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Form 990-PF

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
Wags and Menace Make a Difference Foundation

% Foundation Source

Number and street (or P.O. box number if mail is not delivered to street address)
Foundation Source 501 Silverside Rd

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Wilmington, DE 198091377

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,187,147

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

A Employer identification number
46-2447133

B Telephone number (see instructions)
(800) 839-1754

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	338,926		
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	1,095	1,095	
	4 Dividends and interest from securities . . .	12,587	12,587	
	5a Gross rents			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10	153,533		
	b Gross sales price for all assets on line 6a _____ 340,190			
	7 Capital gain net income (from Part IV, line 2) . . .		280,735	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances _____			
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	95	95		
12 Total. Add lines 1 through 11	506,236	294,512		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0		
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)			
	c Other professional fees (attach schedule)	6,657	6,657	
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	17,309		
	19 Depreciation (attach schedule) and depletion . . .			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	16,525		16,525
	24 Total operating and administrative expenses. Add lines 13 through 23	40,491	6,657	16,525
	25 Contributions, gifts, grants paid	314,070		314,070
26 Total expenses and disbursements. Add lines 24 and 25	354,561	6,657	330,595	
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	151,675		
	b Net investment income (if negative, enter -0-)		287,855	
c Adjusted net income (if negative, enter -0-) . . .				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	362,888	362,253	362,253
	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)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	530,239	682,549	824,894
	c 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)			
	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)	893,127	1,044,802	1,187,147	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
	Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.		
24 Net assets without donor restrictions				
25 Net assets with donor restrictions				
Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.				
26 Capital stock, trust principal, or current funds				
27 Paid-in or capital surplus, or land, bldg., and equipment fund				
28 Retained earnings, accumulated income, endowment, or other funds		893,127	1,044,802	
29 Total net assets or fund balances (see instructions)		893,127	1,044,802	
30 Total liabilities and net assets/fund balances (see instructions) .	893,127	1,044,802		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	893,127
2 Enter amount from Part I, line 27a	2	151,675
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	1,044,802
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	1,044,802

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a Publicly-traded Securities			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 340,190		59,455	280,735
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			280,735
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	280,735
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved		2	
3 Reserved		3	
4 Reserved		4	
5 Reserved		5	
6 Reserved		6	
7 Reserved		7	
8 Reserved ,		8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	4,001
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	4,001
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	4,001
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	9,300
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	9,300
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	5,299
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 4,100 Refunded	11	1,199

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1a			No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
1b			No
c	Did the foundation file Form 1120-POL for this year?	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	Yes
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► DE		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____	13	Yes	
14	The books are in care of ► Foundation Source _____ Telephone no. ► (800) 839-1754			

Located at ► 501 Silverside Road Suite 123 Wilmington DE ZIP+4 ► 198091377

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ► _____	16	Yes No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Cynthia Lee Foundation Source 501 Silverside Rd Wilmington, DE 198091377	Pres, Dir, Sec, Treas 1.0	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ►		

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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
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 ►	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	729,510
b	Average of monthly cash balances.	1b	156,064
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	885,574
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	885,574
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	13,284
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	872,290
6	Minimum investment return. Enter 5% of line 5.	6	43,615

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	43,615
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	4,001
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	4,001
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	39,614
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	39,614
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	39,614

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	330,595
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	330,595
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	330,595

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				39,614
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 2018, 2017, 2016				
3 Excess distributions carryover, if any, to 2020:				
a From 2015. 316,679				
b From 2016. 302,106				
c From 2017. 331,092				
d From 2018. 279,048				
e From 2019. 293,862				
f Total of lines 3a through e.	1,522,787			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 330,595				
a Applied to 2019, 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).				
d Applied to 2020 distributable amount.				39,614
e Remaining amount distributed out of corpus	290,981			
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 indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,813,768			
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.				0
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).	316,679			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	1,497,089			
10 Analysis of line 9:				
a Excess from 2016. 302,106				
b Excess from 2017. 331,092				
c Excess from 2018. 279,048				
d Excess from 2019. 293,862				
e Excess from 2020. 290,981				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter:					
(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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

Cynthia Lee

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

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:

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	314,070
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	1,095	
4 Dividends and interest from securities. . . .			14	12,587	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	153,533	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a BANK CHARGE REFUND _____			01	95	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . .				167,310	

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
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--	--	--

1a(1)		No
1a(2)		No

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1b(1)	No
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1b(2)		No
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1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No

1b(6)		No

1c		No
-----------	--	-----------

value
ue[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign
Here**

2021-10-22

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name Jeffrey D Haskell	Preparer's Signature	Date	Check if self-employed ▶ <input type="checkbox"/>	PTIN P01345770
Firm's name ▶ FOUNDATION SOURCE				Firm's EIN ▶
Firm's address ▶ ONE HOLLOW LN STE 212 LAKE SUCCESS, NY 11042				Phone no. (800) 839-1754

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
3 SISTERS EQUINE RESCUE 7865 NW EAGLE DR REDMOND, OR 97756	N/A	PC	Medical Fund	2,000
3 SISTERS EQUINE RESCUE 7865 NW EAGLE DR REDMOND, OR 97756	N/A	PC	Medical Fund	2,350
3 SISTERS EQUINE RESCUE 7865 NW EAGLE DR REDMOND, OR 97756	N/A	PC	Medical Fund	25,850
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	N/A	PC	medical fund	1,000
ALTURAS WILDLIFE SANCTUARY 23277 WATER CIR BOCA RATON, FL 33486	N/A	PC	medical fund	1,000
AMAZING AUSSIES LETHAL WHITE RESCUE OF ARIZONA PO BOX 26501 SCOTTSDALE, AZ 85255	N/A	PC	medical fund	2,700
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN FUND FOR CHARITIES 2 LIBERTY SQ STE 500 BOSTON, MA 02109	N/A	PC	Emergency medical care for South African Penguins	1,000
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC 615 VIRGINIA ST SE ALBUQUERQUE, NM 87108	N/A	PC	Medical Fund	1,000
ANIMAL HUMANE ASSOCIATION OF NEW MEXICO INC 615 VIRGINIA ST SE ALBUQUERQUE, NM 87108	N/A	PC	medical fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARC-ANIMAL REHABILITATION CENTER INC 15555 COUNTY RD 1227 FLINT, TX 75762	N/A	PC	emergency medical care for orphaned River Otters	1,000
ARC-ANIMAL REHABILITATION CENTER INC 15555 COUNTY RD 1227 FLINT, TX 75762	N/A	PC	emergency medical care Fund and medical supplies	2,000
ARC-ANIMAL REHABILITATION CENTER INC 15555 COUNTY RD 1227 FLINT, TX 75762	N/A	PC	Medical Fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARC-ANIMAL REHABILITATION CENTER INC 15555 COUNTY RD 1227 FLINT, TX 75762	N/A	PC	medical fund	2,000
ARC-ANIMAL REHABILITATION CENTER INC 15555 COUNTY RD 1227 FLINT, TX 75762	N/A	PC	round the clock milk bottle feedings and emergency Medical Care Fund	1,000
BABY RHINO RESCUE 1744 DEERHILL TRAIL TOPANGA, CA 90290	N/A	PC	in support of nutritious milk supplement and medical care Fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BABY RHINO RESCUE 1744 DEERHILL TRAIL TOPANGA, CA 90290	N/A	PC	Medical fund	1,000
BABY RHINO RESCUE 1744 DEERHILL TRAIL TOPANGA, CA 90290	N/A	PC	Medical Care Fund and Milk Bottle Supplemental Feedings	2,000
BABY WARM INC3667 COOLIDGE AVE LOS ANGELES, CA 90066	N/A	PC	new incubators for orphaned newborns Fund	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BABY WARM INC3667 COOLIDGE AVE LOS ANGELES, CA 90066	N/A	PC	in support of incubators and emergency medical care fund	2,000
BABY WARM INC3667 COOLIDGE AVE LOS ANGELES, CA 90066	N/A	PC	in support of an incubator and other emergency medical supplies Fund	2,000
BABY WARM INC3667 COOLIDGE AVE LOS ANGELES, CA 90066	N/A	PC	emergency medical care fund and incubators	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BABY WARM INC3667 COOLIDGE AVE LOS ANGELES, CA 90066	N/A	PC	medical fund	2,000
BLACKFOOT ANIMAL SHELTER & RESCUE 199 FRONTAGE RD BLACKFOOT, ID 83221	N/A	PC	emergency medical care Fund	1,000
CHEYENNE ANIMAL SHELTER-SERVICES 800 SW DR CHEYENNE, WY 82007	N/A	PC	critter camp sponsorships Fund	1,500
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHEYENNE ANIMAL SHELTER-SERVICES 800 SW DR CHEYENNE, WY 82007	N/A	PC	emergency can dog food, dog toys and god treats fund	1,000
CHEYENNE ANIMAL SHELTER-SERVICES 800 SW DR CHEYENNE, WY 82007	N/A	PC	dog race program	1,000
CHEYENNE ANIMAL SHELTER-SERVICES 800 SW DR CHEYENNE, WY 82007	N/A	PC	medical fund	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF IDAHO FALLS - ANIMAL SHELTER 2450 HEMMERT AVE IDAHO FALLS, ID 83401	N/A	GOV	medical fund	1,000
COLORADO ANIMAL RESCUE INC A NONPROFIT CORPORATION 2801 COUNTY RD 114 GLENWOOD SPGS, CO 81601	N/A	PC	emergency medical care Fund	1,000
COLORADO ANIMAL RESCUE INC A NONPROFIT CORPORATION 2801 COUNTY RD 114 GLENWOOD SPGS, CO 81601	N/A	PC	Medical Fund	1,000
Total			▶ 3a	314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLORADO ANIMAL RESCUE INC A NONPROFIT CORPORATION 2801 COUNTY RD 114 GLENWOOD SPGS, CO 81601	N/A	PC	medical fund	4,000
COLORADO HORSE RESCUE 10386 N 65TH ST LONGMONT, CO 80503	N/A	PC	medical fund	1,000
COLORADO HORSE RESCUE 10386 N 65TH ST LONGMONT, CO 80503	N/A	PC	medical fund	3,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
COLORADO PUPPY RESCUE OF COLORADO 5063 S MALTA WAY CENTENNIAL, CO 80015	N/A	PC	medical fund	2,000
COLORADO PUPPY RESCUE OF COLORADO 5063 S MALTA WAY CENTENNIAL, CO 80015	N/A	PC	medical fund	13,000
DANBURY ANIMAL WELFARE SOCIETY INC 147 GRASSY PLAIN ST BETHEL, CT 06801	N/A	PC	medical fund	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DELTA HUMANE SOCIETY 165 COVINGTON RD RAYVILLE, LA 71269	N/A	PC	emergency medical care Fund for a puppy	1,000
DENKAI ANIMAL SANCTUARY 22633 RD 176 YELLOW JACKET, CO 81335	N/A	PC	in support of Rescuing draft horses	4,000
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80231	N/A	PC	Charitable Event	10,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80231	N/A	PC	Charitable Event	6,000
DOGS DESERVE BETTER INC 1915 MOONLIGHT RD SMITHFIELD, VA 23430	N/A	PC	medical support Fund and beds and toys Fund for dogs	1,000
ENCHANTMUTTS3000 PALO ALTO DR NE ALBUQUERQUE, NM 87111	N/A	PC	emergency medical fund	1,500
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ENCHANTMUTTS3000 PALO ALTO DR NE ALBUQUERQUE, NM 87111	N/A	PC	medical fund	2,750
FRIENDS OF THE SEA LION INC - PACIFIC MARINE MAMMA 20612 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	N/A	PC	sponsorship Fund of 6 seals medical care	3,600
FRIENDS OF THE SEA LION INC - PACIFIC MARINE MAMMA 20612 LAGUNA CANYON RD LAGUNA BEACH, CA 92651	N/A	PC	emergency medical fund	10,400
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GARFIELD COUNTY ANIMAL WELFARE FOUNDATION INC PO BOX 1375 RIFLE, CO 81650	N/A	PC	medical fund and the Tail Tale Storytime Sponsorship Fund	2,000
GARFIELD COUNTY ANIMAL WELFARE FOUNDATION INC PO BOX 1375 RIFLE, CO 81650	N/A	PC	sponsorship Fund of the dog race	1,000
GARFIELD COUNTY ANIMAL WELFARE FOUNDATION INC PO BOX 1375 RIFLE, CO 81650	N/A	PC	medical fund	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GARFIELD COUNTY ANIMAL WELFARE FOUNDATION INC PO BOX 1375 RIFLE, CO 81650	N/A	PC	medical fund	11,000
GIRAFFE CONSERVATION FOUNDATION USA 17 S MAGNOLIA AVE ORLANDO, FL 32801	N/A	PC	in support of conservation efforts	2,000
GIRAFFE CONSERVATION FOUNDATION USA 17 S MAGNOLIA AVE ORLANDO, FL 32801	N/A	PC	medical fund	3,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	N/A	PC	medical care Fund for the Sloth Institute of Costa Rica	1,000
GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	N/A	PC	emergency medical care for the Sloth Institute of Costa Rica	2,000
GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	N/A	PC	emergency medical care for the Sloth Institute of Costa Rica	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLOBAL IMPACT 1199 N FAIRFAX ST STE 300 ALEXANDRIA, VA 22314	N/A	PC	medical fund for the Sloth Institute of Costa Rica	1,000
GUNNISON VALLEY ANIMAL WELFARE LEAGUE INC PO BOX 1834 GUNNISON, CO 81230	N/A	PC	medical fund	2,000
HAWAII WILDLIFE CENTER PO BOX 551752 KAPAAU, HI 96755	N/A	PC	emergency medical care Fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAWAII WILDLIFE CENTER PO BOX 551752 KAPAAU, HI 96755	N/A	PC	emergency medical fund	1,500
HAWAII WILDLIFE CENTER PO BOX 551752 KAPAAU, HI 96755	N/A	PC	medical fund	1,000
HEART OF THE VALLEY HUMANE SOCIETY INC PO BOX 11390 BOZEMAN, MT 59719	N/A	PC	medical fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEAVENLY HORSE HAVEN PO BOX 391998 ANZA, CA 92539	N/A	PC	Medical Fund	2,000
HEAVENLY HORSE HAVEN PO BOX 391998 ANZA, CA 92539	N/A	PC	medical fund	10,000
HIDDEN HARBOR MARINE ENVIRONMENTAL PROJECT INC 2396 OVERSEAS HWY MARATHON, FL 33050	N/A	PC	emergency medical care Fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HIDDEN HARBOR MARINE ENVIRONMENTAL PROJECT INC 2396 OVERSEAS HWY MARATHON, FL 33050	N/A	PC	medical fund	1,000
INTERNATIONAL ANIMAL RESCUE US PO BOX 137 SHREWSBURY, MA 01545	N/A	PC	emergency medical care Fund for Orangutans and Sloth Bears	3,800
INTERNATIONAL ANIMAL RESCUE US PO BOX 137 SHREWSBURY, MA 01545	N/A	PC	medical care Fund for baby orangutans	3,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INTERNATIONAL ANIMAL RESCUE US PO BOX 137 SHREWSBURY, MA 01545	N/A	PC	medical care Fund for baby orangutans and sloth bears	3,000
LARIMER HUMANE SOCIETY 3501 E 71ST ST LOVELAND, CO 80538	N/A	PC	3 critter camps, Pet Calendar and in support of the medical Fund	4,100
MARINE MAMMAL CARE CENTER LOS ANGELES 3601 S GAFFEY ST 8 SAN PEDRO, CA 90731	N/A	PC	sponsorship Fund for 2 seals medical care	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARINE MAMMAL CENTER 2000 BUNKER RD FORT CRONKHITE SAUSALITO, CA 94965	N/A	PC	emergency medical fund	1,000
MOUNTAIN PET RESCUEPO BOX 1841 WINTER PARK, CO 80482	N/A	PC	medical fund	1,000
NATIONAL GREAT PYRENEES RESCUE PO BOX 214 MAPLECREST, NY 12454	N/A	PC	medical fund	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NEVADA HUMANE SOCIETY INC 2825 LONGLEY LN STE B RENO, NV 89502	N/A	PC	medical fund	1,000
NORTHCOAST MARINE MAMMAL CENTER 424 HOWE DR CRESCENT CITY, CA 95531	N/A	PC	seal sponsorship and Tail Tale Storytime Fund	1,300
NORTHCOAST MARINE MAMMAL CENTER 424 HOWE DR CRESCENT CITY, CA 95531	N/A	PC	emergency medical care Fund	600
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHCOAST MARINE MAMMAL CENTER 424 HOWE DR CRESCENT CITY, CA 95531	N/A	PC	in sponsorship of 6 seals medical care Program	3,600
NORTHCOAST MARINE MAMMAL CENTER 424 HOWE DR CRESCENT CITY, CA 95531	N/A	PC	sponsorship Fund for the race program	3,000
NORTHCOAST MARINE MAMMAL CENTER 424 HOWE DR CRESCENT CITY, CA 95531	N/A	PC	seal medical sponsorship Fund	600
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHCOAST MARINE MAMMAL CENTER 424 HOWE DR CRESCENT CITY, CA 95531	N/A	PC	medical sponsorship Fund for seals	600
PEACEFUL VALLEY DONKEY RESCUE INC PO BOX 216 MILES, TX 76861	N/A	PC	emergency medical care	1,500
PEACEFUL VALLEY DONKEY RESCUE INC PO BOX 216 MILES, TX 76861	N/A	PC	Emergency medical Care	2,500
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PENGUINS INTERNATIONAL PO BOX 100483 DENVER, CO 80250	N/A	PC	Conservation efforts Fund	1,000
RED DESERT HUMANE SOCIETY INC 310 YELLOWSTONE RD ROCK SPRINGS, WY 82901	N/A	PC	medical fund	2,000
RIDGEFIELD OPERATION FOR ANIMAL 45 S ST RIDGEFIELD, CT 06877	N/A	PC	medical fund	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SARVEY WILDLIFE CARE CENTER PO BOX 3590 ARLINGTON, WA 98223	N/A	PC	emergency medical care Fund	2,000
SARVEY WILDLIFE CARE CENTER PO BOX 3590 ARLINGTON, WA 98223	N/A	PC	medical care Fund	1,000
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 32751	N/A	PC	conservation efforts Fund	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAVE THE WHALES INC 1192 WARING ST SEASIDE, CA 93955	N/A	PC	medical fund	1,000
SECOND CHANCE HUMANE SOCIETY INC PO BOX 2096 RIDGWAY, CO 81432	N/A	PC	emergency Fund for dog food, dog treats, cat food, and other emergency supplies for the shelter	1,000
SECOND CHANCE HUMANE SOCIETY INC PO BOX 2096 RIDGWAY, CO 81432	N/A	PC	medical fund	3,000
Total ▶ 3a				314,070

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	emergency Fund for water and other supplies	3,000
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	in support of 12 horses Program	12,000
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	in support of clean drinking water initiative for adopted wild mustangs	1,200
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	in support of emergency Fund for fencing and supplies for the wild mustangs	2,000
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	emergency medical care Fund	4,300
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	in support of emergency water Fund for wild mustangs	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	medical equipment Fund	1,320
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	medical Fund	2,000
SPIRIT WIND HORSE RESCUE PO BOX 27 HOTCHKISS, CO 81419	N/A	PC	medical fund	22,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SR3 SEALIFE RESPONSE REHABILITATION AND RESEARCH 2003 S 216TH ST 98811 DES MOINES, WA 98198	N/A	PC	emergency medical care Fund	1,000
SR3 SEALIFE RESPONSE REHABILITATION AND RESEARCH 2003 S 216TH ST 98811 DES MOINES, WA 98198	N/A	PC	emergency medical care and medical supplies Fund	1,000
SR3 SEALIFE RESPONSE REHABILITATION AND RESEARCH 2003 S 216TH ST 98811 DES MOINES, WA 98198	N/A	PC	emergency medical equipment and life saving medical supplies Fund	5,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE DAVID SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD STE 101 LAGUNA HILLS, CA 92653	N/A	PC	Medical Care for 2 baby elephants Fund	2,000
THE DAVID SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD STE 101 LAGUNA HILLS, CA 92653	N/A	PC	emergency medical care Fund for 1 babu elephant	1,000
THE DAVID SHELDRIK WILDLIFE TRUST USA 25283 CABOT RD STE 101 LAGUNA HILLS, CA 92653	N/A	PC	medical Fund for two baby elephants	2,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE DELTA GAMMA ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST DENVER, CO 80238	N/A	PC	Fund for Christmas gifts / musical instruments only	1,000
THE HUMANE SOCIETY OF BOULDER VALLEY INC 2323 55TH ST BOULDER, CO 80301	N/A	PC	medical care Fund for a shelter dog	2,000
THE HUMANE SOCIETY OF BOULDER VALLEY INC 2323 55TH ST BOULDER, CO 80301	N/A	PC	in support of the Putting on the Leash Event Heads or Tails Contest	4,000
Total			3a	314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE HUMANE SOCIETY OF BOULDER VALLEY INC 2323 55TH ST BOULDER, CO 80301	N/A	PC	shelter animal medical care Fund	1,000
THE HUMANE SOCIETY OF BOULDER VALLEY INC 2323 55TH ST BOULDER, CO 80301	N/A	PC	medical Fund for a shelter dog	1,000
THE INTERNATIONAL SNOW LEOPARD TRUST DBA SNOW LEOP 4649 SUNNYSIDE AVE N STE 325 SEATTLE, WA 98103	N/A	PC	medical Fund	1,500
Total ▶ 3a				314,070

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THERAPONYPO BOX 3002 RAMONA, CA 92065	N/A	PC	Emergency Hay Fund	1,000
TOUCAN RESCUE RANCH INC 8233 EAGLENEST RD SPARKS, NV 89436	N/A	PC	emergency medical care Fund	1,000
TOUCAN RESCUE RANCH INC 8233 EAGLENEST RD SPARKS, NV 89436	N/A	PC	emergency medical care Fund	1,500
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOUCAN RESCUE RANCH INC 8233 EAGLENEST RD SPARKS, NV 89436	N/A	PC	medical fund	500
UTAH FRIENDS OF BASSET HOUNDS 1338 S FOOTHILL DR 172 SALT LAKE CITY, UT 84108	N/A	PC	emergency medical care Fund	2,000
WETLANDS AND WILDLIFE CARE CENTER 21900 PACIFIC COAST HWY HUNTINGTN BCH, CA 92646	N/A	PC	in support of baby ducks and showers Program	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WETLANDS AND WILDLIFE CARE CENTER 21900 PACIFIC COAST HWY HUNTINGTN BCH, CA 92646	N/A	PC	Brown Pelican Medical fund	1,000
WOLF HOLLOW WILDLIFE REHABILITATION CENTER PO BOX 391 FRIDAY HARBOR, WA 98250	N/A	PC	Emergency Medical Care Fund	1,000
WOLF HOLLOW WILDLIFE REHABILITATION CENTER PO BOX 391 FRIDAY HARBOR, WA 98250	N/A	PC	emergency medical care Fund to a new rescue center	1,000
Total ▶ 3a				314,070

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ZOOH CORNER RABBIT RESCUE 1570 CARRIAGE HOUSE RD PASADENA, CA 91107	N/A	PC	emergency medical Fund	1,000
ZOOH CORNER RABBIT RESCUE 1570 CARRIAGE HOUSE RD PASADENA, CA 91107	N/A	PC	medical fund	3,000
Total ▶ 3a				314,070

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Depreciation Schedule

Name: Wags and Menace Make a Difference Foundation

EIN: 46-2447133

TY 2020 Investments Corporate Stock Schedule**Name:** Wags and Menace Make a Difference Foundation**EIN:** 46-2447133**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
APPLE INC	231,363	258,479
BRISTOL-MYERS SQUIBB CO	21,310	24,812
CISCO SYSTEMS INC	4,743	4,475
COLGATE-PALMOLIVE COMPANY	6,348	8,551
DELL TECHNOLOGIES INC CLASS C	1,101	1,393
LAZARD GLOBAL LISTED INFRASTRU	175,110	170,693
MICROSOFT CORP	139,761	244,662
PEPSICO INC	23,236	29,660
PFIZER INC	10,501	9,203
THE COCA-COLA CO	19,712	21,936
US BANCORP	10,426	9,318
VALERO ENERGY CORP	15,601	11,314
VIATRIS ORD SHS	576	581
YUM BRANDS INC	16,410	19,541
YUM CHINA HOLDINGS INC	6,351	10,276

TY 2020 LiquidationExplanationStmnt

Name: Wags and Menace Make a Difference Foundation

EIN: 46-2447133

Statement: As explained below, the Foundation has no plans for dissolution. This statement is submitted to report the distribution of certain assets during the year. The distributions resulted in a substantial contraction of assets. The following information is submitted in accordance with Treasury Regulation Section 1.6043-3(a)(1) and the Form 990-PF instructions: During the taxable year ending December 31, 2020, the Foundation made distributions from assets from sources other than current income. Collectively, the distributions in excess of current income totaled \$314,070. This amount represents 25% or more of the Foundation's net assets of \$1,011,601 (as measured by fair market value) at the beginning of the Foundation's taxable year ending December 31, 2020. Although the Foundation technically experienced a substantial contraction, it will continue in existence and has no plans for dissolution. The Foundation made distributions of cash to the grantees listed in the attachment to Part XV, Line 3a; each such grant was made solely for the charitable purpose specified therein.

TY 2020 Other Expenses Schedule**Name:** Wags and Menace Make a Difference Foundation**EIN:** 46-2447133**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Administrative Fees	7,500			7,500
WEBSITE HOSTING/SUPPORT	9,000			9,000
State or Local Filing Fees	25			25

TY 2020 Other Income Schedule

Name: Wags and Menace Make a Difference Foundation

EIN: 46-2447133

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Bank Charge Refund	95	95	

TY 2020 Other Professional Fees Schedule**Name:** Wags and Menace Make a Difference Foundation**EIN:** 46-2447133

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Services	6,657	6,657		

TY 2020 Taxes Schedule**Name:** Wags and Menace Make a Difference Foundation**EIN:** 46-2447133**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990-PF Estimated Tax for 2020	9,300			
990-PF Excise Tax for 2019	8,009			

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2020
Name of the organization Wags and Menace Make a Difference Foundation		Employer identification number 46-2447133

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Wags and Menace Make a Difference Foundation

Employer identification number
46-2447133

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lee Cynthia 1330 South Glencoe Street Denver, CO 80222	\$ 338,851	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization Wags and Menace Make a Difference Foundation	Employer identification number 46-2447133
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
1	APPLE INC AAPL, 2853 sh.	\$ 338,851	2020-11-13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization Wags and Menace Make a Difference Foundation	Employer identification number 46-2447133
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
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