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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491104006081

2019

OMB No. 1545-0052

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 06-01-20)19 , a	nd ending 05-31-	·2020	
		indation FREITAG & MARTHA HALEY FDN INC		A Employer id	entification numbe	r
LL	WARD	TREITAG & PIARTIJA HALEI I DIN INC		52-2209095		
		street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	ımber (see instructior	ns)
9	01 SOU	TH BOND STREET SUITE 400		(410) 537-549:	•	,
		, state or province, country, and ZIP or foreign postal code				
BALT	rimore	, MD 21231		C If exemption	application is pending	g, check here
G Cł	neck al	l that apply: \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign or	ganizations, check he	re
		☐ Final return ☐ Amended return			ganizations meeting	
		\square Address change \square Name change			k here and attach cor	· _
l Ch	neck ty	pe of organization: $lacksquare$ Section 501(c)(3) exempt private	foundation		undation status was t n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation			
		ket value of all assets at end J Accounting method:	☐ Cash ☐ Accru		ation is in a 60-month	
		rom Part II, col. (c), ▶\$ 396,397 □ Other (specify)		under section	n 507(b)(1)(B), chec	k nere
		(Part I, column (d) must	be on cash basis.)			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(In) Not investment	(-) ()	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
			Docks			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☐ if the foundation is not required to attach				
		Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	2,242	2,242		
	5a	Gross rents				
e	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	43,225			
Ξ	١.	• , ,	,			
Revenue	b 7	Gross sales price for all assets on line 6a 133,290 Capital gain net income (from Part IV, line 2)		43,225		
~	8	Net short-term capital gain		10,220	0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less: Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	9 42	42		
	12	Total. Add lines 1 through 11	45,509	45,509		
	13	Compensation of officers, directors, trustees, etc.				
	14	Other employee salaries and wages		0	0	(
S O	15	Pension plans, employee benefits		0	0	
in Sc	16a	Legal fees (attach schedule)				(
Expenses	ь	Accounting fees (attach schedule)				
i O	c	Other professional fees (attach schedule)	2,455	2,455		(
Operating and Administrative	17	Interest				(
S	18	Taxes (attach schedule) (see instructions)	9 47	47		(
ੂ	19	Depreciation (attach schedule) and depletion	C	0		
Ē	20	Occupancy				
<u> </u>	21	Travel, conferences, and meetings	709	0		709
a	22	Printing and publications		0	0	
Đ.	23	Other expenses (attach schedule)				
rat	24	Total operating and administrative expenses.				
<u>a</u>		Add lines 13 through 23	3,211		0	709
_	25	Contributions, gifts, grants paid	98,450			98,450
	26	Total expenses and disbursements. Add lines 24 and 25	101,661	2,502	0	99,159
	27	Subtract line 26 from line 12:	101,001	2,302		33,133
	a	Excess of revenue over expenses and				
	.	disbursements Not investment income (if positive, enter -0-)	-56,152			
	b	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		43,007		
	C			C-+ N 41000	0	000 PE (2010

Attached schedules and amounts in the description column

Beginning of year

Page 2

End of year

Form 990-PF (2019)

Net Assets or Fund Balance

25

26

27

28 29

30

Part III

2

3

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg., and equipment fund

Total net assets or fund balances (see instructions) . .

		Less: allowance for doubtful accounts ▶		0	0
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
S.	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	295,188	271,338	394,261
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			0
	14	Land, buildings, and equipment: basis >			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			_
		instructions. Also, see page 1, item I)	306,613	273,474	396,397
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u>e</u> 2	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities(add lines 17 through 22)		0	
S		Foundations that follow FASP ASC OFF shock here			

and complete lines 24, 25, 29 and 30. 24 Net assets without donor restrictions .

306,613

306,613

306,613

273,474

273,474

273,474

1

2

3

4

5

6

306,613

-56,152

23,013

273,474

273,474 Form **990-PF** (2019)

0

	ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		(b) How acquire P—Purchase D—Donation	• ,	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Tabl	e					
b						
C						
d						
e						
(e) Gross sales price		(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a See Additional Data Tab	e					
b						
c						
d						
e						
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) l. (j), if any		col. (k), but not	h) gain minus less than -0-) or om col.(h))
a See Additional Data Tabl	e					
b						
C						
d						
e						
·	gain or (loss) as defined in sections : ort I, line 8, column (c) (see instructi	. ,)- 		3	43,225
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment	Incor	ne	
(For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on n	et investment in	come.)		
If section 4940(d)(2) applies, l	eave this part blank.					
If "Yes," the foundation does no	ne section 4942 tax on the distributa ot qualify under section 4940(e). Do	not complete this part	. .			es 🔽 No
	nount in each column for each year;	see instructions before	e making any er	tries.		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital		(0	(d) Distribution rati col. (b) divided by c	ol. (c))
2018	95,920		453,623			0.211453
2017	112,529		531,046			0.211901
2016	87,601		552,728			0.158488
2015	87,180 76,023		562,102 648,629			0.155096 0.117206
2 Total of line 1, column (· · ·		040,029	2		
, ,	d)		· · · · -	- -		0.854144
number of years the four	o for the 5-year base period—divide Indation has been in existence if less Incharitable-use assets for 2019 fron	than 5 years	· · · ·	3 4		0.170829 403,630
5 Multiply line 4 by line 3			🗀	5		68,952
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		[6		430
7 Add lines 5 and 6			[7		69,382
	ions from Part XII, line 4 , eater than line 7, check the box in Pa			8 using a	1% tax rate. Se	99,159 e the Part VI

During

Page **6**

Yes No

3	Statements Regarding Activities for Which Form 4/20 May Be Required	(continuea)	
the	year did the foundation pay or incur any amount to:		ĺ
ry	on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	Yes 🗸 No	

	(1) Carry on propaganda, or other(2) Influence the outcome of any s		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	☐ Yes	✓ N	0		
	on, directly or indirectly, any vo		• • • • • • • • • • • • • • • • • • • •	· · □ v	✓ N			
	(3) Provide a grant to an individual	l for travel, study, or other sin	nilar purposes?	Yes Yes				
	(4) Provide a grant to an organization section 4945(d)(4)(A)? See i		· •		✓ N			
	(5) Provide for any purpose other t	chan religious, charitable, scier	ntific, literary, or	∟ Yes	_			
	educational purposes, or for the			∟ Yes	✓ N	0		
b	If any answer is "Yes" to 5a(1)–(5)							
	Regulations section 53.4945 or in a				·	5b		
_	Organizations relying on a current r							
С	If the answer is "Yes" to question 5	* **	•	_	_			
	tax because it maintained expendit			· · L Yes	U N₁	0		
_	If "Yes," attach the statement requi	· -	* *					
6a	Did the foundation, during the year		r indirectly, to pay premiu	ims on				
	a personal benefit contract?			Yes	✓ N			<u></u>
b	Did the foundation, during the year	, pay premiums, directly or in-	directly, on a personal bei	nefit contract?	•	6b		No
_	If "Yes" to 6b, file Form 8870.				_			
7a	At any time during the tax year, wa			⊔ res	✓ N	0		
	If "Yes", did the foundation receive				•	7b		
8	Is the foundation subject to the sec	, , , , ,			_			
	excess parachute payment during t	<u> </u>		<u>∟ Yes</u>				
Pai	and Contractors List all officers, directors, truste	Officers, Directors, Trus			a Emp	loyees	•	
		cs, iounuation managers a						
		(b) Title, and average			<u>.</u>			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans deferred compensati	and (e) Exper other a		
	·	hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	and (
EDWA 21 1/3	(a) Name and address RD FREITAG 2 EASTERN AVENUE	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	and (
EDWA 21 1/2 ANNA	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403	hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	and (
EDWA 21 1/2 ANNA MART	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY	hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	and (
EDWA 21 1/2 ANNA MART 27 1/2	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	and (
EDWA 21 1/2 ANNA MART 27 1/2 ANNA	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 EASTERN AVENUE	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10	(c) Compensation (If not paid, enter -0-)	(d) Contributions t employee benefit plans deferred compensati	s and on	other a	llowand	ces
21 1/2 ANNA MART 27 1/2 ANNA	(a) Name and address RD FREITAG EASTERN AVENUE POLIS, MD 21403 HA B HALEY EASTERN AVENUE POLIS, MD 21403	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 id employees (other than the content of th	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions t employee benefit plans deferred compensati	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
21 1/2 ANNA MART 27 1/2 ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 iid employees (other than to paid hours per week)	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,
EDWA 21 1/: ANNA MART 27 1/: ANNA 2 (a)	(a) Name and address RD FREITAG 2 EASTERN AVENUE POLIS, MD 21403 HA B HALEY 2 2 EASTERN AVENUE POLIS, MD 21403 Compensation of five highest-pa Name and address of each employee more than \$50,000	hours per week devoted to position PRESIDENT 10 VICE PRESIDENT 10 id employees (other than to be paid hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 hose included on line 1 (c) Compensation	(d) Contributions to employee benefit plans deferred compensation. see instructions). I (d) Contributions to employee benefit plans and deferred	if none,	other a	NONE.	unt,

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Evnance
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
1	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	>
	Farm 000 BE (2010)

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20,182

430

19,752

19.752

19.752

99,159

99,159

98.729

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430

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1

2a

3

4

5

6

1

2

3

4

5

b

Part XII

_	Acquisition indeptedness applicable to line 1 assets.		0
3	Subtract line 2 from line 1d	3	409,777
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	6,147
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	403,630
6	Minimum investment return. Enter 5% of line 5	6	20,182
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd cer	tain foreign
Par	organizations check here \triangleright and do not complete this part.)		

2a

2b

430

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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

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

Distributable amount before adjustments. Subtract line 2c from line 1.

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

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

a From 2014.

b From 2015. c From 2016. . .

d From 2017.

e From 2018.

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

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

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). 2019

Page 9

19,752

19,752

Form **990-PF** (2019)

Form	990-PF	(201
Pa	rt XIII	

90-PF (20	019)	
XIII	Undistributed Income	(see instructions)

0-PF	(2019)	

- Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.
- **b** Total for prior years: 20______, 20______ Excess distributions carryover, if any, to 2019:

87.119 73,663

- 46.546
 - 59,515 60.793

79.407

407,043

(a)

Corpus

- 327.636

(b)

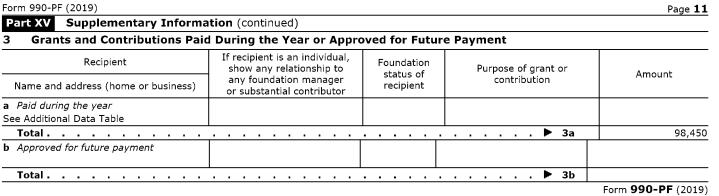
Years prior to 2018

(c)

2018

46.546

- - **b** The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



9.03.	s amounts unless otherwise indicated.	Unrelated bu	ısiness income	Excluded by section	(e) Related or exempt	
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
-	and contracts from government agencies					
	ership dues and assessments					
Interes	st on savings and temporary cash ments					
	nds and interest from securities			14	2,242	
a Debt	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	investment income					
invento	r (loss) from sales of assets other than			1.0	42 225	
	come or (loss) from special events:			18	43,225	
	profit or (loss) from sales of inventory					
	revenue:					
a OTHE	R INCOME			14	42	
b						
	(2.4)					
2 Subtot	cal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	45,509	<u> </u> 45,509
	orksheet in line 13 instructions to verify calcu			13	3	45,503
Part XV			ment of Exem	pt Purposes		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
	instructions.					

orm 9	990-PF (,		_									Pa	ge 13
Par	t XVII	Information Re Exempt Organi		ransi	fers To a	ind Transac	tior	ns and R	elatio	nships With Non	ncharita	ble		
		ganization directly or in than section 501(c)(3)									on 501		Yes	No
a Tr	ansfers	from the reporting foun	dation to a n	oncha	ritable exe	empt organizat	ion o	of:						
(1	.) Cash										. 1	a(1)		No
(2) Other	rassets									. 1	a(2)		No
		sactions:												
-	-	of assets to a nonchari	· ·	-								b(1)		No
-	-	nases of assets from a n										b(2)		No
-	-	al of facilities, equipmer bursement arrangemen	•				٠.					b(3) b(4)		No No
-	-	s or loan guarantees.					٠. ٠					b(5)		No
•	-	mance of services or m										b(6)		No
-	•	f facilities, equipment, n			_							1c		No
of	the goo	wer to any of the above ds, other assets, or ser nsaction or sharing arra	vices given b	y the	reporting f	foundation. If t	the f	oundation	receive	d less than fair mark	ket value	ue		
(a) Lir	ne No.	(b) Amount involved	(c) Name of	noncha	aritable exer	mpt organization	-	(d) Descr	ription of	transfers, transactions,	and sharin	g arra	ngemen	its
							+							
							+							
	_						+							
	+						+							
							T							
							+							
	-						+							
	-+						+							
de	scribed	ndation directly or indire in section 501(c) (other omplete the following so (a) Name of organizatio	than section chedule.		(c)(3)) or i	•	•		_					
Sigr	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co									l infor	matio	n of
Her		*****				2021-04-11		**	****		return			
	│∤	Signature of officer or t	rustee			Date		Tit	tle		with the below (see inst	_	_	
		Print/Type preparer's	name	Prepa	arer's Sign	ature		Date			PTIN			
Paic	i	KELLY NEUGEBAUE	≣R					2021-0)4-11	Check if self- employed ▶ ☐	P	01285	5591	
	parer Only		DITTE TAX LL	P				<u> </u>		F	Firm's EIN	▶86	-10657	772
JJE	Citiy		0 EAST BROA	AD ST	14TH FLO	OR								
		COLUMBUS, OH 432153611								Phone no.	(614) 221-	1000	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2017-11-21 2019-07-01 473.454 ARTISAN INTERNATIONAL VALUE ADVISOR 1081.783 BROWN ADVISORY FLEXIBLE EQUITY INV 2015-05-21 2019-07-01 1. CINTAS CORP. 2018-02-14 2019-07-08 2. DANAHER CORP 2012-12-12 2019-07-12 2. DANAHER CORP 2012-03-29 2019-07-12 1. FLEETCOR TECHNOLOGIES INC 2017-03-08 2019-07-12 2. ZOETIS INC 2017-05-03 2019-07-12 1. DANAHER CORP 2019-07-15 2012-03-29 1. ZOETIS INC 2017-05-03 2019-07-15 1. FLEETCOR TECHNOLOGIES INC 2015-08-18 2019-07-18 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 16,609 16,887 -278 25,000 17,741 7,259 238 161 77 281 83 198 280 84 196 292 162 130 226 112 114 141 42 99 57 113 56 290 163 127 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -278 7,259 77 198 196 130 114 99 57 127

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 1. FLEETCOR TECHNOLOGIES INC 2015-08-18 2019-07-22 2. FLEETCOR TECHNOLOGIES INC 2015-08-18 2019-07-23 3. FLEETCOR TECHNOLOGIES INC 2016-10-14 2019-07-25 223.114 BROWN ADVISORY SMALL CAP GROWTH INV 2012-12-12 2019-07-31 2. DEXCOM INC 2016-08-11 2019-08-06 2. ADOBE SYS INCORP 2016-08-01 2019-09-09 2. INTUIT INC. 2019-09-09 2017-04-13 1. ALIBABA GROUP HOLDING LTD A D R 2018-10-15 2019-09-30 1. ALIBABA GROUP HOLDING LTD A D R 2017-06-28 2019-09-30 933.714 BA-WMC STRATEGIC EUROPEAN EQUITY FUND CL INST 2017-12-27 2019-09-30 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 292 163 129 579 326 253 859 510 349 5,000 3.025 1,975 292 182 110 558 195 363 549 236 313 167 143 24 167 143 24 10,131 10,034 97 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 129 253 349 1,975 110 363 313 24 24 97

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2015-05-21 2019-09-30 643.225 BROWN ADVISORY FLEXIBLE EQUITY INV 1. EDWARDS LIFESCIENCES CORP 2017-02-03 2019-09-30 1. ALIBABA GROUP HOLDING LTD A D R 2017-06-28 2019-10-01 1. EDWARDS LIFESCIENCES CORP 2017-02-03 2019-10-01 1. INTUITIVE SURGICAL INC 2012-12-12 2019-10-02 2. DANAHER CORP 2012-03-30 2019-10-25 2019-10-29 3. MICROSOFT CORP. 2018-12-26 2018-12-20 2019-10-29 3. MICROSOFT CORP. 1. ADOBE SYS INCORP 2016-08-01 2019-10-31 2. DANAHER CORP 2016-05-05 2019-10-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 15.000 10.549 4,451 220 90 130 165 143 22 217 90 127 513 180 333 271 85 186 429 291 138 430 302 128 277 98 179 275 116 159 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 4,451 130 22 127 333 186 138 128 179 159

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2. SALESFORCE COM INC 2012-12-12 2019-10-31 2. VISA INC CLASS A SHARES 2013-08-21 2019-10-31 1. EDWARDS LIFESCIENCES CORP 2017-02-03 2019-11-05 5. PAYPAL HOLDINGS INC 2016-08-12 2019-11-19 2. PAYPAL HOLDINGS INC 2016-08-12 2019-11-20 2. B W X TECHNOLOGIES INCOR 2018-12-17 2019-12-09 1. B W X TECHNOLOGIES INCOR 2018-12-14 2019-12-10 2019-12-10 1. B W X TECHNOLOGIES INCOR 2018-12-14 2016-08-19 2019-12-10 2. DEXCOM INC 1. DEXCOM INC 2016-08-19 2019-12-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 313 83 230 357 90 267 232 90 142 526 192 334 209 77 132 121 83 38 60 42 18 60 42 18 433 182 251 219 91 128 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 230 267 142 334 132 38 18 18 251 128

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 4. B W X TECHNOLOGIES INCOR 2019-02-25 2019-12-11 801.603 BROWN ADVISORY FLEXIBLE EQUITY INV 2015-05-21 2020-01-03 2. B W X TECHNOLOGIES INCOR 2017-09-08 2020-01-22 1. CINTAS CORP. 2018-02-15 2020-01-22 1. B W X TECHNOLOGIES INCOR 2017-08-17 2020-01-23 1. ROPER INDUSTRIES INC NEW 2016-09-09 2020-01-23 1. DEXCOM INC 2016-08-08 2020-01-27 1. BOOKING HOLDINGS INC 2017-05-31 2020-01-28 1. B W X TECHNOLOGIES INCOR 2017-08-11 2020-02-04 1. BOOKING HOLDINGS INC 2018-02-01 2020-02-04 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 244 190 54 20,000 13,146 6,854 130 107 23 283 165 118 65 54 11 376 177 199 232 91 141 1,922 1,869 53 65 54 11 1,873 1.901 -28 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 54 6,854 23 118 11 199 141 53 11 -28

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 1. MICROSOFT CORP. 2018-12-19 2020-02-06 1. ZOETIS INC 2017-05-03 2020-02-06 4. B W X TECHNOLOGIES INCOR 2017-09-06 2020-02-07 1. DEXCOM INC 2016-08-08 2020-02-07 10. VISA INC CLASS A SHARES 2013-08-21 2020-02-24 13. VISA INC CLASS A SHARES 2013-10-10 2020-02-25 7. VISA INC CLASS A SHARES 2013-10-10 2020-02-26 5. VISA INC CLASS A SHARES 2013-10-11 2020-02-26 1. VISA INC CLASS A SHARES 2013-10-11 2020-02-26 3. B W X TECHNOLOGIES INCOR 2017-08-30 2020-03-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 182 104 78 138 56 82 263 216 47 238 91 147 1,997 451 1,546 595 1,903 2,498 1,341 329 1,012 941 237 704 48 192 144 145 162 -17 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 78 82 47 147 1,546 1,903 1,012 704 144 -17

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2. B W X TECHNOLOGIES INCOR 2017-09-27 2020-03-10 1. ZOETIS INC 2017-05-03 2020-03-10 4. B W X TECHNOLOGIES INCOR 2018-10-12 2020-03-11 2. B W X TECHNOLOGIES INCOR 2017-10-16 2020-03-12 3. B W X TECHNOLOGIES INCOR 2017-11-17 2020-03-12 5. B W X TECHNOLOGIES INCOR 2018-02-09 2020-03-13 2. B W X TECHNOLOGIES INCOR 2017-10-26 2020-03-16 2017-11-08 2. B W X TECHNOLOGIES INCOR 2020-03-17 1. B W X TECHNOLOGIES INCOR 2018-01-16 2020-03-19 1. B W X TECHNOLOGIES INCOR 2018-01-16 2020-03-25 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 95 111 -16 129 56 73 196 234 -38 98 118 -20 146 179 -33 258 300 -42 101 120 -19 95 121 -26 43 62 -19 46 62 -16 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -16 73 -38 -20 -33 -42 -19 -26 -19 -16

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2. B W X TECHNOLOGIES INCOR 2018-04-02 2020-03-25 1. MICROSOFT CORP. 2018-12-19 2020-03-25 3. TJX COS INC 2017-02-06 2020-03-25 3. TJX COS INC 2017-02-08 2020-03-25 3. B W X TECHNOLOGIES INCOR 2018-04-02 2020-03-26 5. B W X TECHNOLOGIES INCOR 2018-07-16 2020-03-26 5. TJX COS INC 2017-02-06 2020-03-26 1. TJX COS INC 2017-02-08 2020-03-26 1. DEXCOM INC 2016-08-08 2020-03-31 1. AUTODESK INC 2018-06-27 2020-04-02 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 91 125 -34 149 104 45 138 113 25 136 113 23 142 188 -46 239 319 -80 239 188 51 47 38 9 270 91 179 138 128 10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -34 45 25 23 -46 -80 51 9 179 10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 1. DEXCOM INC 2016-08-09 2020-04-02 2. AUTODESK INC 2018-06-27 2020-04-03 1. DEXCOM INC 2016-08-09 2020-04-07 5. TJX COS INC 2017-05-15 2020-04-15 8. TJX COS INC 2017-05-15 2020-04-16 4. TJX COS INC 2017-02-13 2020-04-17 3. TJX COS INC 2017-03-21 2020-04-17 3. TJX COS INC 2017-03-21 2020-04-20 6. TJX COS INC 2017-03-13 2020-04-20 7. TJX COS INC 2017-02-23 2020-04-21 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 268 91 177 277 255 22 259 91 168 242 189 53 377 308 69 196 154 42 146 117 29 145 28 117 289 234 55 323 273 50 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 177 22 168 53 69 42 29 28 55 50

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 7. TJX COS INC 2017-02-23 2020-04-21 3. TJX COS INC 2017-03-10 2020-04-22 1. TJX COS INC 2017-03-15 2020-04-23 2. TJX COS INC 2017-03-15 2020-04-23 1. AMAZON.COM INC 2015-04-17 2020-04-24 7. TJX COS INC 2017-04-28 2020-04-24 1. TJX COS INC 2017-03-17 2020-04-24 4. TJX COS INC 2020-02-04 2020-04-24 1. TJX COS INC 2017-03-17 2020-04-24 2. DEXCOM INC 2016-08-09 2020-05-11 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 324 273 51 140 117 23 46 39 7 93 78 15 2,404 381 2,023 321 275 46 45 40 5 183 245 -62 40 46 6 838 182 656 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 51 23 7 15 2,023 46 5 -62 6 656

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 1. DEXCOM INC 2016-08-05 2020-05-13 2. ALIBABA GROUP HOLDING LTD A D R 2017-07-28 2020-05-20 CAPITAL GAIN DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Cost or other basis Gain or (loss) Depreciation allowed (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) (f) 406 91 315 428 298 130 7,182 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any 315 130

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PC ANN FUND/FRIENDS OF TANG 60,000 SKIDMORE COLLEGE

NODTH DDGADWAY

PRINCETON, NJ 085440046

PRINCETON UNIVERSITYPO BOX 46

NONE

COLUMBIA LAW SCHOOL 435 WEST 16TH STREET NEW YORK, NY 10027 NONE PC GENERAL 1,000	ı	SARATOGA SPRINGS, NY 12866				
	ı	435 WEST 16TH STREET	NONE	PC	GENERAL	1,000

PC

GENERAL

■ 3a

3,500

98,450

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

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

,	or substantial contributor			
a Paid during the year				
CHESAPEAKE BAY FOUNDATION	NONE	PC	GENERAL	1,000

ANNAPOLIS, MD 214034503				
ANNAPOLIS MARITIME MUSEUM 723 SECOND STREET ANNAPOLIS, MD 21403	NONE	PC	GENERAL	2,000

ANNAPOLIS MARITIME MUSEUM 723 SECOND STREET ANNAPOLIS, MD 21403	NONE	PC	GENERAL	2,000
RESEARCH TO PREVENT BLINDNESS 645 MADISON AVE	NONE	PC	GENERAL	300

723 SECOND STREET ANNAPOLIS, MD 21403				
RESEARCH TO PREVENT BLINDNESS 645 MADISON AVE NEW YORK, NY 100221010	NONE	PC	GENERAL	300
Total			▶ 3a	98,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CRAFT EMERGENCY RELIEF FUND NONE PC GENERAL 700 DO DOV 020

MONTPELIER, VT 05601				
ANNAPOLIS YACHT CLUB FDN PO BOX 908 ANNAPOLIS, MD 21404	NONE	PC	GENERAL	1,000
ANNE ARLINDEL MEDICAL	NONE	DC.	CENERAL	3 000

PO BOX 908 ANNAPOLIS, MD 21404				
ANNE ARUNDEL MEDICAL CENTER FOUNDATION 2001 MEDICAL PARKWAY SUITE 240 ANNAPOLIS MD 21401	NONE	PC	GENERAL	3,000

ANNE ARUNDEL MEDICAL CENTER FOUNDATION 2001 MEDICAL PARKWAY SUITE 240 ANNAPOLIS, MD 21401	NONE	PC	GENERAL	3,000
Total			▶ 3a	98,450

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

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

a raid during the year				
SPCA OF ANNE ARUNDEL CO PO BOX 3471	NONE	PC	GENERAL	300
ANNAPOLIS, MD 21403				

ANNAPOLIS, MD 21403				
LIFELIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	PC	GENERAL	2,500
CHESAPEAKE REGION ACCESSIBLE	NONE	PC	GENERAL	400

LIFELIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	PC	GENERAL	2,500
CHESAPEAKE REGION ACCESSIBLE BOATING 177 DEFENSE HIGHWAY	NONE	PC	GENERAL	400

CAMDEN, ME 04843				
CHESAPEAKE REGION ACCESSIBLE BOATING 177 DEFENSE HIGHWAY ANNAPOLIS, MD 21401	NONE	PC	GENERAL	400
Total			> 3a	98,450

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

ISLAND INSTITUTE386 MAIN STREET ROCKLAND, ME 04841	NONE	PC	GENERAL	3,000
HERRING GUT LEARNING CENTER PO BOX 286 PORT CLYDE, ME 04855	NONE	PC	GENERAL	4,000

Total			▶ 3a	98,450
ST GEORGE COMMUNITY SAILING PO BOX 435 TENANTS HARBOR, ME 04860	NONE	PC	GENERAL	4,500
PO BOX 286 PORT CLYDE, ME 04855				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CENTER FOR FURNITURE NONE I PC GENERAL 3.000

CRAFTSMANSHIP 25 MILL ST ROCKPORT, ME 04856	WONE			3,000
SO PERCUSSION20 GRAND AVENUE 205 BROOKLYN, NY 11205	NONE	PC	GENERAL	250

ROCKFORT, ME 04030				
SO PERCUSSION20 GRAND AVENUE 205 BROOKLYN, NY 11205	NONE	PC	GENERAL	250
TREKKERS INC41 BUTTERMILK DRIVE	NONE	PC	GENERAL	1,500

SO PERCUSSION20 GRAND AVENUE 205 BROOKLYN, NY 11205	NONE	PC	GENERAL	250
TREKKERS INC41 BUTTERMILK DRIVE THOMASTON, ME 04861	NONE	PC	GENERAL	1,500

BROOKETIV, NT 11205				
TREKKERS INC41 BUTTERMILK DRIVE THOMASTON, ME 04861	NONE	PC	GENERAL	1,500

Total .

98,450

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CT CEORCE VOLUNTEER EIREFICHTER NONE DC CENIEDAL 1 500

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

AND AMBULANCE ASSOCIATION 3 SCHOOL STREET TENANTS HARBOR, ME 04860	NONE	PC	GENERAL	1,500
ST GEORGE COMMUNITY DEVELOPMENT CORP PO BOX 160	NONE	PC	GENERAL	5,000

TENANTS HARBON, ME 04000				
ST GEORGE COMMUNITY DEVELOPMENT CORP PO BOX 160 Tenants Harbor, ME 04860	NONE	PC	GENERAL	5,000
Total			> 3a	98,450

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491104006081			
TY 2019 Investments Corporate Stock Schedule					
		CO MADTHA HALEY FON INC			

165,285

10,999

217,977

95,843

8,932

166,563

Name:	EDWARD FREITAG & MARTHA HALEY FDN INC

EIN: 52-2209095

COMMON DOMESTIC STOCKS

FOREIGN STOCKS

EQUITY MUTUAL FUNDS

Fair

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

Description

Name: EDWARD FREITAG & MARTHA HAI FY FDN INC.

efile GRAPHIC print - DO NOT PROCESS

EIN: 52-2209095

Other Income Schedule

OTHER REVENUE

42

Revenue And

As Filed Data -

Net Investment

Adjusted Net Income

DLN: 93491104006081

Expenses Per Books

Income

42

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TY 2019 Other Increases Schedule							
Name: EDWARD FREITAG & MARTHA HALEY FDN INC							
EIN:	52-2209095						
De	escription		Amount				
		, and the second					

COST BASIS ADJUSTMENT 23,013

efile GRAPHIC print - DO NOT PROCESS	As Filed Data		DLI	N: 93491104006081				
TY 2019 Other Professional Fees Schedule								
Name: EDWARD FREITAG & MARTHA HALEY FDN INC EIN: 52-2209095								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

2,455

2,455

INVESTMENT FEES-PRIN

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	i: 93491104006081			
TY 2019 Taxes Schedule							
Name:	EDWARD FR	EITAG & MARTHA	HALEY FDN INC				
	EIN: 52-2209095						
LIN. 32-2203033							
Category	Amount	Net Investment	Adjusted Net	Disbursements			
				Dispuisements			
		Income	Income	for Charitable			
		Income	Income				
FOREIGN TAXES	6	Income 6	Income	for Charitable			