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As Filed Data -

## **Return of Private Foundation**

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

2020

**DLN: 93491273007151**OMB No. 1545-0052

2020

Open to Publi

Department of the Treasury Internal Revenue Service

Form 990-PF

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

nterr	ial Revei	nue Service	www.irs.gov/Form990PF	for instructions an	d the	latest inform	ation.	pen to Public Inspection
or	caler	ndar year 2020, or tax ye	ear beginning 01-01-20	)20 , a	nd er	nding 12-31-	2020	
		ndation				A Employer id	entification numbe	r
		B & MARGUERITE M OWENS HARITABLE FOUNDATION INC				52-1611265		
		street (or P.O. box number if mail i	s not delivered to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instruction	าร)
1.	ZI/ DEN	WICK ROAD	(410) 727-8619	)				
		, state or province, country, and ZIF D 21204	or foreign postal code			<b>C</b> If exemption	application is pendin	g, check here
i Cł	neck al	l that apply: 🔲 Initial retur	n 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere
		Final return					ganizations meeting k here and attach co	
		☐ Address ch					undation status was t	· -
_	,		on 501(c)(3) exempt private				n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charita set value of all assets at end		e private foundation  Cash	ıal	E If the found:	ation is in a 60-mont	a termination -
of	year (f	rom Part II, col. (c),	Other (specify)	Casii Li Accit	ıaı		n 507(b)(1)(B), chec	
IIne	≘ 16) I	<b>\$</b> 258,322	(Part I, column (d) must	be on cash basis.)				
Pa	rt I	Analysis of Revenue ar	nd (d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
		equal the amounts in column (a) Contributions, gifts, grants, et		BOOKS				(cash basis only)
	1	schedule)	c., received (attach					
	2	Check ► ✓ if the foundation	is <b>not</b> required to attach					
	3	Sch. B	orary cash investments					
	4	Dividends and interest from se	•	9,006	5	9,006	9,006	
	5a	Gross rents						
a,	ь	Net rental income or (loss)						
Ξ	6a	Net gain or (loss) from sale of	assets not on line 10	-2,125	5			
Reverkie	b	Gross sales price for all assets	<u></u>	3				
α̈	7   8	Capital gain net income (from Net short-term capital gain	•		-			
	9	Income modifications						
	10a	Gross sales less returns and a	llowances					
	ь	Less: Cost of goods sold .						
	С	Gross profit or (loss) (attach s	•					
	11	Other income (attach schedule	•					
	12	<b>Total.</b> Add lines 1 through 11 Compensation of officers, dire		6,881	1	9,006	9,006	
	13 14	Other employee salaries and v	,		-			
Ž.	15	Pension plans, employee bene	-					
II SE	16a	Legal fees (attach schedule)						
Expenses	ь	Accounting fees (attach sched	ule)	1,200				
	С	Other professional fees (attack	h schedule)	957	7			
	17	Interest		_				
<u> </u>	18	Taxes (attach schedule) (see i	•	199	<u>'</u>			
	19	Depreciation (attach schedule	•		<u> </u>			
and Administrative	20 21	Occupancy	tings		1			
<u> </u>	22	Printing and publications						
	23	Other expenses (attach sched						
Operating	24	Total operating and admini	strative expenses.					
<u> </u>		Add lines 13 through 23		2,356	5	0		C
כ	25	Contributions, gifts, grants pa	id	12,000				12,000
	26	<b>Total expenses and disburs</b> 25	sements. Add lines 24 and	14,356	,	0		12,000
	27	Subtract line 26 from line 12:		14,330				12,000
	a	Excess of revenue over exp	enses and	-7,475				
	ь	Net investment income (if r	negative, enter -0-)	-7,473		9,006		
	<sub>c</sub>	Adjusted net income (if neg	ative, enter -0-)		1	,	0.000	

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Page 2

147,331

147,331

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4

5

6

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Liabilities

2

3

	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 ▶			
Ş	8	Inventories for sale or use			
set	8 9 10a	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	151,064	138,945	249,936
	С	Investments—corporate bonds (attach schedule)			
	l				

## Investments—land, buildings, and equipment: basis ▶ \_ 11 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) 322 Net Assets or Fund Balances

	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)	154,806	147,331	258,32
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	
	Foundations that follow FASB ASC 958, check here ► ✓ and complete lines 24, 25, 29 and 30.			
24	Net assets without donor restrictions	154,806		
25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here $\blacktriangleright$ 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			
29	Total net assets or fund balances (see instructions)	154,806	147,331	
30	$\textbf{Total liabilities and net assets/fund balances} \ (\textbf{see} \ instructions) \ \ .$	154,806	147,331	

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with endof-year figure reported on prior year's return) 154,806 1 -7,475 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize)

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

Decreases not included in line 2 (itemize) ▶.

Page **3** 

• /	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tab	le				
b					
С					
d					
e					
<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain	( <b>h)</b> or (loss) f) minus (g)
a See Additional Data Tab	le				
b					
c					
d					
e					
Complete only for asset	s showing gain in column (h) and ov	vned by the foundation	on 12/31/69		<b>(</b> 1)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> : of col. (i) l. (j), if any	col. (k), but not	(h) gain minus : less than -0-) <b>or</b> ·om col.(h))
a See Additional Data Tab	le				
b					
c					
d					
e					
•	e or (net capital loss)  gain or (loss) as defined in sections art I, line 8, column (c) (see instruct		Part I, line 7	2	-2,125
in Part I, line 8			)	3	-2,043
	Under Section 4940(e) for R ALED ON DECEMBER 20, 2019			ncome	
1 Reserved					
(a) Reserved	(b) Reserved	(c) Reserved		<b>(d)</b> Reserved	
<b>2</b> Reserved			2		
<b>3</b> Reserved			3		
<b>4</b> Reserved			4	$\overline{}$	
<b>5</b> Reserved			5	_	
			6	_	
				_	
			7	_	
8 Keserved ,			8		

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter "NOI	NE".
(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.		
Part IX-A Summary of Direct Charitable Activities	result at a tradicational information and a set the number of	
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1		
2		
3		
4		
Deleted Towns of Delete		
Part IX-B Summary of Program-Related Investments (see in Describe the two largest program-related investments made by the foundation during the		Amount
1	ie tax year on illes 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
-		
Total. Add lines 1 through 3		
		- 000 5= (0000)

3

4

5

6

7

1a

1b

2

3a 3b

4

5

125

125

12,000

12,000

12,000

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

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

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

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

c From 2017. . . . d From 2018. . . . .

e From 2019. . . . .

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 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. . . . e Remaining amount distributed out of corpus

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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

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

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

**b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

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

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract 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

indicated below:

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

Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2019 2019 2020 0

Distributable amount for 2020 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. . . . . . Excess distributions carryover, if any, to 2020: a From 2015. . . . . 1.245 381 **b** From 2016. . . . .

1 085 261 12,000

f Total of lines 3a through e. . . . . . .

14.972

12.000

26,972

1.245

25,727

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381 1,085

261

12,000

12.000

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

c Any submission deadlines:

factors:

		_

			Page <b>11</b>
ation (continued)			
d During the Year or Appro	ved for Future	Payment	
If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
any foundation manager or substantial contributor	recipient	contribution	Amount
	<del></del>	▶ 3a	12,000
	1		
	(		
	1		
	d During the Year or Appro If recipient is an individual, show any relationship to any foundation manager or substantial contributor	d During the Year or Approved for Future  If recipient is an individual, show any relationship to any foundation manager or substantial contributor  Foundation status of recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor    Approved for Future Payment   Foundation status of recipient   Purpose of grant or contribution   Purpose of grant or

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Part XVI-A Anal	ysis of Income-Producing	Activities				rage <b>LL</b>
	less otherwise indicated.		usiness income	Excluded by section	1 512, 513, or 514	(e) Related or exempt
1 Program service reve	enue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
<u> </u>	from government agencies					
<del>-</del>	nd assessments					
<b>3</b> Interest on savings investments .	and temporary cash					
4 Dividends and interes	est from securities			14		9,006
	r (loss) from real estate:					
	perty					
	property					
7 Other investment in	r (loss) from personal property					
	sales of assets other than					
inventory						-2,125
9 Net income or (loss)	from special events:					,
10 Gross profit or (loss	) from sales of inventory					
11 Other revenue: a						
	nns (b), (d), and (e)					6,881
	columns (b), (d), and (e)			1	3	6,881
(See worksheet in li	ne 13 instructions to verify calcul	lations.)				
Part XVI-B Rela	tionship of Activities to th	ie Accompiisi	nment of Exem	pt Purposes		
	elow how each activity for which plishment of the foundation's ex is.)					
	,					
i i						

orm 9	90-PF (	<u> </u>									Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organiz		ansf	ers To a	nd Transact	ions an	d Relatio	nships With Non	ncharitable		
		ganization directly or inc than section 501(c)(3)								on 501	Yes	No
	•	from the reporting found	-	•		- · · ·	•	•				
(1)	Cash									. 1a(1)		No
		r assets								. 1a(2)		No
<b>b</b> Oth	ner tran	sactions:										
(1)	Sales	of assets to a nonchari	table exempt	orgai	nization.					. 1b(1)		No
(2)	) Purch	nases of assets from a n	oncharitable (	exem	pt organiz	ation				1b(2)	)	No
(3)	Renta	al of facilities, equipmen	it, or other as	sets.						1b(3)		No
(4)	) Reim	bursement arrangemen	ts							. 1b(4)		No
(5)	Loans	s or loan guarantees.								. 1b(5)		No
(6)	) Perfor	mance of services or me	embership or	fundr	aising soli	citations				. 1b(6)	)	No
c Sha	aring of	f facilities, equipment, m	nailing lists, o	ther a	assets, or p	paid employees				. 1c		No
of t	the goo	wer to any of the above ds, other assets, or serv nsaction or sharing arrai	vices given by ngement, sho	the i	reporting f column <b>(d</b>	oundation. If the part of the value of the value of the value of the part of t	ne foundat he goods,	tion receive other asse	ed less than fair mark ets, or services receiv	ket value ved.		
(a) Line	e INO.	(b) Amount involved	(c) Name of r	ioncha	iritable exen	npt organization	(a) L	escription of	transfers, transactions,	and snaring arr	angemer	11.5
		ndation directly or indire	•						_	_		
des	cribed	in section 501(c) (other	than section	501(	c)(3)) or ii	n section 527?			∐Y∈	es 🗹 No		
b If "	Yes," c	omplete the following so										
		(a) Name of organizatio	n		(b	) Type of organiz	ation		(c) Description	of relationship		
	of m	er penalties of perjury, ny knowledge and belief, ch preparer has any kno	, it is true, co									
Sign		*****				2021-09-30	1.	*****		May the IRS or return	liscuss tl	his
Here	<b>.</b>							<b>)</b>		with the prep	arer show	wn
		Signature of officer or tr	rustee			Date	, 	Title		below (see instr.)	⁄ Yes [	□No
		Print/Type preparer's	name	Prepa	arer's Sign	ature	Date			PTIN		
									Check if self-	P0047	4312	
		BRIAN R WOODS							employed ▶ ☐	,		
Paid -												
	arer Only		DS & ASSOC	IATES	S PC				F	Firm's EIN ▶03	3-04923	361
	•		6 BALTIMORE	AVE	STE 300							
		To	wson, MD 21	204						Phone no. (410	) 821-	6625
	Towson, MD 21204					1						

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р 2020-12-31 2020-03-18 MFB NORTHERN FDS SMALL CAP INDEX SPDR DOW JONES REIT Ρ 2019-09-16 2020-05-11 MFO DFA INVT DIMENSIONS GROUP Р 2020-05-12 2020-12-02 MFB NORTHERN HI YIELD FXD INC Ρ 2020-12-02 2020-12-03 MFB NORTHIN FDS SMALL CAP INDEX Ρ 2020-12-31 2020-03-18 Ρ MFB NORTHERN FDS SMALL CAP INDEX 2020-12-31 2020-03-18 Ρ MFO DFA INVT DIMENSIONS GROUP 2011-12-28 2020-05-12 Р 2016-10-10 MFMFB NORTHERN FDS SHORT BD FD 2020-12-03 Ρ 2020-12-31 2020-12-03 MFB NORTHIN HI YIELD FXD INC Ρ 2020-12-31 2020-12-03 MFB NORTHIN HI YIELD FXD INC Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 45 76 -31 5,366 7,427 -2,061 6,000 5,034 966 9 9 4,727 4,436 291 2,712 -869 1,843 10,245 10,342 -97 2,000 1,970 30 6,991 7,272 -281 662 720 -58 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 -31 -2,061 966 291 -869 -97 30 -281 -58

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 m mfb northern funds Ρ 2016-11-10 2020-05-11 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (f) (q) plus expense of sale (h) (e) plus (f) minus (g) 7,000 7.015 -15 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) (I)Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any

-15

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

any foundation manager

Name and address (home or husiness)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
BALTIMORE MUSEUM OF ART 10 ART MUSEUM DR BALTIMORE, MD 21218		501(C)(3)	ART MUSEUM	300
BROWN SPORTS FOUNDATION		501(C)(3)	SPORTS EDUCATION	150

recipient

▶ 3a

BROWN SPORTS FOUNDATION PO BOX 1925 PROVIDENCE, RI 02912	501(C)(3)	SPORTS EDUCATION	
PROWN LINEVERCITY ANNUAL	E01/C)/3)	EDUCATION	

PO BOX 1925 PROVIDENCE, RI 02912			
BROWN UNIVERSITY ANNUAL	501(C)(3)	EDUCATION	

PO BOX 1925 PROVIDENCE, RI 02912			
BROWN UNIVERSITY ANNUAL PO BOX 1877	501(C)(3)	EDUCATION	

BROWN UNIVERSITY ANNUAL 501(C)(3) EDUCATION 1	PROVIDENCE, RI 02912			
PO BOX 1877	PO BOX 1877	501(C)(3)	EDUCATION	150

BROWN UNIVERSITY ANNUAL	501(C)(3)	EDUCATION	150
PO BOX 1877			
PROVIDENCE, RI 02912			

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

▶ 3a

12,000

any foundation manager

Name and address (home or business)

· ·	or substantial contributor			
a Paid during the year				
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403		501(C)(3)	FOUNDATION SUPPORT	250
CHESAPEAKE BAY MARITIME MUSEUM 6 HERNDON AVENUE		501(C)(3)	MUSEUM	1,000

CHESAPEAKE BAY MARITIME MUSEUM 6 HERNDON AVENUE ANNAPOLIS, MD 21403	501(C)(3)	MUSEUM	
COVENANT WORD CHURCH	501(C)(3)	RELIGIOUS	

6 HERNDON AVENUE ANNAPOLIS, MD 21403	301(0)(3)	MOSEON	1,0
COVENANT WORD CHURCH 367 EAST NASA PKWY WEBSTER, TX 77598	501(C)(3)	RELIGIOUS	1,0

ANNAPOLIS, MD 21403			
COVENANT WORD CHURCH 367 EAST NASA PKWY	501(C)(3)	RELIGIOUS	1,000

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

▶ 3a

12,000

any foundation manager

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
DEERWOOD FOUNDATION 213 SOUTH STREET PORTSMOUTH, NH 03801		501(C)(3)	EDUCATION	200
FLORIDA KEYS SPCA 5230 COLLEGE ROAD KEY WEST, FL 33040		501(C)(3)	ANIMAL PROTECTION	200

FLORIDA KEYS SPCA 5230 COLLEGE ROAD KEY WEST, FL 33040	501(C)(3)	ANIMAL PROTECTION	2
GREATER RUXTON AREA FOUNDATION	501(C)(3)	PRESERVATION &	2

5230 COLLEGE ROAD KEY WEST, FL 33040			
GREATER RUXTON AREA FOUNDATION PO BOX 204	501(C)(3)	PRESERVATION & BEAUTIFICATION	

CEY WEST, FL 33040			
GREATER RUXTON AREA FOUNDATION PO BOX 204	\	PRESERVATION & BEAUTIFICATION	200
SIDEDWOOD MD 31130			

CREATER ROXION AREA TOOMBATION	1301(0)(3)	TRESERVATION &	
PO BOX 204		BEAUTIFICATION	
RIDERWOOD, MD 21139			

PO BOX 204		BEAUTIFICATION	
RIDERWOOD, MD 21139			

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

501(C)(3)

**EDUCATION** 

▶ 3a

250

12,000

any foundation manager

Name and address (home or business)

MARYLAND HISTORICAL ASSOC

201 W MONUMENT STREET BALTIMORE, MD 21201

	or substantial contributor			
a Paid during the year				
KENYON COLLEGE 103 COLLEGE PARK DRIVE GAMBIER, OH 43022		501(C)(3)	EDUCATION	100
LOYOLA UNIVERSITY OF MARYLAND 4501 N CHARLES STREET		501(C)(3)	SCHOOL	200

GAMBIER, OH 43022			
LOYOLA UNIVERSITY OF MARYLAND 4501 N CHARLES STREET BALTIMORE, MD 21210	501(C)(3)	SCHOOL	2

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 Amount Foundation show any relationship to status of contribution

12,000

any foundation manager

Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
MAUI FOOD BANK760 KOLU STREET WAILUKU, HI 96793		501(C)(3)	FOOD	1,500
NANTUCKET CONSERVATION		501(C)(3)	PRESERVATION	200

NANTUCKET CONSERVATION FOUNDATION 118 CLIFF ROAD NANTUCKET, MA 02554	501(C)(3)	PRESERVATION	:
NANTUCKET COTTAGE HOSPITAL	501(C)(3)	SUPPORT ORGANIZATION	

118 CLIFF ROAD NANTUCKET, MA 02554			
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT STREET	501(C)(3)	SUPPORT ORGANIZATION	200

NANTUCKET, MA 02554			
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT STREET	501(C)(3)	SUPPORT ORGANIZATION	:

NANTUCKET, MA 02554			
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT STREET	501(C)(3)	SUPPORT ORGANIZATION	200
NANTUCKET MA 02554			

NANTOCKET COTTAGE HOSPITAL	201(C)(2)	SUPPORT ORGANIZATION	200
57 PROSPECT STREET			
NANTUCKET, MA 02554			

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

100

12,000

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

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
NANTUCKET HISTORICAL ASSOCIATION PO BOX 1016 NANTUCKET, MA 02554	501(C)(3)	PRESERVATION	250

WWW. 02331			
NOTRE DAME DE NAMUR UNIVERSITY 500 RALSTON AVENUE BELMONT, CA 94002	501(C)(3)	EDUCATION	

1500 RALSTON AVENUE BELMONT, CA 94002			
PACIFIC OAKS COLLEGE CHILDREN'S 5 WESTMORELAND PLACE	501(C)(3)	EDUCATION	100

BELITONT, CA 94002			
PACIFIC OAKS COLLEGE CHILDREN'S 5 WESTMORELAND PLACE PASADENA, CA 91103	501(C)(3)	EDUCATION	100

PACIFIC OAKS COLLEGE CHILDREN'S	501(C)(3)	EDUCATION	
5 WESTMORELAND PLACE			
PASADENA, CA 91103			

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 status of contribution

Recipient

Recipient

If recipient is an individual, show any relationship to status of contribution

▶ 3a

12,000

any foundation manager

Name and address (home or business)

Total . .

<u> </u>	or substantial contributor			
a Paid during the year				
PACIFICA RESOURCE CENTER 1809 PALMETTO AVENUE PACIFICA, CA 94044		501(C)(3)	SUPPORT ORGANIZATION	100
SANCHEZ ART CENTER 1220 LINDA MAR BLVD STE B PACIFICA, CA 94044		501(C)(3)	ART	100
ST CHRISTOPHER BY THE SEA 95 HARBOR DRIVE KEY BISCAYNE, FL 33149		501(C)(3)	RELIGIOUS	250

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

250

12,000

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

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
ST JAMES CHURCH 5757 SOLEMONS ISLAND DRIVE LOTHIAN, MD 20711		501(C)(3)	RELIGIOUS	500

T JOSEPHS INDIAN COURSE	E04 (C) (2)	CCLICOL	
ST JOHNS COLLEGE 50 COLLEGE AVENUE NNAPOLIS, MD 21401	501(C)(3)	EDUCATION	

60 COLLEGE AVENUE ANNAPOLIS, MD 21401			
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET	501(C)(3)	SCHOOL	

ANNAPOLIS, MD 21401			
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET	501(C)(3)	SCHOOL	100
CHAMBERIAIN SD 57325			

,			
ST JOSEPHS INDIAN SCHOOL 1301 N MAIN STREET CHAMBERLAIN, SD 57325	501(C)(3)	SCHOOL	100

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)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
STONELEIGH-BURNHAM SCHOOL		501(C)(3)	EDUCATION	100

574 BERNARDSTON ROAD GREENFIELD, MA 01301	501(C)(3)	EDUCATION	100
UCF FOUNDATION 12424 RESEARCH PKWY STE 2	501(C)(3)	EDUCATION	300

UCF FOUNDATION 12424 RESEARCH PKWY STE 2 ORLANDO, FL 32826	501(C)(3)	EDUCATION	300
UNIVERSITY UNITARIAN UNIVERSALIST 11648 MCCULLOCH ROAD	501(C)(3)	RELIGIOUS	800

12424 RESEARCH PKWY STE 2 ORLANDO, FL 32826			
UNIVERSITY UNITARIAN UNIVERSALIST 11648 MCCULLOCH ROAD ORI ANDO FL 32833	501(C)(3)	RELIGIOUS	800

Total .

ORLANDO, FL 32826			
UNIVERSITY UNITARIAN UNIVERSALIST 11648 MCCULLOCH ROAD ORLANDO, FL 32833	501(C)(3)	RELIGIOUS	800

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)

Total .

,	or substantial contributor			
a Paid during the year				
US LACROSSE113 W UNIVERSITY PKWY		501(C)(3)	ATHLETIC	200

BALTIMORE, MD 21210			
YMCA OF CENTRAL FLORIDA 1201 N LAKEMONT AVENUE	501(C)(3)	SUPPORT ORGANIZATION	

	E04( )(2)		200
YMCA OF CENTRAL FLORIDA 1201 N LAKEMONT AVENUE WINTER PARK, FL 32792	501(C)(3)	SUPPORT ORGANIZATION	1,000

WINTER PARK, FL 32792			
hope helps inc812 eyrie drive	501(c)(3)	support	

WINTER PARK, FL 32792			
hope helps inc812 eyrie drive	501(c)(3)	support	20

hope helps inc812 eyrie drive oviedo, FL 32765	501(c)(3)	support	200

hope helps inc812 eyrie drive		501(c)(3)	support	1
oviedo, FL 32765				I

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

1	atheres televished a section.		E01(C)(2)	CURRORT	350
	a Paid during the year				
	Name and address (nome or business)	or substantial contributor	, , , , , , , , , , , , , , , , , , , ,		

534 BROADWATER WAY GIBSON ISLAND, MD 21056	301(C)(3)	SUPPORT	250
NATURE IN THE CITYPO BOX 170088	501(C)(3)	SUPPORT	700

GIBSON ISLAND, MD 21030			
NATURE IN THE CITYPO BOX 170088 SAN FRANCISCO, CA 94117	501(C)(3)	SUPPORT	700

SAN FRANCISCO, CA 94117	301(0)(3)	SUFFORT	700
PAWS 4 A CUREPO BOX 1821	501C3	THERAPUTIC	100

PAWS 4 A CUREPO BOX 1821 WAKEFIELD, MA 01880	501C3	THERAPUTIC	100

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

a Paid during the year

Total .

a Faid duffing the year			
PET ALLIANCE OF GREATER ORLANDO 2727 CONROY ROAD ORLANDO, FL 32839	501c3	Animal Benefit	200
CYLBURN ARBORETUM FRIENDS	501c3	Nature Preservation	200

CYLBURN ARBORETUM FRIENDS 4915 GREENSPRING AVE BALTIMORE, MD 21209	501c3	Nature Preservation	200
HEIFER INTERNATIONAL1899 L ST NW	501c3	animal benefit	100

4915 GREENSPRING AVE BALTIMORE, MD 21209			
HEIFER INTERNATIONAL1899 L ST NW	501c3	animal benefit	10

HEIFER INTERNATIONAL1899 L ST NW WASHINTON, DC 20036	501c3	animal benefit	

HEIFER INTERNATIONAL1899 L ST NW	501c3	animal benefit	1
WASHINTON, DC 20036			

12,000

■ 3a

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				
FARTHJUSTICE		501c3	Nature	100

1001 G STREET NW SUITE 1000 WASHINGTON, DC 20001	30163	Nucure	100
SAVING GRACE	501c3	Religious	100

WASHINGTON, DC 20001			
SAVING GRACE 13400 OLD CREEDMOOR ROAD	501c3	Religious	100

▶ 3a

12,000

1	SAVING GRACE	501c3	Religious	10
ı	13400 OLD CREEDMOOR ROAD			
ı	WAKE FOREST, NC 27587			

efile GRAPHIC print - DO NOT	As Filed Da	ata -	DI	N: 93491273007151				
TY 2020 Accounting I	Fees Sch	edule			_			
Name: THE JOHN B & MARGUERITE M OWENS								
FAMILY CHARITABLE FOUNDATION INC								
<b>EIN:</b> 52-1611265								
Soft	tware ID:	20011551	L					
Software	Version:	2020v4.0						
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
WOODS AND ASSOCIATES		1,200	0	0	0			

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491273007151		
TY 2020 Other Professiona	al Fees Schedu	le				
Name: THE JOHN B & MARGUERITE M OWENS						
	FAMILY CHARITABLE FOUNDATION INC					
<b>EIN:</b> 52-1611265						
Software	<b>ID:</b> 20011551					
Software Vers	ion: 2020v4.0					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
NORTHERN TRUST BANK MANAGEMENT FEES	957	0	0	0		

efile GRAPHIC print - DO NOT PROCESS		As Filed Data	-	DL	N: 93491273007151	
TY 2020 Taxes Schedule						
	THE JOHN B & MARGUERITE M OWENS					
	FAMILY CHARITABLE FOUNDATION INC					
<b>EIN:</b> 52-1611265						
Softwa	are ID:	20011551	011551			
Software Version: 2020v4.0						
Taxes Schedule						
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	90					
taxes		109				