Form 990-PF

Return of Private Foundation

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

OMB No 1545-0047

2020

Department of the Treasury

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

l l	nterna	l Rever	nue Service	► Go to	www.irs.gov/Form990PF1	for instructions	s and the l	atest informati	on. Oper	to Public Inspection
Ī	For c	alen	dar year 20	020 or tax year be	ginning	Dec 24	, 2020, ar	nd ending	D	ec 31 ,20 20
ī	Name	of four	ndation			· ·		A Employe	r identification numb	er
	THE	BO	LWELL FO	UNDATION			•	85-1	184275	
					ot delivered to street address)		Room/suite	B Telephor	e number (see instruc	tions)
-	380	2 S	<u> </u>	AVENUE						
			TX 7870	nce, country, and ZIP or	r foreign postal code			C If exemp	tion application is pend	ling, check here ►
_			all that app		urn Initial retu	m of a former	public cha	rity D 1. Foreig	n organizations, check	here ▶ 🗍
`			. ш. т. ш. цр	☐ Final retu				1	•	_
				☐ Address	<u> </u>	ange			n organizations meetin here and attach comp	
ī	H C	heck	type of ord		ection 501(c)(3) exempt		ation /	E If private	foundation status was	_
ŗ					table trust Other ta			n section 5	07(b)(1)(A), chęck here	, ≻ □
ב ו				of all assets at	J Accounting metho			al	ndation is in a 60-mon	th termination
-				n Part II, col. (c),	☐ Other (specify)		_	1 11 1116 100	ction 507(b)(1)(B), ched	
				2,100,539.	(Part I, column (d), must I		ıs.)			
1		t l			xpenses (The total of	(a) Revenue				(d) Disbursements
2					may not necessanly equal	expenses p		Net investment income	(c) Adjusted net income	for charitable purposes
2			the amounts	ın column (a) (see ınst	ructions).)	books				(cash basis only)
A .		1	Contribution	ns, gifts, grants, etc.,	received (attach schedule)					1
	- 1	2			not required to attach Sch. B					
`~		3		-	orary cash investments					
9 202%		4			securities				., ,	
7	i	5a		s						
		b	Net rental	income or (loss)						
0	ارة	6a		, ,	of assets not on line 10					
₹	2	b	_	price for all assets or						
Z	Š	7		•	n Part IV, line 2)					
SCANNED MAY	æ	8								
***		9								
Z	- 1	10a	Gross sales	less returns and allo	wances					
8		b	Less: Cost	t of goods sold .				- •		
ক্ত	-	С	Gross prof	it or (loss) (attach	schedule)		•		. +	
		11	Other inco	me (attach schedu	ıle)				ι	
_		12	Total. Add	l lines 1 through 1	<u> 1 </u>				1)	
	S .	13	Compensa	ation of officers, di	rectors, trustees, etc.					
	Se	14	•	-	wages		-		RECE	IVED
	[6	15	•	lans, employee bei						اب —
	XI.	16a				ļ			18 III 0	1 2021 9
	e F	b		-	edule)				IS JUN U	207.1
	<u>≨</u> ∣	С			ch schedule)	1	<u></u>		1	
	<u> £</u>	17							OGDE	N. UT
	is	18	,		instructions)				,	
	Ē	19	-		le) and depletion					
	\$\\\	20					' 			
	<u>کے ا</u>	21			etings			- 		
	[등	22	_	•						
	g l	23	•	•	edule)	—		<u> </u>	,	+
	Operating and Administrative Expenses	24	•	•	ninistrative expenses.		İ			
	ğ :	25	Contribution	ons, gifts, grants p	aid					
	0	26			nents. Add lines 24 and 25					
•		27		ne 26 from line 12:	**********					
		а	Excess of	revenue over expe	nses and disbursements					
		b		-	negative, enter -0-) .					
		С			jative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2020)

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Pa	irt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	f year
		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash-non-interest-bearing . '				
	2	Savings and temporary cash investments	1			,
	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 ▶				
ts	8	Inventories for sale or use			•	
Assets	9	Prepaid expenses and deferred charges		<u> </u>		
Ä	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) . L-13. Stmt	0.	2,100,5	<u>39.</u>	2,100,539.
	14	Land, buildings, and equipment: basis ▶		·		
		Less: accumulated depreciation (attach schedule) ▶				4
	15	Other assets (describe ►)		•		
	16	Total assets (to be completed by all filers—see the	_ 1			'
		ınstructions. Also, see page 1, item I)	0.	2,100,5	39.	2,100,539.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
Ĕ	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ë	21 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)				· · · · · · · · · · · · · · · · · · ·
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)				
	25	Foundations that follow FASB ASC 958, check here		 		1
alances		and complete lines 24, 25, 29, and 30.				
ā,	24	Net assets without donor restrictions		2,100,5	30	
		Net assets with donor restrictions		2,100,5	<u> </u>	
g P		Foundations that do not follow FASB ASC 958, check here ▶				
5		and complete lines 26 through 30.				Į.
Net Assets or Fund	26	Capital stock, trust principal, or current funds				
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
ë	28	Retained earnings, accumulated income, endowment, or other funds				
SS	29	Total net assets or fund balances (see instructions)		2,100,5	39.	
×	30	Total liabilities and net assets/fund balances (see				
ž		ınstructions)	0.	2,100,5	39:	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
		Il net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	t agree with		
		-of-year figure reported on prior year's return)			1	
2		er amount from Part I, line 27a			2	
3					3	2,100,539.
4		lines 1, 2, and 3			4	2,100,539.
5	Deci	reases not included in line 2 (itemize)			5	
6	Tota	reases not included in line 2 (itemize) ► It net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lir	ne 29	6	2,100,539.

		f(s) of property sold (for example, real e e; 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)
1a						
b						
<u>c</u>						-7
d	. <u> </u>		<u> </u>			,
<u>e</u>				L		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		or (loss)) minus (g))
а						
b						
С		<u>-</u>				•
d					•	
e_						
	Complete only for assets show	ing gain in column (h) and owned	by the foundation	on 12/31/69.	(I) Gains (Col.	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any	col (k), but not	less than -0-) or om col. (h))
а		,				٠.
b						
С					1	••
d						•
е						
2	Capițal gaın net income or		also enter in Pa enter -0- in Pai		2	,
art	Part I, line 8	line 8, column (c). See instru	<u> </u>		3	
				let Investment		
	SECTIO	N 4940(e) REPEALED ON DE		let Investment		
1	SECTIO Reserved			let Investment		
1				let Investment	OMPLETE.	(d) Reserved
1	Reserved (a)	N 4940(e) REPEALED ON DE		let Investment 019 - DO NOT C	OMPLETE.	
1	Reserved (a) Reserved	N 4940(e) REPEALED ON DE		let Investment 019 - DO NOT C	OMPLETE.	
1	Reserved (a) Reserved Reserved	N 4940(e) REPEALED ON DE		let Investment 019 - DO NOT C	OMPLETE.	
1	Reserved Reserved Reserved Reserved	N 4940(e) REPEALED ON DE		let Investment 019 - DO NOT C	OMPLETE.	
1	Reserved Reserved Reserved Reserved Reserved Reserved	N 4940(e) REPEALED ON DE		let Investment 019 - DO NOT C	OMPLETE.	
	Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	N 4940(e) REPEALED ON DE		let Investment 019 - DO NOT C	OMPLETE.	
2	Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	N 4940(e) REPEALED ON DE	CEMBER 20, 20	let Investment 019 - DO NOT C	OMPLETE.	
	Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved	N 4940(e) REPEALED ON DE	CEMBER 20, 20	let Investment 019 - DO NOT C	OMPLETE.	
2	Reserved	N 4940(e) REPEALED ON DE	CEMBER 20, 20	let Investment 019 - DO NOT C	OMPLETE.	
2 3	Reserved	(b) Reserved	CEMBER 20, 20	let Investment 019 - DO NOT C	OMPLETE. - 2 - 3	
2 3 4	Reserved	(b) Reserved	CEMBER 20, 20	let Investment 019 - DO NOT C (c) Reserved	2 3 4	
2 3 4 5	Reserved	N 4940(e) REPEALED ON DE	CEMBER 20, 26	let Investment D19 – DO NOT C (c) Reserved	2 3 4 5 5	
2 3 4 5 6	Reserved	N 4940(e) REPEALED ON DE	CEMBER 20, 26	let Investment D19 – DO NOT C (c) Reserved	2 3 4 5 6	

Part '		ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶☐ and enter "N/A" on line 1.			· [
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Reserved			<u> </u>
C	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of			1
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0.
6	Credits/Payments:			- 1
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a			}
b	Exempt foreign organizations—tax withheld at source	ł		
c	Tax paid with application for extension of time to file (Form 8868) 6c	ł		1
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax ▶ Refunded ▶ 11			•
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 if		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	: [
	instructions for the definition	16	ł	×
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		×
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. ► \$	1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	:		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
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?	5		×
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			}
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	:		. 1
	conflict with the state law remain in the governing instrument?	6	×	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	TV			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Genera	i		
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
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 tax year beginning in 2020? See the instructions for Part XIV. If "Yes,"			,
	complete Part XIV	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		×

Part	t VII-A Statements Regarding Activities (continued)			
`			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	- 11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqual person had advisory privileges? If "Yes," attach statement. See instructions			×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat		×	
13			1	<u>. </u>
14	The books are in care of ▶ taxpayer Telephone no. ▶			
	Located at ► 3802 Stevenson Avenue Austin TX ZIP+4 ► 78	703		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		•	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year		1	
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authorized and the signature of other author		Yes	No
	over a bank, securities, or other financial account in a foreign country?		<u>'</u>	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name the foreign country ▶	e of		
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	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
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a 	No No		
•	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes (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)?	_		
		☑ No	:	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	d in 1b		
	Organizations for a dan one notice regulation and a second a second and a second an	▶ □	1	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2020?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a privoperating foundation defined in section 4942(j)(3) or 4942(j)(5)):	vate		
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?	No		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a]
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(a]
	all years listed, answer "No" and attach statement—see instructions.)	. 2b		×
С	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			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise] No		
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if foundation had excess business holdings in 2020.)	the se of		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es? 4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	e its		×

Pan	VIES Statements Regarding Activities	S IOF VI	vnich Form	4/20	iviay be n	equire	u (COIIII	nueuj			
5a	During the year, did the foundation pay or incur									Yes	No
	(1) Carry on propaganda, or otherwise attempt t						☐ Yes	X No			
	(2) Influence the outcome of any specific public		-			-] :	Ì]
	directly or indirectly, any voter registration dr						☐ Yes	⊠ No		İ	
	(3) Provide a grant to an individual for travel, stu							⊠ No	1 1		
	(4) Provide a grant to an organization other than							_			
	section 4945(d)(4)(A)? See instructions						Yes	⊠ No			
	(5) Provide for any purpose other than religious]] -
	purposes, or for the prevention of cruelty to						_	⊠ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the			•	•			scribed	(- 	ļ	 _
	in Regulations section 53.4945 or in a current no		-						5b		
_	Organizations relying on a current notice regards	_						▶□			
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility] '		
						• •	∐ Yes	∐ No			
6a	If "Yes," attach the statement required by Regulation, during the year, receive any					miums			1 :		
Va	on a personal benefit contract? ·		_				☐Yes	X No			
, P	Did the foundation, during the year, pay premiur								6b		
b	If "Yes" to 6b, file Form 8870.	ris, dire	ctry or maner	chy, On	a persona	Denen	Contract		UD		
7a	At any time during the tax year, was the foundation	a party	v to a prohibite	ed tax s	helter trans	action?	□Yes	⊠ No			
b	If "Yes," did the foundation receive any proceed								7b	l	
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) de							☐ No			
Par	VIII Information About Officers, Direct	tors, 1	Trustees, Fo	ounda	tion Man	agers,	Highly I	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and found	lation r	managers an	ıd their	compens	ation. S	See instr	uctions	.		
	(a) Name and address	hou	e, and average irs per week led to position	i (lf r	mpensation not paid, iter -0-)	emple	Contribution byee benefit erred comp	plans	(e) Expe	nse ac allowar	
Far	(a) Name and address	hou devot	irs per week	i (lf r	not paid,	emple	yee benefit	plans			
		devot Pres	irs per week ed to position	i (lf r	not paid,	emple	yee benefit	plans			
380	ley Bolwell	devot Pres	irs per week led to position ident 3.00	i (lf r	not paid, iter -0-)	emple	yee benefit	plans			
380: Kar	ley Bolwell 2 Stevenson Avenue Austin TX 78703	hou devot Pres	irs per week led to position ident 3.00	i (lf r	not paid, iter -0-)	emple	yee benefit	plans			
380: Kar	ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell	hou devot Pres	irs per week led to position ident 3.00 tee	i (lf r	not paid, iter -0-)	emple	yee benefit	plans			
380: Kar	ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell	hou devot Pres	irs per week led to position ident 3.00 tee	i (lf r	not paid, iter -0-)	emple	yee benefit	plans			
380: Kar	ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell	hou devot Pres	irs per week led to position ident 3.00 tee	i (lf r	not paid, iter -0-)	emple	yee benefit	plans			
3802 Kar 3802	ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703	Pres Trus	irs per week ed to position ident 3.00 tee 3.00	(If r	0 .	emple and def	oyee benefit	t plans ensation	other:	allowar	nces
380: Kar	ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell	Pres Trus	irs per week ed to position ident 3.00 tee 3.00	(If r	0 .	emple and def	oyee benefit	t plans ensation	other:		nces
3802 Kar 3802	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employed "NONE."	Pres. Trus	irs per week ed to position ident 3.00 tee 3.00 ident 3.00	se incl	0 .	emple and def	see insti	ructions	other	one,	enter
3802 Kar 3802	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employed	Pres. Trus	irs per week ed to position ident 3.00 tee 3.00	se incl	0 .	emple and def	see instr	ruction:	s). If no	one,	enter
380: Kar 380: 2	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	Pres. Trus	sper week ed to position ident 3.00 tee 3.00 tee than those (b) Title, and a hours per week ed to position ident 1.00 tee 1.00 te	se incl	0 .	emple and def	see instr	ruction:	s). If no	one,	enter
3802 Kar 3802	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	Pres. Trus	sper week ed to position ident 3.00 tee 3.00 tee than those (b) Title, and a hours per week ed to position ident 1.00 tee 1.00 te	se incl	0 .	emple and def	see instr	ruction:	s). If no	one,	enter
380: Kar 380: 2	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	Pres. Trus	sper week ed to position ident 3.00 tee 3.00 tee than those (b) Title, and a hours per week ed to position ident 1.00 tee 1.00 te	se incl	0 .	emple and def	see instr	ruction:	s). If no	one,	enter
380: Kar 380: 2	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	Pres. Trus	sper week ed to position ident 3.00 tee 3.00 tee than those (b) Title, and a hours per week ed to position ident 1.00 tee 1.00 te	se incl	0 .	emple and def	see instr	ruction:	s). If no	one,	enter
380: Kar 380: 2	Ley Bolwell 2 Stevenson Avenue Austin TX 78703 a Bolwell 2 Stevenson Avenue Austin TX 78703 Compensation of five highest-paid employee "NONE." (a) Name and address of each employee paid more than \$50,00	Pres. Trus	sper week ed to position ident 3.00 tee 3.00 tee than those (b) Title, and a hours per week ed to position ident 1.00 tee 1.00 te	se incl	0 .	emple and def	see instr	ruction:	s). If no	one,	enter
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Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	nployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		•
		
		1
		
-		
	number of others receiving over \$50,000 for professional services	NONE
Par	t IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of janizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
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4		
	4	
		<u> </u>
	t IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
•		
2		
	other program-related investments. See instructions.	
3		
Tota	. Add lines 1 through 3	
	Trad into Tanodgito	Form 990-PF (2020)

Part		ign tounda	tions,
	see instructions.)		,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
đ	Total (add lines 1a, b, and c)	1d	
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		-
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part		oundation	S
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2020 from Part VI, line 5		
b	Income tax for 2020. (This does not include the tax from Part VI.) 2b	1 1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5		5	0.
-	Add lines 3 and 4	6	
6 7	Deduction from distributable amount (see instructions)	•	
•		7	0
Dort	Ine 1	<u> </u>	0.
	XII Qualifying Distributions (see instructions)	1	
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	
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	· · · · · · · · · · · · · · · · · · ·
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	
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	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether t	he foundation

Part	XIII Undistributed Income (see instruction	ons)			
```		(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1	Distributable amount for 2020 from Part XI, line 7				. 0.
2	Undistributed income, if any, as of the end of 2020:				· · · · · · · · · · · · · · · · · · ·
a	Enter amount for 2019 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2020:				
a	From 2015		[		1
b	From 2016				
Ç	From 2017		ļ	•	<u> </u>
d	From 2018	٠,			
е	From 2019				
f	Total of lines 3a through e			· · · · · · · · · · · · · · · · · · ·	
4	Qualifying distributions for 2020 from Part XII, line 4: ▶ \$				
а	Applied to 2019, but not more than line 2a .				
b	Applied to undistributed income of prior years		}		
С	(Election required—see instructions) Treated as distributions out of corpus (Election				
	required—see Instructions)				
d	Applied to 2020 distributable amount				
_e	Remaining amount distributed out of corpus	0.		<del></del>	
5	Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same				
	amount must be shown in column (a), the same				
6	Enter the net total of each column as indicated below:				
_		_			
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b	0.	0.		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	,			
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount-see instructions		, . 0.	- <del> </del>	
e	Undistributed income for 2019. Subtract line				]
	4a from line 2a. Taxable amount-see				
	instructions			0.	
Ť	Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be		}		
	distributed in 2021				,
7				· · · · · · · · · · · · · · · · · · ·	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	<del> </del>			
	applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2021.				
	Subtract lines 7 and 8 from line 6a	0.		!	
10	Analysis of line 9:				i
а	Excess from 2016 0 .				}
b	Excess from 2017 0 .				
C	Excess from 2018 0.		1		
d	Excess from 2019 0 .				
e	Excess from 2020 0.				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective for	or determination	letter that it is a	private operating		,
b	Check box to indicate whether the four	ndation is a private	operating founda	tion described in se	ction 🗌 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2020	<b>(b)</b> 2019	Prior 3 years (c) 2018	(d) 2017	(e) Total
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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
С	"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					
Part	(4) Gross investment income XV Supplementary Information	n (Complete th	is port only if t	he foundation be	nd &E 000 or m	oro in cocoto ot
rart	any time during the year-			ne roundation na	30 \$5,000 Or III	ore iii assets at
1	Information Regarding Foundation					
а	List any managers of the foundation of before the close of any tax year (but of					by the foundation
b	List any managers of the foundation ownership of a partnership or other er					arge portion of the
2	Information Regarding Contribution Check here ▶ ☒ if the foundation unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See in	only makes controundation makes	ibutions to prese	elected charitable of		
а	The name, address, and telephone nu	mber or email add	lress of the perso	n to whom applicat	ions should be a	ddressed:
b	The form in which applications should	be submitted and	I information and	materials they shou	uld include:	
С	Any submission deadlines:			· · · · · ·		
d	Any restrictions or limitations on aw factors:	vards, such as by	geographical a	reas, chantable fie	lds, kınds of ins	titutions, or other

Part	XV Supplementary Information (cont	inued) t		1 · · · · · · · · · · · · · · · · · · ·	·
3	Grants and Contributions Paid During t	he Year or Approv	ed for Fu	ture Payment .	•
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	1
а	Paid during the year				7
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	Total	· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u> ▶ 3a</u>	
D	Approved for luture payment				
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	Total			25	

3

inte	gross a	mounts unless otherwise indicated. 🕡	Unrelated bu	siness income i	Excluded by sect	on 512, 513, or 514	' (e)
	Drogram		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions.)
1	_	n service revenue:		<u>,</u>			
	a b						
					<del> </del>		
	c				<u> </u>		<b></b>
	<u> </u>				<del> </del>		<u> </u>
	· —	<u> </u>	l:		<del> </del>		
	g Fees	s and contracts from government agencies					<del> </del>
2	_	rship dues and assessments					
3		on savings and temporary cash investments					
4		ds and interest from securities					
•		tal income or (loss) from real estate:					
•		t-financed property					
		debt-financed property	7		<u> </u>		
6		tal income or (loss) from personal property	,		ļ · · · · · · · · · · · · · · · · · · ·		<del> </del>
7		vestment income					<del></del>
8		loss) from sales of assets other than inventory					
		ome or (loss) from special events					
10		rofit or (loss) from sales of inventory					
		evenue: a					
• •	b		1				
			,				7
	d						
	e						
12	Subtota	I. Add columns (b), (d), and (e)			† <del></del>		
						13	·····
						10	
See		eet in line 13 instructions to verify calculation				10	
		eet in line 13 instructions to verify calculation	s.)				
Par Lin	workshe	eet in line 13 instructions to verify calculation	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the
Par Lin	workshe t XVI-B e No.	eet in line 13 instructions to verify calculation  Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the
Par Lin	workshe t XVI-B e No.	Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the
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Par Lin	workshe t XVI-B e No.	Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)
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Par Lin	workshe t XVI-B e No.	Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) .ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions.)

Part	XVII			Regarding Tra	nsfers to	and Transa	ction	s and R	elationsh	ips V	/ith N	loncha	aritabl	e Exc	empt
	D. 4 4	Organiz			ongono in	ony of the fal	llowing	with an	other ergs		on do	aaribaa		Yes	No
1				rectly or indirectly her than section										res	NO
		nizations?	, (01)	ner than section	301(0)(3)	Organization	3) (1	iii seciic	JII 327, 16	raui ig	, 10	Julica	' <b> </b>		(
_	•		ron	orting foundation t	to a nonch	aritable even	nt ora	nuzation	of.				1		:
а			-	· · · · · ·									10(1)		
	• •		•					• • •			• •	• •	1a(1) 1a(2)	$\overline{}$	×
_		ther assets r transactions									• •	• •	14(2)	<del>                                     </del>	×
Ь				noncharitable ex	omnt oran	nization							1b(1)		
												• •	1b(1)		×
				s from a nonchari					• • •			• •	1b(2)		×
				equipment, or oth angements									1b(4)		×
				_						• •		• •	1b(5)	_	×
		oans or loan	_			 duninina naliait						• •			<del> </del>
_				vices or members	-	_							1b(6)		×
		_		uipment, mailing l		<del>-</del>	-	-					1c	<u> </u>	
				f the above is "Ye ner assets, or serv											
				ner assets, or serv n or sharing arrang											
		b) Amount involv				mpt organization	(u) iii		ption of transf						
(a) Line	no. (	b) Amount involv	/ea	(c) Name of nonc	лаларе ехе	mpt organization	<del></del>	(a) Descri	ption of transi	ers, trai	Isaction	is, and sr	aring arr	angem	ents
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2a	Is the	foundation	direc	ctly or indirectly a	affiliated w	ith, or related	to, c	ne or mo	re tax-exe	mpt o	organi	zations			
	descr	nbed in sectio	on 50	11(c) (other than se	ection 501	(c)(3)) or in sec	ction 5	27?						s 🗵	No
b	If "Ye	s," complete	the f	following schedule	<del>)</del> .										
		(a) Name of o	rganıza	ation		(b) Type of organi	zation			(c) De	scription	of relati	onship		
					<u> </u>										
	-				<del> </del>										
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	Linde	r penalties of peni	my I de	eclare that I have examin	ed this return	including accompa	invina sa	hedules and	statements an	d to the	best of	ny knowle	dge and l	helief it	is true
Sign				ation of preparer (other the								<del>-</del> -			_
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Prepa	arer	Brian Di				<u>Dittrich</u>			L	т —		nployed			4
Use C					Roberts	berts Inc.				Firm's EIN ▶ 22-3803116					
		Firm's address		110 Glenbroo	k Ct					Phon	e no _(	609)2			
DAA				Atlantic			ा च	33462					-cm 99	n.PF	(2020)

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

THE BOLWELL FOUNDATION

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2020

**Employer identification number** 

85-1184275

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ■ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 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 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 (entering "N/A" in column (b) instead of the contributor name and address), 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, chantable, 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 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 990-PF, 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
THE BOLWELL FOUNDATION
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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				
		<b>\$</b>	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	. :	e e	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		œ.	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization

THE BOLWELL FOUNDATION

**Employer identification number** 

85-1184275

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

Name of organization

Employer identification number

25 - 1184275

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 III (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(a) No.	Use duplicate copies of Part III II add								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
raiti									
		(e) Transfer of o	aift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.	4.5		455 41						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
ļ									
		(e) Transfer of g	gift						
	Transferee's name, address, a	nd 7ID : 1	Relationship of transferor to transferee						
-	Transferee S Hame, address, a	TO SAF T T	neiguoismp of dansieror to transferee						
ļ			······································						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part i	(b) Furpose of gift	(c) use of gift	(u) Description of now girt is field						
ļ									
}	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of transferor to transferee							
-									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(b) . 1.pecc c. g	(0, 000 0. g	(0) 2000. p. 0. 100. g. 100.						
<u>-</u> -									
	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of transferor to transferee							
T T									

# Additional information from your 2020 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Other Increases (1)

Part III, Line 3

#### **Itemization Statement**

Description		Amount
Transfer from The Bolwell Family Foundation		
ID# 77-6233400		2,100,539.
	Total	2,100,539.

# Form 990-PF Part II Line 10, 12 and 13 Investments

#### L-13 Stmt

## **Continuation Statement**

Line 13 Description	Line 13 Book	Line 13 FMV
MICROSOFT	658,363.	658,363.
INVESCO ETF TRUST II CHINA	4,528.	4,528.
Total	662,891.	662,891.

# Schedule A

Transferor Name:

The Bolwell Family Foundation

Transferor Address:

3802 Stevenson Ave

Austin, TX 78703

Transferor TIN:

77-6233400

Filing:

990-PF Attachment

Amount received:

100% of all assets

Transfer Date:

12/24/2020

Recipient Name: Recipient Address:

The Bolwell Foundation 3802 Stevenson Ave

Austin, TX 78703

Recipient TIN:

85-1184275

Trustee:

Farley Bolwell

#### **Asset Summary**

Cash & Cash Equivalents:

\$61,132.

**Publicly Traded Securities:** 

- Starbucks (12,742 shares) \$1,363,139.

- Microsoft (2,960 shares)

\$658,363.

- SPDR Gold Trust ETF (75 shares)

\$13,377.

- Invesco ETF Trust II China (55 shares)

\$4,528.

### **Investments**

Name THE BOLWELL FOUNDATION					yer Identification No.
Line 10a - Investments - US and State Government Obligations:	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	f Year US Government Obligations FMV	
Tot to Fm 990-PF, Pt II, Ln 10a			<u> </u>		
Line 10b - Investme	End o Book Value		f Year Fair Market Value		
T-A-1- A- F 000 PF P II I	i 401				
Totals to Form 990-PF, Part II, L	.ine 10b				
Line 10c - Investme	End o Book Value		f Year Fair Market Value		
Totals to Form 990-PF, Part II, L	ine 10c	• • • • • • • •			
Line 12 - Investme	ents - Mortgage I	oans:	Bool Value	•	f Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12				
			. ,		
Line 13 - Inve	estments - Other	:	Bool Value	•	f Year Fair Market Value
CASH'				132.	61,132.
STARBUCKS STOCK SPDR GOLD TRUST ETF			1,363, 13,	377.	1,363,139.
See L-13 Stmt  Totals to Form 990-PF, Part II, L	ine 13		2,100,	891. 539.	662,891. 2,100,539.