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2020

OMB No. 1545-0052

## Return of Private Foundation

Department of the Treasury

Internal Revenue Service

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.

Open to Public

Inspection For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020 A Employer identification number THE MILL FOUNDATION LTD 20-1957778 Number and street (or P.O. box number if mail is not delivered to street address) 180 QUEEN CITY PARK ROAD B Telephone number (see instructions) (802) 295-1800 City or town, state or province, country, and ZIP or foreign postal code BURLINGTON, VT  $\,$  05401  ${f C}$  If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return ✓ Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here ......  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ...... ☐ Other (specify) line 16) ▶\$ 3,154,400 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach 17,515 schedule) Check  $\blacktriangleright$   $\bigsqcup$  if the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 57,652 57,652 Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 483 Net short-term capital gain . . . . Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 11 Total. Add lines 1 through 11 75,650 58,135 0 13 Compensation of officers, directors, trustees, etc. 0 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . (<del>و</del> 138 0 138 4,150 4,150 Accounting fees (attach schedule) Other professional fees (attach schedule) [چە 13,227 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 17,515 4,288 1,007,000 1,007,000 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 1,024,515 0 1,011,288 27 Subtract line 26 from line 12: Excess of revenue over expenses and -948,865 disbursements Net investment income (if negative, enter -0-) 58,135 Adjusted net income (if negative, enter -0-) . . .

Form	n 990-l	PF (2020)				Page <b>2</b>
	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year			f year
	_	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	<b>(b)</b> Boo	k Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	1 006 E17		1 676 652	1 676 653
	2	Savings and temporary cash investments	1,096,517		1,676,652	1,676,652
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
	_	Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons (attach schedule) (see instructions)  Other notes and loans receivable (attach schedule)				
	7	Less: allowance for doubtful accounts				
sets	8	Inventories for sale or use				
SI	9	Investments—U.S. and state government obligations (attach schedule)				
٩	10a	, ,				
	b	Investments—corporate stock (attach schedule)	2,940,000	24S-1	1,470,000	1,477,748
	С	Investments—land, buildings, and equipment: basis ►	2,940,000	29/	1,470,000	1,477,740
	11	Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
	14	Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe )				
	16	Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)	4,036,517		3,146,652	3,154,400
$\dashv$			4,030,317		3,140,032	3,134,400
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
itie	19	Deferred revenue				
٦	20	Loans from officers, directors, trustees, and other disqualified persons				
	21 22	Mortgages and other notes payable (attach schedule)				
	23	Total liabilities (add lines 17 through 22)	0		0	
-	23	Total habilities (add lines 17 through 22)	o o			
e s		Foundations that follow FASB ASC 958, check here 🕨 📙				
읦		and complete lines 24, 25, 29 and 30.				
3a l	24	Net assets without donor restrictions				
힏	25	Net assets with donor restrictions				
Fund Balances		Foundations that do not follow FASB ASC 958, check here $\blacktriangleright$				
0		and complete lines 26 through 30.				
ts (	26	Capital stock, trust principal, or current funds	0		0	
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0		0	
	28	Retained earnings, accumulated income, endowment, or other funds	4,036,517		3,146,652	
Net	29	Total net assets or fund balances (see instructions)	4,036,517		3,146,652	
	30	Total liabilities and net assets/fund balances (see instructions) .	4,036,517		3,146,652	
Pai	rt III	. , , , , , , , , , , , , , , , , , , ,				
1		l net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	` -	I		4 036 E17
2		ear rigure reported on prior year's return)		. 2	1	4,036,517 -948,865
3		er increases not included in line 2 (itemize)		. 2	1	252,000
4		lines 1, 2, and 3		. 4	i	3,339,652
5		reases not included in line 2 (itemize)		5	<u>L</u>	193,000
6		I net assets or fund balances at end of year (line 4 minus line 5)—Part II, o		. 6		3,146,652
					F	form <b>990-PF</b> (2020)

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	pe the kind(s) of property sold (e. arehouse; or common stock, 200		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> See Additional Data Tabl	le				
b					
c					
d					
e					
(e) Gross sales price	( <b>f)</b> Depreciation allow (or allowable)		(g) other basis pense of sale	Gain o	<b>h)</b> r (loss) ) minus (g)
a See Additional Data Tabl	le				
b					
c					
d					
e					
	•				
Complete only for assets	s showing gain in column (h) and	owned by the foundation	on 12/31/69		I)
(i) F.M.V. as of 12/31/69	(j)	Exces	( <b>k)</b> s of col. (i) ol. (j), if any	Gains (Col. ( col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
a See Additional Data Tabl			(3),		
b					
c					
d					
e					
•	e or (net capital loss) gain or (loss) as defined in sectio art I, line 8, column (c) (see instr		Part I, line 7	3	483
	Under Section 4940(e) for			come	
SECTION 4940(e) REPEA	ALED ON DECEMBER 20, 20	19 - DO NOT COMPL	.ETE		
1 Reserved					
(a) Reserved	(b) Reserved	(c) Reserved		<b>(d)</b> Reserved	
Reserved	i i i i i i i i i i i i i i i i i i i	Neser ved		Reserved	
					-
<b>2</b> Reserved			2		
3 Reserved			<u> </u>	i	-
			ب ا	<u> </u>	
			<u> </u>	<u> </u>	
			<u> </u>	<u> </u>	
			<u>  •</u>		
				<u> </u>	
<b>8</b> Reserved ,			8		

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Pa	rt VIII-B Statements Regard	ding	<b>Activities for Which</b>	Form 4720 May Be	Required (continued)			
5a	During the year did the foundation	рау о	r incur any amount to:				Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 🗸	No.		
	(2) Influence the outcome of any s	pecifi	c public election (see sect	tion 4955); or to carry	□ les ⊡	140		
	on, directly or indirectly, any ve	oter r	egistration drive?		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individua	l for t	ravel, study, or other sim	ilar purposes?	☐ Yes 🔽	No		
	(4) Provide a grant to an organizat							
	in section 4945(d)(4)(A)? See i				☐ Yes <b>☑</b>	No		
	(5) Provide for any purpose other t		•	* * * * * * * * * * * * * * * * * * * *				
	educational purposes, or for the	•	•		∟ Yes 🖭	No		
b	If any answer is "Yes" to 5a(1)–(5)							
	Regulations section 53.4945 or in a	5b	-	No				
_	Organizations relying on a current i		-					
С	If the answer is "Yes" to question 5 tax because it maintained expendit			•				
	If "Yes," attach the statement requ				· ·	No		
6a	Did the foundation, during the year							
0a	a personal benefit contract?	-		manectry, to pay premit	<u> </u>			
b	Did the foundation, during the year			lirectly on a nersonal he	nefit contract?	No 6b		No
	If "Yes" to 6b, file Form 8870.	, puy	premiums, unecery or me	meetry, on a personal be	nene contract. I I I I	05		110
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter trai	nsaction?			
	If "Yes", did the foundation receive				⊥ Yes 🖭	No 7b		
8	Is the foundation subject to the sec		,					
	excess parachute payment during t	he ye	ar?		· · □ <sub>Yes</sub> 🗸	.		
					Yes ☑ anagers, Highly Paid En	No L	!	
Pa	and Contractors	•	cio, Directoro, iras	iccs, i canaacion ric	magers, mgm, raid En	ipioyees	,	
1	List all officers, directors, truste	es. fo	oundation managers ar	nd their compensation	. See instructions			
	Elst all officers, an ectors, truste		<b>b)</b> Title, and average	(c) Compensation (If		(-) [		
	(a) Name and address		hours per week	not paid, enter	employee benefit plans and	(e) Expe	nse acc allowan	
DONIA	NA CADDENTED	DDEC	devoted to position	-0-)	deferred compensation			
	NA CARPENTER QUEEN CITY PARK ROAD	0.30	IDENT	0	0			0
	INGTON, VT 05401							
CARC	DLYN WRIGHT		SURER	0	0			0
	OUTH PORTLAND	0.30						
	OKLYN, NY 11217 RGE CARPENTER	DIRE	CTOR	0	0			
	QUEEN CITY PARK ROAD	0.30	CTOR	0	•			U
BURL	INGTON, VT 05401							
_2	Compensation of five highest-pa	id er	nployees (other than t	hose included on line 1		ne, enter `	NONE	."
(a)	Name and address of each employee	naid	(b) Title, and average		(d) Contributions to employee benefit	(e) Exper	ise acci	ount
(4)	more than \$50,000	рата	hours per week devoted to position	(c) Compensation	plans and deferred	other a		
			devoted to position		compensation			
NON	E							
	I amala a falla a		0.000					
iota	al number of other employees paid ov	er \$5	0,000					(2222)
						Form 99	U-PF	(2020)

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Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	s, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional ser	vices (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 organizations and other beneficiaries served, conferences convened, research papers pro	relevant statistical information such as the number of	Expenses
1 NONE	oduced, etc.	0
2		
		]
3		_
		_
4		
· ·		-
Part IX-B Summary of Program-Related Investments (se	e instructions)	
Describe the two largest program-related investments made by the foundation during	g the tax year on lines 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions.  3		
<u> </u>		
Total. Add lines 1 through 3		0
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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3h

4

5

1,011,288

1.011.288

1.011.288

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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

Amounts set aside for specific charitable projects that satisfy the:

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

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

income. Enter 1% of Part I, line 27b. See instructions.

1

2

3

4

5

b

178,263

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Part XIII Undistributed 1	Income (see instructio	ns)			
		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 fr	om Part XI, line 7				178,263
2 Undistributed income, if any, as of the end of 2020:					
a Enter amount for 2019 only				0	
<b>b</b> Total for prior years: 20,	20		0		
3 Excess distributions carryover, if	any, to 2020:				
a From 2015	709,357				
<b>b</b> From 2016	1,012,924				
<b>c</b> From 2017 <b></b>	1,064,489				
<b>d</b> From 2018	672,113			l l	

4,419,678

e From 2019. . . .

960,795 f Total of lines 3a through e. . . . . 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,011,288 a Applied to 2019, but not more than line 2a

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . **d** Subtract line 6c from line 6b. Taxable amount -see instructions . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . f Undistributed income for 2021. 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 2015 not

applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2021.

Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9:

a Excess from 2016.

**b** Excess from 2017.

d Excess from 2019.

e Excess from 2020.

c Excess from 2018. .

indicated below:

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . .

c Treated as distributions out of corpus (Election

**d** Applied to 2020 distributable amount. . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020.

(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

1.012.924

1,064,489

672.113

960.795

833.025

833.025

5,252,703

709.357

4,543,346

For	m 990-PF (2020)					Page <b>10</b>
1	Part XIV Private Operating Found	<b>ations</b> (see instr	uctions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organization	on is a private oper	ating foundation des	scribed in section $ {\sf f f ar L} $	☐ 4942(j)(3) or ☐	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(e) Total
b	85% of line 2a					
С	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:					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С						
	(1) Total support other than gross investment income (interest, 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 section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
D.	Supplementary Information			foundation had	\$5,000 or more i	n
	assets at any time during th		ructions.)			
1 a	List any managers of the foundation Man- before the close of any tax year (but only if DONNA CARPENTER	e contributed more				٦
b	List any managers of the foundation who ow ownership of a partnership or other entity)	n 10% or more of th of which the foundat	ie stock of a corpora ion has a 10% or gi	ation (or an equally l reater interest.	arge portion of the	
2	Information Regarding Contribution, Gr		• • • • • • • • • • • • • • • • • • • •	-		
	Check here ► ☑ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu	le organizations and uals or organizations	does not accept under	
а	The name, address, and telephone number of	or email address of t	the person to whom	applications should	be addressed:	
b	The form in which applications should be sul	omitted and informa	tion and materials t	hey should include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable	fields, kinds of instit	cutions, or other	

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appr	oved for Futur	re Payment	
Recipient	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
<b>a</b> Paid during the year See Additional Data Table				
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	1,007,000
<b>b</b> Approved for future payment				
	1			
	1			
Total			▶ 3b	0

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	I-A Analysis of Income-Producing	Activities				rage 12
	s amounts unless otherwise indicated.		usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
_	The service revenue.	Business code	Amount	Exclusion code	Allibune	,
с						
_	and contracts from government agencies ership dues and assessments					
	st on savings and temporary cash					
investr	, ,					
4 Divide	nds and interest from securities			14	57,652	
	ntal income or (loss) from real estate:					
	-financed property.					
	lebt-financed property					
	investment income					
	r (loss) from sales of assets other than					
invento				18	483	
	come or (loss) from special events:					
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue: <b>a</b>					
12 Subtot	al. Add columns (b), (d), and (e).		0		58,135	0
13 Total.	Add line 12, columns (b), (d), and (e)				3	58,135
(See w	orksheet in line 13 instructions to verify calcu	lations.)				
Part XV	I-B Relationship of Activities to the	ie Accompilsi	nment or Exem	pt Purposes		
Line No.	Explain below how each activity for which the accomplishment of the foundation's ex					
▼	instructions.)		(01.10) 0.1011 27 6101			
	+					
	1					

orm 99	90-PF (2											Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organia		ransf	fers To a	nd Transact	ions an	d Relatio	nships With Noi	ncharitab	le		
		anization directly or in- han section 501(c)(3)								on 501		Yes	No
٠,	•	rom the reporting foun	_	•		· -		•					
(1)	Cash.									. 1a	(1)		No
		assets									(2)		No
<b>b</b> Oth	er trans	sactions:									` ,		
(1)	Sales	of assets to a nonchari	itable exempt	t orga	nization.					16	(1)		No
(2)	Purcha	ases of assets from a n	oncharitable	exem	npt organiz	ation				1b	(2)		No
(3)	Renta	l of facilities, equipmer	nt, or other as	ssets.						1b	(3)		No
(4)	Reimb	oursement arrangemen	ts							. 1b	(4)		No
(5)	Loans	or loan guarantees.								. <u>1</u> b	(5)		No
(6)	Perform	mance of services or m	embership or	fund	raising soli	citations				. 1b	(6)		No
<b>c</b> Sha	ring of	facilities, equipment, n	nailing lists, c	other a	assets, or <sub>l</sub>	paid employees	· · ·			· L:	Lc		No
of t in a	he good ny tran:	er to any of the above is, other assets, or serv saction or sharing arra	vices given b ngement, sho	y the ow in	reporting f column <b>(d</b>	oundation. If the property of the value of the value of the property of the pr	ne founda the goods	tion receive , other asse	ed less than fair mar ets, or services recei	ket value ved.			.+-
(a) Line	NO.	(b) Amount involved	(c) Name or	noncna	aritable exer	npt organization	(a)	Jescription of	transfers, transactions	, and snaring	arrai	ngemen	its
		dation directly or indire	•		•				_	_			
des	cribed i	n section 501(c) (other	r than section	501(	(c)(3)) or ii	n section 527?			Ll Y	es 🗹 N	0		
b If "	es," co	mplete the following so	chedule.										
		(a) Name of organization	on		(b	<b>)</b> Type of organiz	ation		(c) Description	of relationsh	ip		
	of my	r penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co										
Sign	*	****				2021-09-27	1	*****		May the I return	RS di	scuss th	nis
Here										with the p	repai	er show	wn
	s	iignature of officer or to	rustee			Date		Title		below (see instr	) 🗸	Yes [	□ <sub>No</sub>
		Print/Type preparer's	name	Prepa	arer's Sign	ature	Date			PTIN			
									Check if self-	PO	1272	682	
		CAROLINA CARDIL	.LO						employed ▶ ☐	. •	-	-	
Paid													
Prep Use (		Firm's name ▶ PRIC	EWATERHOU	SECO	OPERS LLE	· · · · · · · · · · · · · · · · · · ·				Firm's EIN I	▶13-	-40083	324
_		Firm's address ▶ 10	1 SEAPORT E	BLVD									
		BC	STON, MA	12210						Phone no. (	one no. (617) 530-5000		
		1 0	JOIN, MA C	IU							5.15 115. (517) 556 5666		

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, (b) (c) (d) (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 Р COMENITY CAPITAL 2018-11-02 2020-05-15 COUNTRY BANK Ρ 2018-11-02 2020-05-08 DISCOVER BANK Ρ 2018-01-23 2020-01-31 MB FINANCIAL BANK Р 2018-01-23 2020-01-29 Ρ MORGAN STANLEY 2018-11-02 2020-05-08 Ρ US TREASURY NT 2019-01-17 2020-12-31 WELLS FARGO 2018-02-06 2020-02-14 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed (e) Gross sales price Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 245,000 245,000 0 245,000 0 245,000 245,000 245,000 0 0 245.000 245,000 245.000 245,000 0 500,000 499,517 483 245,000 245,000 0 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 0 0 0 0 0 483 0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BETTY FORD CENTER - CHILDREN NONE PC GENERAL SUPPORT 20,000 15251 PLEASANT VALLEY RD RW-7 PO **BOX 11** CENTER CITY, MN 55012

BETTY FORD CENTER - WOMEN 15251 PLEASANT VALLEY RD RW-7 PO BOX 11 CENTER CITY, MN 55012	NONE	PC	GENERAL SUPPORT	20,000
BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER, MA 01845	NONE	PC	GENERAL SUPPORT	5,000

Total .

За

1,007,000

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

a Paid during the year				
CAMBER OUTDOORSPO BOX 7203 BOULDER, CO 80306	NONE	PC	GENERAL SUPPORT	50,000

BOULDER, CO 80306				
CAMBER OUTDOORSPO BOX 7203 BOULDER, CO 80306	NONE	PC	GENERAL SUPPORT	25,000
CHAMPLAIN COLLEGE	NONE	PC	GENERAL SUPPORT	5,000

BOULDER, CO 80306	NONE		GENERAL SOLI ORI	23,000
CHAMPLAIN COLLEGE ADVANCEMENT PO BOX 670 BURLINGTON, VT 05402	NONE	PC	GENERAL SUPPORT	5,000

				l .
CHAMPLAIN COLLEGE ADVANCEMENT PO BOX 670 BURLINGTON, VT 05402	NONE	PC	GENERAL SUPPORT	5,000
Total				

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	recipient		
a Paid during the year				
CHILL FOUNDATION	NONE	PC	GENERAL SUPPORT	100,000

denver, co 80206				
ECHO LAKE AQUARIUM & SCIENCE CTR 1 COLLEGE ST BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	10,000

ECHO LAKE AQUARIUM & SCIENCE CTR 1 COLLEGE ST BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	10,000
FLYNN CENTER FOR PERFORMING ARTS 153 MAIN STREET BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	1,000

Total			▶ 3a	1,007,000
FLYNN CENTER FOR PERFORMING ARTS 153 MAIN STREET BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	1,000
BURLINGTON, VT 05401				

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

a Daid during the year

a raid during the year				
FRESH AIR FUND633 3RD AVE NEW YORK, NY 10017	NONE	PC	GENERAL SUPPORT	1,000
HAVE JUSTICE WILL TRAVEL	NONE	PC	GENERAL SUPPORT	15,000

9580 VT ROUTE 113 VERSHIRE, VT 05079	NONE	PC	GENERAL SUPPORT	15,00
HELEN DAY ART CENTERPO BOX 411	NONE	PC	GENERAL SUPPORT	1,50

VERSHIRE, VT 05079				
HELEN DAY ART CENTERPO BOX 411 STOWE, VT 05672	NONE	PC	GENERAL SUPPORT	1,500

1,007,000

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				
JDRF 200 VESEY STREET 28TH FLOOR 14TH	NONE	PC	GENERAL SUPPORT	5,000

FLOOR NEW YORK, NY 10281				
KELLY CLARK FOUNDATIONPO BOX 100 MAMMOTH LAKES, CA 93546	NONE	PC	GENERAL SUPPORT	2,500

·				
KELLY CLARK FOUNDATIONPO BOX 100 MAMMOTH LAKES, CA 93546	NONE	PC	GENERAL SUPPORT	2,500
KINGDOM COUNTY PRODUCTIONS 949 SOMERS RD BARNET, VT 05821	NONE	PC	GENERAL SUPPORT	50,000
			·	

KINGDOM COUNTY PRODUCTIONS 949 SOMERS RD BARNET, VT 05821	NONE	PC	GENERAL SUPPORT	50,000
Total			<b>&gt;</b> 3a	1,007,000

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

a Paid during the year				
LARAWAY FAMILY SERVICES PO BOX 621 JOHNSON, VT 05656	NONE	PC	GENERAL SUPPORT	1,000

	LAWRENCE WOODMERE ACADEMY 336 WOODMERE BLVD WOODMERE, NY 11598	NONE	PC	GENERAL SUPPORT	1,000
1	LOVE YOUR BRAIN FOUNDATION INC	NONE	PC	GENERAL SUPPORT	5,000

LOVE YOUR BRAIN FOUNDATION INC PO BOX 247 NORWICH, VT 05055 PC GENERAL SUPPORT 5,000	WOODMERE, NY 11598				
	PO BOX 247	NONE	PC	GENERAL SUPPORT	5,000

1,007,000

Total .

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)

Traine and dadress (nome or business)	or substantial contributor			
a Paid during the year				
LOVE YOUR BRAIN FOUNDATION INC	NONE	PC	GENERAL SUPPORT	5,000

NORWICH, VT 05055				
MARVELWOOD SCHOOL 476 SKIFF MOUNTAIN RD	NONE	PC	GENERAL SUPPORT	10,000

MARVELWOOD SCHOOL 476 SKIFF MOUNTAIN RD KENT, CT 06757	NONE	PC	GENERAL SUPPORT	10,000
MASSCHUSETTS GENERAL HOSPITAL 55 FRUIT ST	NONE	PC	GENERAL SUPPORT	10,000

KENT, CT 06757				
MASSCHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	NONE	PC	GENERAL SUPPORT	10,000

Total .

1,007,000

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	recipient		
a Paid during the year				
MAYO CLINIC200 FIRST ST SW	NONE	PC	GENERAL SUPPORT	25,000

MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55902	NONE	PC	GENERAL SUPPORT	25,000
MERCY CONNECTION 255 S CHAMPLAIN ST STE 8 BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	20,000

MERCY CONNECTION 255 S CHAMPLAIN ST STE 8 BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	20,000
MICHAEL J FOX FOUNDATION GRAND CENTRAL STATION PO BOX 4777	NONE	PC	GENERAL SUPPORT	10,000

BORLINGTON, VI 05401				
MICHAEL J FOX FOUNDATION GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 10163	NONE	PC	GENERAL SUPPORT	10,000

Total			▶ 3a	1,007,000
GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 10163	NONE		GENERAL SOFT GINT	10,000
MICHAEL J FOX FOUNDATION	INONE	LPC	I GENERAL SUPPORT	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NAAP LEGAL DEFENSE & EDUCATIONAL NONE PC GENERAL SUPPORT 100,000 **FUND** 40 RECTOR STREET 5TH FLOOR

NEW YORK, NY 10006				
NATIONAL MUSEUM OF WOMEN IN ART 1250 NEW YORK AVENUE NW WASHINGTON, DC 20005	NONE	PC	GENERAL SUPPORT	5,000
NEW YORK PUBLIC RADIO	NONE	PC	GENERAL SUPPORT	1,000

WASHINGTON, DC 20005				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR	NONE	PC	GENERAL SUPPORT	1,000

NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	PC	GENERAL SUPPORT	1,000

Total			▶ 3a	1,007,000
160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013				
NEW TORK FOBLIC RADIO	INONE		GENERAL SUFFORT	1,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NORTH CENTRAL VT RECOVERY CTR NONE PC GENERAL SUPPORT 5,000 275 BROOKLYN ST SUITE 2

NOTE OF THE PROPERTY OF THE PR	
NORTH COUNTRY ANIMAL LEAGUE NONE PC GENERAL SUPPORT  16 MOUNTAIN VIEW MEADOW ROAD  MORRISVILLE, VT 05661	2,000

16 MOUNTAIN VIEW MEADOW ROAD MORRISVILLE, VT 05661				
NPR1111 NORTH CAPITOL STREET NE	NONE	PC	GENERAL SUPPORT	10,000

1101(((10111111111111111111111111111111				<u> </u>
NPR1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	NONE	PC	GENERAL SUPPORT	10,000

Total .

1,007,000

■ 3a

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

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

a Paid during the year				
NPR1111 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	NONE	PC	GENERAL SUPPORT	25,000
PETER WESTBROOK FOUNDATION GPO 7554 NEW YORK, NY 10116	NONE	PC	GENERAL SUPPORT	5,000

PETER WESTBROOK FOUNDATION GPO 7554 NEW YORK, NY 10116	NONE	PC	GENERAL SUPPORT	5,000
PLANNED PARENTHOOD OF NO NEW ENGLAND 784 HERCULES DR SUITE 110 COLCHESTER, VT 05446	NONE	PC	GENERAL SUPPORT	15,000
Total			▶ 3a	1,007,000

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PREVENT CHILD ABUSE VERMONT NONE PC GENERAL SUPPORT 50,000

BOULDER, CO 80304

Total . .

PO BOX 829 MONTPELIER, VT 05601				
PROJECT ALS801 RIVERSIDE DRIVE 6G NEW YORK, NY 10032	NONE	PC	GENERAL SUPPORT	25,000
PROTECT OUR WINTERS 4676 BROADWAY STREET	NONE	PC	GENERAL SUPPORT	50,000

1,007,000

■ 3a

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

- Daid duning the coase				
a Paid during the year				
PROTECT OUR WINTERS 4676 BROADWAY STREET	NONE	PC	GENERAL SUPPORT	125,000

4676 BROADWAY STREET BOULDER, CO 80304				
SPAULDING REHABILITATION NETWORK 311 SERVICE ROAD EAST SANDWICH MA 02537	NONE	PC	GENERAL SUPPORT	50,000

SPAULDING REHABILITATION NETWORK 311 SERVICE ROAD EAST SANDWICH, MA 02537	NONE	PC	GENERAL SUPPORT	50,000
ST JOHN'S EPISCOPAL HOSPITAL	NONE	PC	GENERAL SUPPORT	2,500

311 SERVICE ROAD EAST SANDWICH, MA 02537				
ST JOHN'S EPISCOPAL HOSPITAL 377 OAK ST STE 302 GARDEN CITY, NY 11530	NONE	PC	GENERAL SUPPORT	2,500

•				
ST JOHN'S EPISCOPAL HOSPITAL 377 OAK ST STE 302 GARDEN CITY, NY 11530	NONE	PC	GENERAL SUPPORT	2,500

1,007,000

Total .

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

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
ST PETERS EPISCOPAL CHURCH	NONE	PC	GENERAL SUPPORT	50,000

115 SAINT PETERS ST SALISBURY, MD 21801				35,555
STEPS TO END DOMESTIC VIOLENCE PO BOX 1535	NONE	PC	GENERAL SUPPORT	1,000

SALISBORT, MD 21001				
STEPS TO END DOMESTIC VIOLENCE PO BOX 1535 BURLINGTON, VT 05402	NONE	PC	GENERAL SUPPORT	1,000
STERN CENTER 183 TALCOTT RD SUITE 101	NONE	PC	GENERAL SUPPORT	2,500

STERN CENTER NONE PC GENERAL SUPPORT 2,500 183 TALCOTT RD SUITE 101 WILLISTON, VT 05495	PO BOX 1535 BURLINGTON, VT 05402	NONE	1	GLIVERAL SUFFORT	1,000
	183 TALCOTT RD SUITE 101	NONE	PC	GENERAL SUPPORT	2,500

Total .

1,007,000

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				
STOWE LAND TRUSTPO BOX 284 STOWE, VT 05672	NONE	PC	GENERAL SUPPORT	1,000

·				
E MOUNTAIN INSTITUTE	NONE	PC	GENERAL SUPPORT	
IPAY CO 81/127				

THE MOUNTAIN INSTITUTE	NONE	PC	GENERAL SUPPORT	5,000
PO BOX OURAY				
OURAY, CO 81427				

OURAY, CO 81427				
TUFTSBALLOU HALL	NONE	PC	GENERAL SUPPORT	5,000

00KA1, CO 01427				
TUFTSBALLOU HALL MEDFORD, MA 02155	NONE	PC	GENERAL SUPPORT	5,000

1,007,000

TUFTSBALLOU HALL MEDFORD, MA 02155	NONE	PC	GENERAL SUPPORT	5,000

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

a Paid during the year				
VERMONT CHILDREN'S TRUST FUND 95 ST PAUL STREET SUITE 330 BURLINGTON, VT 05401	NONE	PC	GENERAL SUPPORT	1,500

BURLINGTON, VT 05401				
VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753	NONE	PC	GENERAL SUPPORT	50,000
VERMONT DIGGER	NONE	DC.	CENERAL SURBORT	1 500

3 COURT STREET MIDDLEBURY, VT 05753	NONE	PC	GENERAL SUPPORT	50,000
VERMONT DIGGER 26 STATE STREET SUITE 8 MONTPELIER, VT 05602	NONE	PC	GENERAL SUPPORT	1,500

Total			▶ 3a	1,007,000
VERMONT DIGGER 26 STATE STREET SUITE 8 MONTPELIER, VT 05602	NONE	PC	GENERAL SUPPORT	1,500
MIDDLEBURY, VT 05753				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year VERMONT LAND TRUSTS BAILEY AVE NONE PC GENERAL SUPPORT 2,500 MONTPELIER, VT 05602

VERMONT PARKS FOREVERPO BOX 815 MONTPELIER, VT 05601	NONE	PC	GENERAL SUPPORT	1,000
VERMONT WOMEN'S FUNDPO BOX 1391 MONTPELIER, VT 05601	NONE	PC	GENERAL SUPPORT	15,000

1,007,000

Total .

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

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

= · == = == · · · · · · · · · · · · · ·				į
VERMONT WORKS FOR WOMEN	NONE	PC	GENERAL SUPPORT	2,500
32A MALLETTS BAY AVE				1
WINOOSKI VT 05404				i l

Total			▶ 3a	1,007,000
32A MALLETTS BAY AVE WINOOSKI, VT 05404				
VERMONT WORKS FOR WOMEN	NONE	PC	GENERAL SUPPORT	2,500

efile GRAPHIC print - DO NOT P	ROCESS As Filed I	Data -	DL	.N: 93491292011171
TY 2020 Accounting Fe	es Schedule	_		
_				
Name: THE MILL FOUNDATION LTD EIN: 20-1957778				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF PREPARATION	4,150	0	0	4,150

efile GRAPHIC print - DO NOT PROCESS	S   As Filed Data -	DLN: 93491292011171
TY 2020 Investments Corpor	ate Bonds Schedule	
Name:	THE MILL FOUNDATION LTD	
EIN:	20-1957778	

End of Year Book	End of Year Fair Market Value
	End of Year Book Value

CHARLES SCHWAB

1,470,000

1,477,748

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLN	l: 93491292011171
TY 2020 Legal Fees Sched	ule			
Name: THE MILL FOUNDATION LTD EIN: 20-1957778				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	138	0	0	138

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491292011171		
TY 2020 Other Decreases Schedule					
Name:	THE MILL FOUR	NDATION LTD			
EIN:	20-1957778				
De	escription		Amount		
2019 DONATIONS - CLEARED IN 2020			193,000		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491292011171			
TY 2020 Other Increases Schedule					
Name:	THE MILL FOUNDATION LTD				
	20-1957778				
Other Increases Schedule					
De	escription	Amount			
2020 DONATIONS - NOT CLEARED IN 20	20	252,000			

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	l: 93491292011171
TY 2020 Taxes Schedule				
Nam	e: THE MILL FO	OUNDATION LTD		
EI	<b>N:</b> 20-1957778			
Taxes Schedule				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2019 FEDERAL EXTENSION PAYMENT	13,227	0	0	0

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491292011171		
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest infor	mation.	2020		
Name of the organization THE MILL FOUNDATION LT	)		Employer i	dentification number		
Organization type (chec	k one).		20-1957778			
	,					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number	) organization				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organization	☐ 527 political organization				
Form 990-PF	<b>☑</b> 501(c)(3) exempt private	<b>✓</b> 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private	☐ 501(c)(3) taxable private foundation				
	ion filing Form 990, 990-EZ, or 99 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), ( tal contributions of more than \$1,0 ne prevention of cruelty to children	000 <i>exclusively</i> for religious, cha	aritable, scientific, literary, e			
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, buns that were received during the General Rule applies to this or	it no such contributions tota le year for an <i>exclusively</i> re rganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i	e 2, of its Form 990; or check th	e box on line H of its Form			
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	D, 990-EZ, or 990-PF) (2020)		

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

Employer identification number 20-1957778

Part I ontributors	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONNA CARPENTER 180 QUEEN CITY PARK ROAD  BURLINGTON, VT 05401	\$ 17,515	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.)
(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.)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)