(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

A	For t	he 2019 calen	dar year, or tax	year begi	nning		, 201	9, and endin	q					
В	Check	if applicable:	С							D Emplo	ver ide	ntification number		
	□ Ac	ddress change	Renaissand	e Char	ritable i	Foundatio	on Inc			1	-	9262		
	$H_{Ni}$	ame change	8910 Purdu	ie Road	#555	r oundati	)II IIIC.			E Teleph				
	$\vdash$	itial return	Indianapol	is, IN	46268									
	$\vdash$	nal return/terminated	1	•						(86	6)	303-0389		
	$\vdash$													
	$\vdash$	mended return								G Gross	receipts	\$ 1184364204.		
	∐ At	oplication pending	F Name and addre		al officer: Gre	egory W.	Baker			nis a group retu		1 1 42 140		
_			Same As C	Above					H(b) Are	all subordinate lo," attach a lis	s includ	ed? Yes No		
1	Tax-	exempt status:	X 501(c)(3)	501(c) (	) <b>▼</b> (i	nsert no.)	4947(a)(1) c	or 527	" "	io, aliacii a iis	ı. (See i	instructions) —		
J	Wel	bsite: ► ww	w.rcgf.org						H(c) Grou	up exemption n	umber	•		
K	Form	of organization:	X Corporation	Trust	Association	Other ►	L	Year of formation				legal domicile: IN		
P	art I	Summar						Tour or formatio	<u>20</u>	00   111	State Of	legal domicile: IN		
180		Briefly descril	e the organizati	on's miss	ion or most	significant act	tivities · Do	naiceane	o Ch	anitahl	o E.	oundation Inc.		
		is a pub	lic benefi	t com	oration	that one	ratos. Ne	marssand	e cii	aricabi	e ro	undation inc.		
ည		encourage	e and assi	st rel	igious	charitab	Tares e	EXCIUSIA	ETA I	ro condi	ICL,	support,		
E	1	355035595		20 101	191003,	CHarren	75' Edi	<u>icaciona</u>	T 9110	1 orner	pro	grams.		
ě	2	Check this bo	x ► ☐ if the o	rganizatio	n discontinu	ed its operation	one or dis			OE0/ -4 3-				
පි	3	Number of vo	ling members of	the gove	rnina hody (f	ed its operation Part VI line 1	ons or uisp a)	poseu oi moi	e man	25% OF ITS				
90	4	Number of inc	lependent voting	member:	s of the gove	erning body (F	Part VI lin	e 1b)			3	5		
<u>e</u>	5	Total number	of individuals en	nploved ir	n calendar ve	ear 2019 (Par	t V line 2:	a)			5	3		
Activities & Governance	6	Total number	of volunteers (e	stimate if	necessary).			4)			6	0		
Æ	7a	Total unrelate	d business rever	nue from I	Part VIII, col	umn (C), line	12			138835	7a	0.		
	Ь	Net unrelated	business taxable	e income	from Form 9	90-T, line 39.		v		2557	7b	189,526.		
						, , , , , , ,				Prior Year	7.0	Current Year		
	8	Contributions	and grants (Parl	VIII. line	1h)					22,905,1	61			
Revenue	9 1	Program servi	ce revenue (Par	t VIII. line	2a)			5050000	42	.2,900,1	.04.	351,743,248.		
₹ \$	10	Investment ind	come (Part VIII,	column (A	1). lines 3 4	and 7d)	111315550			1,969,9	11 E	06 000 000		
æ	11 (	Other revenue	(Part VIII, colur	nn (A), lir	nes 5, 6d, 8c	9c. 10c and	111e)		- 3			96, 908, 030.		
	12	Total revenue	- add lines 8 th	rough 11	(must equal	Part VIII coli	umn (A) I	ine 12)		-320,4 4,554,6	20.	7,818,292.		
	13	Grants and sir	nilar amounts na	aid (Part I	X column (4	\\ lines 1.3\	um (1,1), 1	WC 12).				456, 469, 570.		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)										92.	480,073,268.		
	15	Salaries other	compensation,	omplous	hanafita (D	,, iiiie +,		E 10						
98														
SE S			undraising fees (											
Expenses	b	Total fundraisi	ng expenses (Pa	art IX, col	umn (D), line	≥ 25) ►								
ш	17 (	Other expense	s (Part IX, colur	nn (A), lir	nes 11a-11d,	11f-24e)				9,915,7	38	10,283,921.		
	18	Total expense:	s. Add lines 13-1	7 (must e	equal Part IX	. column (A).	line 25)			6,577,3		490, 357, 189.		
	19 F	Revenue less	expenses. Subtr	act line 18	3 from line 1	2		(I) to		7,977,2				
5 \$							esessammen	the transfer of the second			-	-33,887,619.		
Assets or	20 7	Fotal assets (F	Part X, line 16).							ing of Curren		End of Year		
36			(Part X, line 26						1	4945/22	47.	1,623,200,404.		
NE										4,730,9	_	15,623,737.		
_			und balances. S	ubtract III	ie 21 from III	ne 20			1	<u>4698413</u>	22.	1,607,576,667.		
Pa		Signature												
Unde comp	r penaltie lete. Dec	es of perjury, I deci	are that I have examing are that I have examing a contract that officer) is	ned this retur	n, including acco	ompanying schedu	les and state	ments, and to the	best of r	my knowledge	and beli	ef, it is true, correct, and		
		Ts.	H	1- 6		which preparer ha	as any knowie							
٠.		Signature	of officer	1.							vou	-2020		
Sig	n								D	ate				
Hei	е	Greg	ory W. Bak	er					Pres	ident				
			rint name and title											
		Print/Type pre	parer's name		Preparer's signa			Date		Check	if	PTIN		
Pai			R. Gianfor	te	Joseph	R. Giany	torte	11/10/2	020	self-employe	d	P00757003		
Pre	parer	' Firm's name			DMINISTE	RATION, L	LC	-						
Use	Only	Firm's address			d, Suite					Firm's EIN	. <b>)</b> E	.2111071		
	-	1			IN 4626							2111971		
May	the IR	S discuss this	return with the	preparer o	shown above	7 (see instru	ctions)			Phone no.	(800	) 843-0050 X Ves No		
_				productive is	UDUYÇ	. , ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UUU113/					IAI TOS I INA		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	
C	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
C	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Χ
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	

## Form 990 (2019) Renaissance Charitable Foundation Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
í	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
I	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
RΛΛ	(gambling) winnings to prize winners?	1 c	gan (	2010

Form 990 (2019) Renaissance Charitable Foundation Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ı	ments, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Χ	
	o If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b	Χ	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	of Yes,' enter the name of the foreign country ►	74		
	See instructions for filing reguirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ŀ	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
٠	services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
,	I If 'Yes,' indicate the number of Forms 8282 filed during the year	70		Λ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	ısa		
ŀ	·			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		- 11
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
13	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2019) Renaissance Charitable Foundation Inc. Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?...See. Sch. O. 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.......... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See Schedule. O...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > See Schedule O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Indianapolis IN 46268 (866) 803-0389

Suite 555

Douglas W. Cox 8910 Purdue Road,

Form 990 (20)	19) Renat	issance Ch	aritah	la Foi	ındation	Tnc
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

macpendent contractors		
Check if Schedule O contains a response or note to any line in this Part VII	Ш	

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)						_		
(A) Name and title	(B) Average hours	is	both	an o	not check more x, unless person n officer and a or/trustee)			(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Daniel H. O'Connell Director	_0.2_	v						0.	0.	0
(2) Ann M. Merkel	0.2	Х						0.	0.	0.
Director	0	Χ						0.	0.	0.
(3) Steven R. Ko	0.2									
Director	0	X						0.	0.	0.
(4) Gregory W. Baker	_10_									
President/Direc	0	X		Χ				0.	0.	0.
_(5)_Andy_Barton	2	.,		3.7				0	0	0
Treasurer/Direc	0	X		Χ				0.	0.	0.
	$-\frac{10}{1}$			Х				0.	0.	0.
(7)	1			Λ				0.	0.	<u> </u>
<u>-~-</u>										
_ <u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, 1rt	(B)	ney	Em	ipic O	_	es,	ano	a nignest con	ipensated Emp	oyees	(continuea)
(A) Name and title	Average hours per week	box	, unles cer an	Pos heck ss pe	more more erson direct	than is both or/trus	n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	0	<b>(F)</b> Ited amount f other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the or and	nsation from ganization I related nizations
(15)											
(16)											
(17)											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Subtotal c Total from continuation sheets to Part VII, Secti	on A						<b>&gt;</b>	0. 0.	0. 0.		0. 0.
d Total (add lines 1b and 1c)							ved	0. more than \$100,00	0.00 of reportable comp	ensation	0.
											Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal		• • •						. 3	X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00? <i>I</i>	lf 'Υ	es,	' com	ıple	te Schedule J for	from 	4	Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro	om i ule	any <i>J fo</i>	unre r suc	late th p	ed organization or erson	individual	. 5	Х
1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated ind	epen	dent	cor	ntra	ctors	tha	t received more t	nan \$100,000 of		
compensation from the organization. Report compensation (A)  Name and business add		the c	alenc	dar y	year	endi	ng v	(B)		<b>((</b> Compe	;)
Name and business address  Description of serving RenPSG 8910 Purdue Road, Suite 500 Indianapolis, IN 46268  Administrative srv									13,300.		
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ited to	o tho	se I	isted	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization	1									_	000 (2010)

		Check if Schedule O contains a	a response or note to any	y line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts	b c	Federated campaigns  Membership dues  Fundraising events	1 a 1 b 1 c				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations	1d 3,166,877. 1e 1f 348576371.				
a of the	_	Noncash contributions included in lines 1a-1f.	1g 212997823.				
	h	Total. Add lines 1a-1f		351743248.			
ne			Business Code				
Ver	2a						
æ	b						
ဗ္	С						
Ž	4						
Ñ							
Program Service Revenue		All other programs consider revenue					
8		All other program service revenue					
چ	g	Total. Add lines 2a-2f					
	3	Investment income (including divide	nds, interest, and				
		other similar amounts)		44,948,800.			44,948,800.
	4	Income from investment of tax-ex	kempt bond proceeds►				
	5	Royalties					
		(i) Re	al (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	a	Net rental income or (loss) (i) Secur					
	7 a	Gross amount from	illes (II) Other				
		sales of assets other than inventory 7a 762997	334. 16856530.				
	b	Less: cost or other basis					
		and sales expenses 7b 712579					
	С	Gain or (loss)	793. 1,541,437.				
	d	Net gain or (loss)	<u></u>	51,959,230.			51,959,230.
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).	_				
άŤ		See Part IV, line 18	8a				
힏	b	Less: direct expenses	8 b				
₹	С	Net income or (loss) from fundrai	sing events				
_		Gross income from gaming activities. See Part IV, line 19	9a				
		Less: direct expenses	9 b				
	С	Net income or (loss) from gaming	g activities				
		Gross sales of inventory, less returns and allowances	10a				
		Less: cost of goods sold	10Ы				
	С	Net income or (loss) from sales of					
S			Business Code				
<u>ම</u> බ	11a b c d	Adminstration fees		7,822,424.	7,822,424.		
뜯	b	Split Interest Agreements		-4,132.			-4,132.
番業	С						
Miscellaneous Revenue	d	All other revenue					
Σ		Total. Add lines 11a-11d	<b>.</b>	7,818,292.			
		Total revenue. See instructions		456469570.	7,822,424.	0.	96,903,898.
					.,,	· ·	

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments.	450 000 040	expenses	general expenses	expenses
2	Grants and other assistance to domestic	479,999,043.	479,999,043.		
3	individuals. See Part IV, line 22				
	eign individuals. See Part IV, lines 15 and 16	74,225.	74,225.		
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
	Legal				
C	: Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	2,493,362.		2,493,362.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	7,615,997.		7,615,997.	
12	Advertising and promotion	21,076.		21,076.	
13	Office expenses	·		·	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	18,421.		18,421.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	118,054.		118,054.	
a	Miscellaneous fees	17,011.		17,011.	
k		1,,011.		1,,011.	
c					
c	·				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	490,357,189.	480,073,268.	10,283,921.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X	<u></u>	<u></u>	<u></u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.		1	28,645,871.
	2	Savings and temporary cash investments.		2	180,264,921.
	3	Pledges and grants receivable, net.	1,537,923.	3	1,665,520.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Ø	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges.		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		J	
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.	988,904,113.	11	1,283,742,536.
	12	Investments – other securities. See Part IV, line 11		12	108,253,974.
	13	Investments – program-related. See Part IV, line 11		13	, ,
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	20,627,582.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,623,200,404.
	17	Accounts payable and accrued expenses		17	1,527,126.
	18	Grants payable	22,121,537.	18	13,100,549.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	355,000.	22	184,683.
_	23	Secured mortgages and notes payable to unrelated third parties		23	104,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule		25	811,379.
	26	<b>Total liabilities.</b> Add lines 17 through 25		26	15,623,737.
Ices		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ar	27	Net assets without donor restrictions	1,467,416,916.	27	1,605,151,760.
Ba	28	Net assets with donor restrictions	2,424,406.	28	2,424,907.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Š	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances		32	1,607,576,667.
ş	33	Total liabilities and net assets/fund balances		33	1,623,200,404.
_			· · · · · ·		

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	56,4	69,5	570.
2		90,3		
3		33,8	•	
4		69,8		
5		71,6		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O). See Schedule O			4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32.			
_	column (B)) 10 1, 6	07,5	76,6	667.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis			
ı	<b>b</b> Were the organization's financial statements audited by an independent accountant?	2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
ı	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3 b		
3AA	TEEA0112L 01/21/20	Form	990	(2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

		e organization						Employer identifica		er
		ssance Charitable F						35-212926		
		Reason for Public Cha		•				See instruc	tions.	
The o	or <u>g</u> a	anization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	es, or association of c	hurches described in <b>sec</b> t	tion 1 <mark>70</mark> (	b)(1)(A)(	(i).			
2		A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ	).)				
3		A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17	0(b)(1)(A	\)(iii).			
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's									
		name, city, and state:								
5		An organization operated for section 170(b)(1)(A)(iv). (Co		ege or university owned	or oper	ated by	a govern	nmental unit de	escribed	in
6		A federal, state, or local government	•	ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from	the general pub	olic descr	ibed
8		A community trust described		A)(vi). (Complete Part I	11.)					
9		An agricultural research organi			•	oniunctio	nn with a	land-grant colle	ane	
J		or university or a non-land-gran								
		university								
10		An organization that normally r from activities related to its investment income and unre June 30, 1975. See section!	eceives: (1) more than exempt functions—sul lated business taxabl	33-1/3% of its support fr bject to certain exception e income (less section	om cont	ributions (2) no i	more tha	ın 33-1/3% of i	ts suppo	rt <sup>'</sup> from gross
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(	4).		
12		An organization organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions o	f, or to carry o	ut the pu	rposes of one
		or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> o	or <b>sectio</b>	on 509(a)	<b>)(2).</b> See	section 509(a	<b>)(3).</b> Che	ck the box in
а		Type I. A supporting organization	, ,			•			the sunr	orted
_		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec-	t a majority of the directo	rs or trus	stees of t	the suppo	orting organization	on. <b>You n</b>	nust
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organ the supp	nization(s), by oorted organizat	having c ion(s). <b>Y</b> o	ontrol or ou
С		Type III functionally integrated organization(s) (see instruction	. A supporting organiza	tion operated in connectio	n with, a	nd_functio	onally inte	egrated with, its	supported	l
d										
u		Type III non-functionally integrated. The cinstructions). You must com	organization generally	must satisfy a distribu	tion req	with its s uiremen	supported t and an	d organization(s) attentiveness	) that is r requiren	ot nent (see
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from supporting organization	the IRS	that it is	а Туре	I, Type II, Type	e III fund	tionally
f	Er	nter the number of supported	organizations							
g	Pr	rovide the following information	n about the supporte	d organization(s).						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organization	s the tion listed poverning ment?		ount of monetary (see instructions)		Amount of other (see instructions)
					Yes	No				
(A)										
<u>(B)</u>										
(C)										
(D)										
` /										
(E)										
T - 4 - 1							l		l	

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begiı	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	350383666.	331679221.	446168582.	422905164.	480073268.	2031209901.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	350383666.	331679221.	446168582.	422905164.	480073268.	2031209901.
6	<b>Public support.</b> Subtract line 5 from line 4						2010636080.
Sec	tion B. Total Support						
Cale: begii	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	350383666.	331679221.	446168582.	422905164.	480073268.	2031209901.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20266834.	22063190.	27016999.	38848261.	44948800.	153144084.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						2184353985.
12	Gross receipts from related activ	rities, etc. (see ins	structions)				7,822,424.
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						92.05%
	Public support percentage from						90.85 %
	<b>33-1/3% support test—2019.</b> If t and <b>stop here.</b> The organization	qualifies as a pul	blicly supported o	rganization			► <u>X</u>
b	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Par ed organization.	t VI how the▶
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions ►

35-2129262

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calend	lar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019		(f) Total
	Amounts from line 6							
	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here						<b>&gt;</b>
	tion C. Computation of Pul			10 :		ı	1	
	Public support percentage for 20					<u> </u>	15	<u> %</u>
	Public support percentage from						16	%
	tion D. Computation of Inv		<u> </u>					
17	Investment income percentage f						17	%
18	Investment income percentage f					<u></u>	18	્ર
	<b>33-1/3% support tests—2019.</b> If it is not more than 33-1/3%, check	this box and <b>sto</b>	p here. The organ	ization qualifies	as a publicly supp	orted organiz	zation	▶ 🔲
	<b>33-1/3% support tests – 2018.</b> If t line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> Th	e organization qu	ualifies as a public	ly supported	organizati	on ►
20	<b>Private foundation.</b> If the organizer	zation did not che	eck a box on line	14, 19a, or 19b, (	cneck this box and	see instruct	ions	🟲 📗

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was considered to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2019 Renaissance Charitable Foundati	on I	Inc. 35-21	29262	Page (
Pa					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			•
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
(	Fair market value of other non-exempt-use assets	1c			
(	Total (add lines 1a, 1b, and 1c)	1d			
-	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990 or 990-EZ) 2019

Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
	tion D – Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Schodulo A (Fo	rm 990 or 990 E7) 2019

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Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Renaissance Charitable Foundation Inc. 35-2129262 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 9,599 Aggregate value of contributions to (during year). . . . . . 351,743,247. Aggregate value of grants from (during year)...... 466,972,719. 1,605,545,695. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No X Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Nο X Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X.....
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following
- amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....
- **b** Assets included in Form 990, Part X.....

conservation easements

Part III   Organizations Maintai	ning Colle	ections of	Art, Histoi	ricai i reasures	s, or O	tner Similar Ass	ets (co	ontinu	ea)
3 Using the organization's acquisition items (check all that apply): a Public exhibition	, accession, a			y of the following the		significant use of its	collectio	n	
				r exchange progra	2111				
H <sub>2</sub> ' , , ,	ations		e Other						
4 Provide a description of the organiz		ions and exp	lain how they	further the organiza	ation's ex	empt purpose in			
Part XIII.  5 During the year, did the organiza	tion solicit or	receive don	ations of art,	historical treasure	es, or ot	ther similar assets	<b>п.,</b>	Г	٦
to be sold to raise funds rather the Part IV Escrow and Custodia	Arrangen	nents. Cor	nplete if th	ne organization			Yes rm 990	<u>L</u> ), Par	_No t Ⅳ,
line 9, or reported an			, ,						
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or other ir	ntermediary f	or contributions or	r other a	ssets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and complete	e the followin	g table:	F				
					-		Amount	:	
<b>c</b> Beginning balance					<u> </u>	1 c			
<b>d</b> Additions during the year					<u> </u>	1 d			
e Distributions during the year					L	1 e			
f Ending balance					L	1 f		_	_
2a Did the organization include an a							Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here	if the explana	ation has been pro	ovided o	n Part XIII		· · · · · L	
Part V Endowment Funds. C	omplete if	the organ	<u>ization ans</u>	swered 'Yes' or	n Form	<u>ı 990, Part IV, Iir</u>	<u>ne 10.</u>		
	(a) Current	year	(b) Prior year	(c) Two years	s back	(d) Three years back	(e) F	our year	s back
1 a Beginning of year balance									
<b>b</b> Contributions									
<b>c</b> Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	e of the curre	nt year end	•	: 1g, column (a)) l	held as:				
a Board designated or quasi-endowm			_ <sup>%</sup>						
<b>b</b> Permanent endowment ►	%								
c Term endowment ►	%								
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.							
<b>3a</b> Are there endowment funds not in t organization by:	he possession	of the organ	ization that ar	e held and adminis	stered for	the		Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations							3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ted organiza	tions listed a	as required or	n Schedule R?			. 3b		
4 Describe in Part XIII the intended	I uses of the	organizatior	n's endowmer	nt funds.			-		
Part VI Land, Buildings, and	Equipmen	t.							
Complete if the organi	zation ans	wered 'Ye		n 990, Part IV,	line 11	la. See Form 99			
Description of property		(a) Cost or ( (invest	other basis ment)	(b) Cost or othe basis (other)	er (	(c) Accumulated depreciation	(d) E	Book va	alue
<b>1 a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements									
<b>d</b> Equipment									
<b>e</b> Other									
Total. Add lines 1a through 1e. (Column		qual Form 9:	90, Part X, co	olumn (B), line 10	<i>C.)</i>				0.
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Schedule D (Form 990) 2019

	Complete if the organization answered		i i	
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
	cial derivatives			
	y held equity interests			
	Other Securities	108,253,974.	End of Year Market Val	Lue
(A) (B)				
(B)				
(C)				
(D) (E)				
(F)				
(G) (L)				
(H)				
(l) Tatal (Calv	and (b) much assist Farms 000 Part V salumin (D) line 12)	100 252 074		
	nn (b) must equal Form 990, Part X, column (B) line 12.)	108,253,974.	NI / 7A	
Part VIII	Complete if the organization answered	'Yes' on Form 990	N/A D. Part IV. line 11c. See Form	n 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.	N/A		
	Complete if the organization answered	'Yes' on Form 99	I N Part IV line 11d See Form	n 990 Part X line 15
	Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d. See Form	
(1)		'Yes' on Form 990 scription	0, Part IV, line 11d. See Forn	n 990, Part X, line 15 (b) Book value
(1) (2)		'Yes' on Form 990	0, Part IV, line 11d. See Forn	
(2) (3)		'Yes' on Form 990	D, Part IV, line 11d. See Forn	
(2) (3) (4)		'Yes' on Form 990	0, Part IV, line 11d. See Forn	
(2) (3) (4) (5)		'Yes' on Form 990	0, Part IV, line 11d. See Forn	
(2) (3) (4) (5) (6)		'Yes' on Form 990	0, Part IV, line 11d. See Forn	
(2) (3) (4) (5) (6) (7)		'Yes' on Form 990	D, Part IV, line 11d. See Form	
(2) (3) (4) (5) (6) (7) (8)		'Yes' on Form 990	D, Part IV, line 11d. See Form	
(2) (3) (4) (5) (6) (7) (8) (9)		'Yes' on Form 990	D, Part IV, line 11d. See Form	
(2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) De:	'Yes' on Form 990 scription	0, Part IV, line 11d. See Forn	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Co	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities.	'Yes' on Form 990 scription	0, Part IV, line 11d. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Co	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description (a) Description (b) Description (c) Description (c) Description (d) Descriptio	'Yes' on Form 990 scription	0, Part IV, line 11d. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description (a) Description (b) Description (c) Description (c) Description (d) Descriptio	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4) (5)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6) (7) (8)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ccc  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6) (7) (8) (9)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6) (7) (8) (9) (10)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ccc  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6) (7) (8) (9)	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F  (a) Description (a) Description (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	'Yes' on Form 990 scription  B) line 15.)orm 990, Part IV, line 1	0, Part IV, line 11d. See Form	(b) Book value  25. (b) Book value  811,379.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Colum	(a) Description (b) must equal Form 990, Part X, column (b) Must equal Form 990, Part X, column (a) Description answered 'Yes' on Form 1 income taxes the payable (b) must equal Form 990, Part X, column (b) line 25.)	"Yes' on Form 990 scription  B) line 15.)  orm 990, Part IV, line 1 iption of liability	1e or 11f. See Form 990, Part X, line	(b) Book value  25. (b) Book value  811, 379.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  1. (1) Fede (2) Ann (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Colum  2. Liability for	(a) Description (b) must equal Form 990, Part X, column (b) Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description (a) Description (b) Must equal Form 990, Part X, column (b) Mu	"Yes" on Form 990 scription  B) line 15.)	1e or 11f. See Form 990, Part X, line nancial statements that reports the organization	(b) Book value  25. (b) Book value  811, 379.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	•
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	625,599,172.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       See Part XIII       2d       4		
e Add lines 2a through 2d	2 e	171,622,964.
3 Subtract line 2e from line 1	3	453,976,208.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	2,493,362.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	456,469,570.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	
	Retui	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b		rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 a  2 c		rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  2 d	1	rn. 487,863,827.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.	1 2 e	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a 2, 493, 362	1 2e 3	rn. 487,863,827.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts (Describe in Part XIII.)  4 Dother (Describe in Part XIII.)	1 2e 3	rn. 487,863,827.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a 2, 493, 362	2e 3	rn. 487,863,827.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FASB ASC 740 Footnote

Part XIII Supplemental Information.

The Foundation is organized as a not-for-profit corporation under Section 501(c)(3) of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Foundation and recognize a tax liability if the Foundation has taken an uncertain position that more likely than

not would not be sustained upon examination by various federal and state taxing

Schedule D (Form 990) 2019

#### Part XIII Supplemental Information (continued)

#### Part X - FASB ASC 740 Footnote (continued)

authorities. Management has analyzed the tax positions taken by the Foundation, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying consolidated financial statements. The Foundation is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

As such, the Foundation is generally exempt from income taxes. However, the Foundation is required to file Federal Form 990 - Return of Organization Exempt from Income Tax which is an informational return only. With the exception of RST, the activities of the RSGF subsidiaries are combined with the activities of the Foundation for tax purposes. RST files a separate return that is not consolidated with the Foundation and other supporting entities.

#### Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990



**BAA** TEEA3305L 8/22/19 **Schedule D (Form 990) 2019** 

#### **SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. 
► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization				Employer identi	fication number
Renaissance Charital	ble Foundati	on Inc.		35-21292	
Part I General Information Form 990, Pa	tion on Activiti	es Outside th	e United States. Complet	te if the organization	n answered 'Yes'
1 For grantmakers. Does the the grantees' eligibility for	e organization ma the grants or assi	intain records to stance, and the s	substantiate the amount of its selection criteria used to award	grants and other assistant the grants or assistant	ence, ce?XYes No
2 For grantmakers. Describe United States.	in Part V the organi	zation's procedure	s for monitoring the use of its gra	ints and other assistance	outside the
3 Activities per Region. (The	e following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America			Grantmaking	n/a	16,125.
(2) Sub-Saharan Africa			Grantmaking	n/a	50,000.
(3) Europe			Grantmaking	n/a	4,500.
Middle East & North  (4) Africa			Grantmaking	n/a	3,600.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
<u>(11)</u>					
(12)					
(13)					
(14)					
<u>(</u> 15)					
(16)					
(17)					
<b>3 a</b> Subtotal					74,225.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**b** Total from continuation sheets to Part I.....

Schedule F (Form 990) 2019

74,225.

35-2129262

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region Part V	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			North America	Arts	15,000.	Wire			n/a
			Sub-Saharan						
			Afr	Education	50,000.	Wire			n/a

	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	•
3	Enter total number of other organizations or entities	<b>-</b>

BAA

Schedule F (Form 990) 2019

35-2129262 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	•						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2019

Schedule F (Form 990) 2019	Renaissance	Charitable	Foundation	Tnc
ochedule i (i oilli oo) zoio	reliaissance	Cliaritable	roundation	THC.

35-2129262

Page 4

- 0	indice Charleadic Foundation inc.	33 2123202	
Par	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Ce Foreign Corporations (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (se Instructions for Form 5713; don't file with Form 990)	ee Yes	X No
BAA	TEEA3505L 06/28/19	Schedule F (F	orm 990) 2019

Schedule F (Form 990) 2019

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### Part II, Line 1 - Method of Accounting

Renaissance Charitable Foundation Inc. ("Foundation") applies a risk-based approach to its grant making decisions, which is executed per our written Grantmaking Due Diligence Policy. Our overall policy encompasses grants to charities inside the United States as well as to organizations outside the United States. This policy is designed to substantially reduce the danger of our grants being: made to an organization engaged in terrorist activities; used for non-charitable purposes; or made to an organization known by the Foundation to violate its agreements. The recipient of each of the Foundation's grants must agree to fully expend the grant money exclusively for purposes that the Foundation deems are "charitable" purposes.

The Foundation's due diligence activity for grant recipients that are foreign organizations include conversations between the Foundation's officers and the proposed grantee's officers/directors. If both organizations agree to continue working together to consider the grant, the proposed grantee submits an executed affidavit to the Foundation along with supporting documentation that describes the following information about the proposed grantee: organization structure; charitable operations; leadership personnel and structure; financial situation; and procedures upon dissolution. The Foundation's purpose in reviewing such affidavit and supporting documentation is to learn whether the Foundation (or its counsel) can make a good faith determination that the proposed grantee is an organization that could be described in §509(a)(1), (2), or (3) of the US Internal Revenue Code. If the Foundation determines the answer is yes, then the Foundation and the proposed grantee may enter into a formal, written grant agreement, which describes the timing and charitable purpose of the grant as well as the grantee's post-grant obligations. Before making a grant to a foreign organization, the Foundation conducts a terrorist check on both the organization and its key leaders through a third-party service.

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### Part II, Line 1 - Method of Accounting (continued)

The Foundation's general policy for making grants to foreign organizations is to wire cash from one of the Foundation's checking accounts to an account in the name of the grantee.

BAA TEEA3504L 06/28/19 Schedule F (Form 990) 2019

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization						Employer identifi	
Renaissance Charitable Fou	ndation Inc.					35-21292	62
Part I General Information on G				I aliaibility fay tha ayanta	av anniatanan and		
1 Does the organization maintain records the selection criteria used to award to	to substantiate the an the grants or assistar	nount of the grants of nce?	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV the organization's p	rocedures for monitori	ng the use of grant fu	inds in the United States.		See 1	Part IV	
Part II Grants and Other Assista							
Form 990, Part IV, line 21	, for any recipier	nt that received	more than \$5,000. F	Part II can be dupl	icated if additiona	al space is neede	ed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) View Attached Grant Report							Various
<u>View_Attached_Grant_Report</u>							purposes under
See Attached, IN 46268			376,321,809.	0.	n/a	n/a	IRC 170(c)
(2)							
(3)							
(3)							
(4)							
<u>(5)</u>							
(6)							
<u>(6)</u>							
(7)							
<u>(8)                                    </u>							
2 Enter total number of coation E01(a)	(2) and government	rappizations lists d	in the line 1 table				2 700
<ul><li>2 Enter total number of section 501(c)</li><li>3 Enter total number of other organiza</li></ul>	• •	-					3,790
• Litter total number of other organiza	mono notou in the lift	o i labio					U

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	ı	1	1	1	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

During the year the Foundation only made grants to publicly supported Sec. 501(c)(3) charities. The Foundation performs substantive due diligence procedures to confirm the eligibility of each grant recipient. The Foundation maintains a record of the qualified status of each recipient charity.

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

2019

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
Renaissance Charitable Foundation Inc.	35-2129262
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(4).	ection 501(c)(29) organization

•		anization answered 'Yes' on Form 990, Part IV,				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
	(a) Name of disqualified person	organization	(c) 2 soon paon en a unicación.	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958	<b>►</b> \$	
3	Enter the amount of tax, if any on line 2, above, reimbursed by the organization	<b>▶</b> ċ	

#### Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	<b>(g)</b> In (	default?	(h) Ap by bo comm	proved ard or nittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) Renaissance Adr	ninistratio											
(2)	See Statem	Operating		X	500,000.			X	Χ		X	
(3) National Bank	f Indianap											
(4)	See Statem	Operating		X	300,000.	184,683.		X	X		X	
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						184,683.						

### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			_		
(10)	·				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
(1) Renaissance Administratio	See Statement	7,413,300.	Administration Srvcs		X
(2) Renaissance Administratio	See Statement	9,915.	Interest expense		X
(3) National Bank of Indianap	See Statement	8,506.	Interest expense		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V | Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### **Supplemental Information**

Statement - Schedule L, Part II, Column (b):

Renaissance Administration LLC - 3 officers of Renaissance Charitable Foundation Inc. are also officers of Renaissance Administration LLC

National Bank of Indianapolis - A Board member of Renaissance Charitable Foundation
Inc. is also an officer of National Bank of Indianapolis

Statement - Schedule L, Part IV, Column (b):

Renaissance Administration LLC - 3 officers of Renaissance Charitable Foundation Inc. are also officers of Renaissance Administration LLC

National Bank of Indianapolis - A Board member of Renaissance Charitable Foundation Inc. is also an officer of National Bank of Indianapolis

### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

► Go to www.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number

Renaissance Charitable Foundation Inc. 35-2129262 Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Historical treasures..... Art - Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Χ 6,479 179,921,138. High-Low Price Χ Securities - Closely held stock..... 6,850,989. Appraisal X Securities - Partnership, LLC, or trust interests. 17 21,369,329. 11 Appraisal Securities - Miscellaneous..... Χ 1 500,412. **Appraisal** Qualified conservation contribution -13 Historic structures ..... Qualified conservation contribution — Other. . . . . 14 X 15 1,371,877. Appraisal Real estate - Commercial..... Χ 1,795,000. Appraisal 16 1 17 Real estate – Other..... 18 19 Food inventory..... 20 Taxidermy..... 21 Historical artifacts..... Scientific specimens..... 23 24 Archeological artifacts..... 25 (Commodities 104,788. Market value 26 Other► (Life Insurance Χ 1 84,290. Cash surrender Other ► (Promissory Note 27 Χ 1 1,000,000. Face Value 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.... 32 a **b** If 'Yes.' describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 8/5/19 Schedule M (Form 990) 2019

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Renaissance Charitable Foundation Inc.

Employer identification number 35-2129262

### Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Three current officers of the Foundation are also officers of Renaissance

Philanthropic Solutions Group (RenPSG). All business transactions between the

Foundation and Renaissance Philanthropic Solutions Group (RenPSG) are subject to the

Foundation's governing documents, including the conflict of interest policy.

#### Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company

The organization outsources management and administrative services to Renaissance Administration LLC. Renaissance Administration LLC maintains the books and records, prepares tax returns and other required regulatory filings, and provides staff, resources, and professional expertise to carry out its administrative responsibilities for the organization.

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is reviewed by the President and the Treasurer of the Foundation before it is filed. The President is an attorney with extensive knowledge of the rules and regulations governing charitable organizations. The Treasurer is a CPA with extensive knowledge of financial statements and tax returns. The Form 990 is presented to the Foundation's full board of directors after it has been filed.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Foundation's written conflicts of interest policy has been part of the Foundation's bylaws since inception. The Foundation's board monitors and enforces the Foundation's conflict of interest policy. A Foundation director; any entity in which a director has a material interest; or an entity of which a Foundation director is a director, officer or trustee is subject to the Foundation's conflict of interest policy.

Name of the organization	Employer identification number
Renaissance Charitable Foundation Inc.	35-2129262

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

board's written minutes for any meeting in which they are discussed. For each conflict transaction, the material facts of the transaction and the director's interest must be disclosed to the board. A conflicted director may not vote to authorize, approve or ratify a conflict transaction. The board must determine that the conflict transaction is fair and reasonable to the Foundation. Once this determination is made, a majority of the non-conflicted directors must vote to authorize, approve or ratify the conflict transaction.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Chairman of the Board and the President of the Foundation approve any compensation for officers based on the officer's experience and comparable compensation for similar positions at similar institutions. During the year ended December 31, 2019 the Foundation neither paid compensation to any officer nor reviewed any officer compensation arrangements.

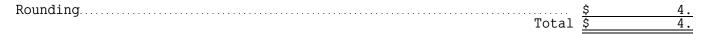
#### Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AR CA FL GA HI IL KS KY MD MA MI MN MS NH NJ NM NY NC OR PA RI SC TN UT VA WV

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Foundation's governing documents, tax returns, conflict of interest policy and audited financial statements are available at the Foundation's headquarters, on the Foundation's website, and to the general public upon request.

### Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances



#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Renaissance Charitable Foundation Inc.

Employer identification number 35-2129262

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Renaissance Special Gifts Fdn 4 LLC 8910 Purdue Road, Suite 555 Indianapolis, IN 46268	To receive and manage gifts of			-1-	Renaissance Charitable Foundation
47-4938852 (2) Renaissance Special Gifts Fdn 7 LLC 8910 Purdue Road, Suite 555 Indianapolis, IN 46268 82-4640483	To receive and manage gifts of complex assets	IN	0.	515. 893.	Inc Renaissance Charitable Foundation Inc
(3) Renaissance Special Gifts Fdn 8 LLC 8910 Purdue Road, Suite 555 Indianapolis, IN 46268 82-5298848	To receive and manage gifts of complex assets	IN	0.	0.	Renaissance Charitable Foundation Inc

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec 512 controlle	(b)(13) d entity?
						Yes	No
(1) Renaissance Charitable Supporting Trust Dept., P.O. Box 1210 Aberdeen, SD 57402-1210	To receive gifts of complex	3	E01 (a) (2)	Public	Renaissance Charitable Foundation	V	
<u>36-7704602</u> (2)	assets	SD	501(c)(3)	Charity	Inc.	X	
(3)							
(4)							

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a par	tnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) (g) Share of total income end-of-year assets		tior	h) ropor- nate ations?	amount in box 20 of Schedule K-1 (Form	Gene mana parti	ral or	<b>(k)</b> Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												_
(3)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlled	) (b)(13) d entity?
		country)	Critity	or trusty				Yes	No
(1)									
	<u> </u>								
(2)									
<u></u>	†								
	†								
	1								
(3)									
_(3)	1								
	<u> </u>								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b	X
c Gift, grant, or capital contribution from related organization(s).			1 c	X
d Loans or loan guarantees to or for related organization(s).			1 d	X
e Loans or loan guarantees by related organization(s)			1 e	Х
f Dividends from related organization(s)			1 f	Х
g Sale of assets to related organization(s)			1 g	Х
h Purchase of assets from related organization(s)				Х
i Exchange of assets with related organization(s)				X
j Lease of facilities, equipment, or other assets to related organization(s)				X
<b>,</b> (-)			.,	71
k Lease of facilities, equipment, or other assets from related organization(s)			1 k	Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11	X
m Performance of services or membership or fundraising solicitations by related organization(s)				X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X
o Sharing of paid employees with related organization(s)				X
Containing or paid employees man rotated organization (c)			. 0	Λ
p Reimbursement paid to related organization(s) for expenses			1 p	Х
q Reimbursement paid by related organization(s) for expenses				X
The mountainer paid by related organization(3) for expenses			14	^
r Other transfer of cash or property to related organization(s)			1r	Х
s Other transfer of cash or property from related organization(s)				X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete the above is 'Yes,' see the instructions for information on who must complete this line, including the above is 'Yes,' see the instruction of the above is 'Yes,' see the above				
	(b)		(c	1)
(a) Name of related organization	Transaction	(c) Amount involved Me		determining
	type (a-s)		amount i	invoivea
1)				
2)				
3)				
•				
Λ				
4)				
<b>-</b> `				
5)				
6)				
AA TEEA5003L 06/27/19		Schedule	<b>R</b> (Form	1 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity		(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all	e) partners ction (c)(3) zations?	(g) Share of end-of-year assets	tion	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	(k) Percentage ownership
		sections 512-514)	Yes	No		Yes	No	( 1 11)	Yes	No	1
<u>(1)</u>											
<u>(2)</u>											
(3)											
<u>(4)</u>	-										
	1										
(5)	-										
	-										
<u>(6)</u>											
<u></u>	-										
	1										
(8)											

**BAA** TEEA5004L 06/27/19 Schedule **R** (Form 990) 2019

Provide additional information for responses to questions on Schedule R. See instructions.