactions:				
(	(1) Sales of assets to a noncharita	ble exempt organization		1b(1)	
(	(2) Purchases of assets from a no	ncharitable exempt organization		<u>1b(2)</u>	+ +
(	(3) Rental of facilities, equipment,			1 <u>b(3)</u>	
(	(4) Reimbursement arrangements			<u>1b(4)</u>	
(	(5) Loans or loan guarantees			<u>1b(5)</u>	
	•	mbership or fundraising solicitations		1b(6)	
		uling lists, other assets, or paid employees		<u>1c</u>	] 3
		"Yes," complete the following schedule. Column (b) should	-	· · · · · · · · · · · · · · · · · · ·	sets,
		oundation. If the foundation received less than fair market v	alue in any transaction or s	snaring arrangement, show in	
(a) Lini	column (d) the value of the goods,	(c) Name of noncharitable exempt organization	(d) Description of the	ansfers, transactions, and sharing a	
(4)	ene (b) Amount involved	N/A	(u) Description of a	ansiers, transactions, and snaring a	rangements
		N/A			
				<del></del>	
	<del></del>				

(a) Line no	(b) Amount involved	(c) Name of Honoranta	ible exempt organization	(u) Descriptio	n or transiers, transaction	is, and sharing arrangements
	1	N/A	<b>\</b>			
	<del></del>					
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· -		
						<del></del>
	·					·
	<del>                                     </del>			<del> </del>	· <del>-</del>	
				<u> </u>	- <del> </del>	
						<del></del>
_			<u> </u>			
2a Is the	e foundation directly or indirect	y affiliated with, or related to, o	ine or more tax-exempt organiz	ations described		
	ction 501(c) (other than section	· · · · · · ·				Yes X No
<b>b</b> If "Ye	s," complete the following sche					
	(a) Name of orga	ınızatıon	(b) Type of organization		(c) Description of rel	ationship
	N/A					
					<u></u>	
	· <del></del>					
					······································	<u> </u>
					· · · · · · · · · · · · · · · · · · ·	
	Under penalties of perjury, I declare to and belief, it is true, correct, and com					May the IRS discuss this
Sign	and belief, it is true, correct, and com	plete Dedica and the preparer (officer t				return with the preparer shown below? See instr
Here	May (b)	Hobrida -	12-14.000	TRUST	EE	_ X Yes  No
	Signature of officer of trustee	2111 (0)000 1	Date	Title		
	Print/Type preparer's nai	ne Prepager's	s signature	Date / /		PTIN
	RUDOLPH/B.	SACKS, (, (		اه مادیاری	self- employed	
Paid	JR.		175	72/12/2020		P00175423
Prepai		OLPH B. SACKS,	JR, PC	1	Firm's EIN ► 85	5-0313705
Use O	nly	·	•			
	Firm's address ▶ P.(	D. BOX 5929				
		NTA FE, NM 875	02		Phone no. (50	5) 988-8801
		·				Form <b>990-PF</b> (2019)

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

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

THE HOFFMAN-BRAVY CHARITABLE FOUNDATION

Employer identification number

85-0461725

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

Organia	ation type (check of	ne).									
Filers o	f:	Secti	ion:								
Form 99	00 or 990-EZ		501(c)(	) (enter number) org	anızatıon						
			4947(a)(1)	nonexempt charitable	e trust <b>not</b> treate	d as a private	e foundation				
			527 politica	al organization							
Form 99	00-PF	X	501(c)(3) e	xempt private founda	tion						
			4947(a)(1)	nonexempt charitable	trust treated as	a private fou	undation				
			501(c)(3) ta	axable private foundat	tion						
	nly a section 501(c)(			ieneral Rule or a Spe		General Rul	le and a Spec	cial Rule. Se	ee instruc	tions.	
X				90-EZ, or 990-PF that complete Parts I and I							∍y or
Special	Rules										
	sections 509(a)(1) a	and 170 r, durin	0(b)(1)(A)(vı) ıg the year,	ion 501(c)(3) filing For , that checked Sched total contributions of Parts I and II	lule A (Form 990	or 990-EZ), F	Part II, line 13	3, 16a, or 16	6b, and th	at received	d from
	year, total contribut	tions of	f more than	ion 501(c)(7), (8), or (1 \$1,000 <i>exclusively</i> fo umals. Complete Part	r religious, chari			_			-
	year, contributions is checked, enter he purpose Don't com	exclusi ere the nplete a	vely for relige total contri any of the p	ion 501(c)(7), (8), or (1 gious, charitable, etc., butions that were rec arts unless the <b>Gene</b> i is totaling \$5,000 or n	purposes, but relived during the ral Rule applies	no such contr year for an e to this organi	ributions tota exclusively rel	aled more th ligious, chai	nan \$1,000 ritable, etc	0. If this bo	-
out it <b>mi</b>	ust answer "No" on I	Part IV,	, line 2, of it	the General Rule and s Form 990, or check nts of Schedule B (Fo	the box on line	H of its Form		· ·			•

Employer identification number

# THE HOFFMAN-BRAVY CHARITABLE FOUNDATION

85-0461725

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAYA HOFFMAN  C/O 406 BOTULPH LANE STE 1  SANTA FE, NM 87505	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

## THE HOFFMAN-BRAVY CHARITABLE FOUNDATION

85-0461725

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		   \$					
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		  \$					
No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		     \$					
No. from	(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				

Employer identification number

rom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y For organizations ess for the year (Enterthis info once)		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift	sfer of gift  Relationship of transferor to transferee		
	rom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, as (b) Purpose of gift  Transferee's name, address, as (b) Purpose of gift  Transferee's name, address, as (b) Purpose of gift	rom any one contributor. Complete columns (a) through (e) and the following line entroprompting Part III of additional space is needed.  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4		

FORM 990-PF INTERE	ST ON SAVING	GS AND	TEMPOR	ARY CASH	IN	VESTMENTS	STATEMEN	NT 1
SOURCE  CHARLES SCHWAB NOMINEE ACCOUNT  TOTAL TO PART I, LINE 3			(A) REVENUE PER BOOKS 55.		IN	(B) VESTMENT COME	(C) ADJUST NET INC	
					55.			
FORM 990-PF	DIVIDENDS	AND I	NTEREST	FROM SE	CUR	ITIES	STATEMEN	<b>1T</b> 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENU PER BOO	E	(B) NET INVEST MENT INCOM	T- ADJU	JSTED
CHARLES SCHWAB & CO. NOMINEE ACCOUNT SUBURBAN PROPANE PARTNERS, LP -	25,276.		963.	24,3	13.	24,31	3.	
SCHEDULE K-1	13.		0.		13.	1:	3.	
TO PART I, LINE 4	E 4 25,289. 96		963.	24,326.		24,326	6.	
FORM 990-PF		ОТН	ER INCO	ME			STATEMEN	IT 3
DESCRIPTION		-	RE	(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME	ADJUS	TED
SCHEDULE K-1 - SUBURBAN PROPANE PARTNERS, LP				2,510		0 .	•	
TOTAL TO FORM 990-PF, PART I, LINE 11			1	2,510	 •	0 .	•	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
BOOKKEEPING & TAX PREPARATION ALLOCATED BOOKKEEPING-PTP	3,577.	719.		0.	
INVESTMENT	141.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B =	3,718.	719.		0.	
FORM 990-PF	TAXES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FEDERAL EXCISE TAX	630.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	630.	0.		0.	
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
SCHEDULE K-1 - SUBURBAN PROPANE PARTNERS, LP ROUNDING	166.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	167.	0.		0.	

FORM 990-PF OTHER DECREASES IN N	ET ASSETS OR 1	FUND BALANCES	STATEMENT	7
DESCRIPTION			AMOUNT	
REIMBURSEMENTS FOR PRIOR YEARS' EXP	438			
TOTAL TO FORM 990-PF, PART III, LINI	E 5 .		4	38.
FORM 990-PF OTHER	R INVESTMENTS		STATEMENT	8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	<b>r</b>
SCHWAB S&P 500 SELECT MUTUAL FUND SHARES CHARLES SCHWAB & CO. NOMINEE	FMV FMV	216,834.	533,7	68.
ACCOUNT		212,924.	349,0	37.
TOTAL TO FORM 990-PF, PART II, LINE	429,758.	882,8	05.	
FORM 990-PF OTHER	R LIABILITIES		STATEMENT	9
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
REIMBURSEABLE TO TRUST SUBURBAN PROPANE PARTNERS LP		135. 847.	9:	35. 78.
TOTAL TO FORM 990-PF, PART II, LINE	982.	2,513.		

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 10

NAME OF CONTRIBUTOR

MAYA HOFFMAN

C/O 406 BOTULPH LANE STE 1

SANTA FE, NM 87505