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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491170004100

OMB No 1545-0052

2019

Return of Private Foundation

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

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

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20	19 , aı	nd er	nding 12-31-			
		indation FAMILY FOUNDATION				entification numbe	er	
					94-3204401			
		d street (or P O box number if mail is not delivered to street address) O LLP 1801 PAGE MILL ROAD	Room/suite		B Telephone number (see instructions)			
		1775			(650) 845-8100			
		n, state or province, country, and ZIP or foreign postal code CA 94304			C If exemption	application is pendir	ng, check here	
G Ch	neck al	I that apply \square Initial return \square Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere 🕨 🗀	
		Final return Amended return				rganizations meeting ik here and attach co		
		Address change Name change				undation status was	· -	
_	,	rpe of organization ✓ Section 501(c)(3) exempt private to				n 507(b)(1)(A), che		
			e private foundation Cash Accru		E If the found	ation is in a 60-mont	th termination	
of '	year (f	rrom Part II, col (c), ▶\$ 581,962 ☐ Other (specify) (Part I, column (d) must		iai		n 507(b)(1)(B), che		
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach	375 815					
	_	schedule) Check ▶ ☐ If the foundation is not required to attach	375,815					
	2	Sch B						
	3	Interest on savings and temporary cash investments	4,053		4,053			
	4	Dividends and interest from securities						
	5a	Gross rents						
ē	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-4,518					
e M	b	Gross sales price for all assets on line 6a 371,127	1,510					
Revenue	7	Capital gain net income (from Part IV, line 2)			368,508			
_	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	°	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	375,350		372,561			
	13	Compensation of officers, directors, trustees, etc	373,330	-	0			
	14	Other employee salaries and wages						
Ş	15	Pension plans, employee benefits						
nse	16a	Legal fees (attach schedule)						
×	ь	Accounting fees (attach schedule)	5,950		0			
i O	С	Other professional fees (attach schedule)						
Operating and Administrative Expenses	17	Interest						
25	18	Taxes (attach schedule) (see instructions)	170		0		'	
Ē	19	Depreciation (attach schedule) and depletion						
AG	20	Occupancy						
ם	21	Printing and publications						
е <u>Б</u>	23	Other expenses (attach schedule)						
atı	24	Total operating and administrative expenses.						
Ď Č		Add lines 13 through 23	6,120		0			
0	25	Contributions, gifts, grants paid	294,000				294,00	
	26	Total expenses and disbursements. Add lines 24 and 25	300,120		0		294,00	
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	75,230					
	ь	Net investment income (If negative, enter -0-)	. 2,230		372,561			
	С	Adjusted net income (If negative, enter -0-)						
or	Daner	work Reduction Act Notice, see instructions.			Cat No. 11289)	/ En	rm 000-PF (2010	

506.732

165,849

340,883

506,732

506,732

581,962

165.849

416.113

581,962

581,962

2

3

4

5

6

506,732 75,230

581,962

581,962 Form **990-PF** (2019)

0

0

581.962

Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule)

Less accumulated depreciation (attach schedule) ▶ _____

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Investments—land, buildings, and equipment basis ▶

Investments—other (attach schedule)

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶

Foundations that follow FASB ASC 958, check here ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶.

Other increases not included in line 2 (itemize) -

Net assets without donor restrictions . . .

Net assets with donor restrictions

Other assets (describe > _

Other liabilities (describe ▶_

Grants payable

	7
£	8
Assets	9
Æ	10a
	l t

C

11

12

13

14

15 16

17 18

19 20

21

22

23

24

25

26

28

29

30

Part III

2

3

Liabilities

Fund Balances

ŏ

Assets 27

Net

(a) List and describ 2-story brick w	How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)				
1 a 7,925 SHS NOAH HOLDI	NGS LTD		D	2007-09-05	2019-02-04		
b							
С							
d							
e							
	(f)		(g)	(h)		
(e) Gross sales price	Depreciation allowed	Cost or	other basis	Gain d	r (loss)		
· · · · · · · · · · · · · · · · · · ·	(or allowable)	plus expe	ense of sale) minus (g)		
	71,127		2,619	1	368,508		
b							
С							
d							
e							
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		1)		
(i)	(i)		(k)	Gains (Col (h) gain minus			
FMV as of 12/31/69	Adjusted basis as of 12/31/69	• • • • • • • • • • • • • • • • • • •	of col(ɪ) (j), ıf any		col (k), but not less than -0-) or Losses (from col (h))		
a	us of 12/31/05	0 7 2 1 2 5 1	()), ii diiy		368,508		
b					300,300		
c							
d							
e							
-		If gain, also enter in P	art I lina 7				
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	ons) If (loss), enter -0	, ,	3	368,508		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come			
	private foundations subject to the sec						
if section 4940(d)(2) applies, l	•	ocioni is ro(a) can on me		,			
	·						
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	• •	in the base period	? LJ Y	es 🗹 No		
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entrie	S			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by d			
2018	210,000		575,736	•	0 364751		
2017	513,953		494,108		1 040163		
2016	321,780		500,757		0 642587		
2015	253,956		236,661		1 073079		
2014	265,990		465,443		0 571477		
2 Total of line 1, column (d)		2		3 692057		
3 Average distribution ratio	o for the 5-year base period—divide	the total on line 2 by 5					
	ndation has been in existence if less		3		0 738411		
4 Enter the net value of no	4		666,258				
5 Multiply line 4 by line 3			5		491,972		
	ent income (1% of Part I, line 27b)				3,726		
					495,698		
	ions from Part XII, line 4 ,				294,000		
If line 8 is equal to or gr instructions	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usir	ng a 1% tax rate Se	e the Part VI		

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

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

1b

2

3a 3h

4

5

294,000

294,000

Form **990-PF** (2019)

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

Page 9

25,862

25,862

Form **990-PF** (2019)

0

Form 990-PF (2	019)
Part XIII	Undi

Form 990-PF (2019)							
Part XIII	Undistributed Income (see instruc	tions)					

b Total for prior years

From 2014.

b From 2015. . . . c From 2016. . .

d From 2017.

e From 2018.

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

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

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2019

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

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

b Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. . .

c Excess from 2017. . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

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

indicated below:

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

242.738 252,211

303 182

501.342 181,273

252.211 303,182

501.342

181,273

268.138

(a)

Corpus

1.480.746

268.138

1,748,884

242.738

1,506,146

0

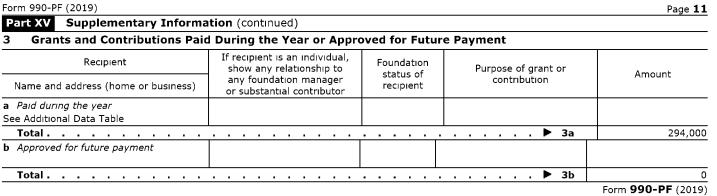
(b)

Years prior to 2018

(c)

2018

factors NONE



Enter gross amounts unless otherwise indicated		Unrelated bu	Unrelated business income Excluded by section 512, 513, or			Related or exemp	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)	
g Fees	and contracts from government agencies						
	rship dues and assessments						
3 Interes investm	t on savings and temporary cash nents			14	4,053		
	ds and interest from securities						
5 Net ren	ital income or (loss) from real estate						
	financed property						
	ebt-financed property						
	tal income or (loss) from personal property						
	nvestment income						
invento	• /			18	-4,518		
	ome or (loss) from special events			10	-4,510		
	profit or (loss) from sales of inventory						
1 Other i	revenue a						
.2 Subtot	al Add columns (b), (d), and (e).		0		-465		
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13		-465	
Part XV	-B Relationship of Activities to the	e Accomplish	ment of Exemi	ot Purposes			
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expressions (

For	m 990-PF	2019)				Pa	ge 13
L	Part XVII	Information Re Exempt Organia		ions and Relationships With Nonchari	table		
1			directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
а	Transfers	from the reporting foun	dation to a noncharitable exempt organization	on of			
	(1) Cash				1a(1)		No
					1a(2)		No
b	Other tran						
	(1) Sales	of assets to a nonchari	table exempt organization		1b(1)		No
					1b(2)		No
					1b(3)		No
			ts		1b(4)		No
					1b(5)		No
			embership or fundraising solicitations		1b(6)		No
c			nailing lists, other assets, or paid employees		1c		No
d	of the goo	ds, other assets, or serv		folumn (b) should always show the fair market value foundation received less than fair market value foundation received he goods, other assets, or services received			
(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	rıng arra	ngemen	ts

					n received less than fair market value her assets, or services received
(a) Line No	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	cription of transfers, transactions, and sharing arrangements
, , ,	,	()	,	(,	, , , , , , , , , , , , , , , ,
2a Is the fo	undation directly or indir	ectly affiliated with	, or related to, one or mor	e tax-exem	pt organizations
describe	d in section 501(c) (othe	er than section 501(c)(3)) or in section 527? .		Yes 🗹 No
b If "Yes,"	complete the following s	schedule			
	(a) Name of organizati	on	(b) Type of organiza	tion	(c) Description of relationship

	ods, other assets, or se ansaction or sharing arra						
a) Line No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Description o	f transfers, transaction	ns, and sharing arrangements
							_
describe	undation directly or indii d in section 501(c) (othe complete the following s (a) Name of organizati	er than sections	n 501(c)(3)) or	•		🗆	Yes V No
of		f, it is true, c					statements, and to the be based on all information o
ere	*****			2020-04-30	*****		May the IRS discuss this return with the preparer shown
	Signature of officer or	trustee		Date	Title		below (see instr) Yes ロ N
	Print/Type preparer'	s name	Preparer's Sign	nature	Date	Check if self-	PTIN P00534214
aid	KAREN VALLADAC)			2020-04-30	employed ▶ ☐	F00554214
repare	r Firm's name ► FRA	NK RIMERMA	N & CO LLP			1	Firm's FIN ▶94-134104

Firm's EIN ▶94-1341042 Use Only Firm's address ▶ 1801 PAGE MILL ROAD Phone no (650) 845-8100 PALO ALTO, CA 94304 Form **990-PF** (2019) Form 990PF Part XV Line 1a - 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).

PIERRE LAMOND

CHRISTINE LAMOND

Recipient Name and address (home or business)	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
a Paid during the year				
COFAM (CORPORATION OF THE FINE ARTS MUSEUM OF SAN FRANCISCO) 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	PUBLIC CHARITY	SUPPORT THE ARTS AT THE CORPORATION OF THE FINE ARTS MUSEUM OF SAN FRANCISCO	25,000
SAN FRANCISCO BALLET 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	PUBLIC CHARITY	SUPPORT OF THE PERFORMING ARTS	25,000

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

50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118			ARTS MUSEUM OF SAN FRANCISCO	
SAN FRANCISCO BALLET 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	PUBLIC CHARITY	SUPPORT OF THE PERFORMING ARTS	25,000
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO CA 94103	NONE	PUBLIC CHARITY	SUPPORT THE ARTS AT THE SAN FRANCISCO MUSEUM OF MODERN ART	94,000

Total .

▶ 3a

294,000

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

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

UCSF FOUNDATION 220 MONTGOMERY STREET SAN FRANCISCO, CA 94143	NONE	PUBLIC CHARITY	SUPPORT OF THE ADVANCEMENT OF HEALTH AT THE UCSF FUND	10,000
SAN FRANCISCO MUSEUM OF MODERN	NONE	PUBLIC	SUPPORT THE ARTS AT THE SAN	140,000

SAN FRANCISCO, CA 94143			THE OCSF FOND	
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	NONE	PUBLIC CHARITY	SUPPORT THE ARTS AT THE SAN FRANCISCO MUSEUM OF MODERN ART	140,000

294,000

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TY 2019 Accounting Fees Schedule							
_							
	Name:	LAMOND	FAMILY	FOUNDATI	ON		
EIN: 94-3204401							
Category	Am	ount		vestment come	Adjusted I Income		Disbursements for Charitable Purposes
ACCOUNTING FEES		5,950		0			0

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TY 2019 Substantial Contributors Schedule						
Name: EIN:	DATION					
Name			Address			
PIERRE AND CHRISTINE LAMOND			C/O FR CO LLP 1801 PAGE MILL ROAD PALO ALTO, CA 94304			

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TY 2019 Taxes Schedule								
	ne: LAMOND FAN N: 94-3204401	MILY FOUNDATION	N					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
Category FTB FILING FEE	1	Net Investment	_	for Charitable				

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491170004100	
Schedule B		Schedul	e of Contributo	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	•		orm 990, 990-EZ, or 990- / <u>Form990</u> for the latest in			2019	
Name of the organization LAMOND FAMILY FOUNDA	TION				Employer id	entification number	
					94-3204401		
Organization type (che	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)()	(enter number) org	anızatıon				
	4947(a)(1)	nonexempt charita	able trust not treated as	s a private founda	tion		
	☐ 527 politica	al organization					
Form 990-PF	✓ 501(c)(3) €	exempt private foun	idation				
	☐ 4947(a)(1)	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) ta	axable private foun	dation				
			that received, during t nplete Parts I and II Se				
Special Rules							
under sections 5 received from ar	09(a)(1) and 170(b)(1)(A)(vı), that check ring the year, total o	Form 990 or 990-EZ that led Schedule A (Form s contributions of the gre lete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of r	more than \$1,000 <i>e</i>	r (10) filing Form 990 o exclusively for religious nimals Complete Parts	, charitable, scient			
during the year, If this box is che purpose Don't c	contributions <i>exclusiv</i> cked, enter here the to omplete any of the pa	<i>ely</i> for religious, chotal contributions the contributions the contributions the contributions the contributions the contributions are seen that the contribu	r (10) filing Form 990 o aritable, etc , purposes nat were received durin eral Rule applies to th r more during the year .	s, but no such con ng the year for an one ns organization be	tributions tota e <i>xclusively</i> rel cause it recei	led more than \$1,000 igious, charitable, etc, ved nonexclusively	
Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, P 990-EZ, or 990-PF)	it must answer "No"	on Part IV, line 2, c	of its Form 990, or chec	k the box on line I	H of its Form	n 990, 990-EZ	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ctions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2019)	

Employer identification number

LAMOND FAMILY	FOUNDATION	94-3204401	
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PIERRE AND CHRISTINE LAMOND C/O FR CO LLP 1801 PAGE MILL ROAD	\$ 170	✓ Person ☐ Payroll
	PALO ALTO, CA 94304		Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PIERRE AND CHRISTINE LAMOND C/O FR CO LLP 1801 PAGE MILL ROAD PALO ALTO, CA 94304	\$ 375,645	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization AMILY FOUNDATION			Employer identification number
Part III	than \$1,000 for the year from any one con	tributor. Complete co e total of exclusively e instructions.) ► \$	ations described l	in section 501(c)(7), (8), or (10) that total more the ghorizontal the following line entry. For ble, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	` '	sfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	- (c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and	` '	sfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and		sfer of gift Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held
	Transferee's name, address, and		sfer of gift Relati	onship of transferor to transferee
				hedule B (Form 990, 990-EZ, or 990-PF) (2019