

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

HILTON EFFECT FOUNDATION

84-1854168

Name and title of officer or person subject to tax

**MICHAEL DUFFY
ASSISTANT TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here ▶	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>0.</u>
5a Form 8868 check here ▶	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize KPMG LLP to enter my PIN 20201
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 11/2/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54028022102

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Margaret A. Bradshaw Date ▶ 10/29/2021

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

17221005 153541 9519PI

2020.04030 HILTON EFFECT FOUNDATION 9519PI_1

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Product: **Exempt**

Name: **HILTON EFFECT FOUNDATION**

FEIN: *******4168**

Bank Info:

Fiscal Year Begin Date: **1/1/2020**

IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **12/31/2020**

IRS Center: **Ogden**

e-Postmark: **11/3/2021 8:53 AM**

Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/03/2021	20X:9519PI:V1	Upload Started			Naselius,Karen	
11/03/2021	20X:9519PI:V1	Ready to Release by Customer				
11/03/2021	20X:9519PI:V1	Released for Transmission - Validation in Progress			Carr, Melodye L	
11/03/2021	20X:9519PI:V1	Ready to transmit - Validation Complete				
11/03/2021	20X:9519PI:V1	Transmitted to FD	5402802021307032fe37			
11/03/2021	20X:9519PI:V1	Accepted by FD on 11/3/2021				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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EXTENDED TO NOVEMBER 15, 2021

Return of Private Foundation

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or tax year beginning _____, and ending _____

Name of foundation HILTON EFFECT FOUNDATION		A Employer identification number 84-1854168
Number and street (or P.O. box number if mail is not delivered to street address) 7930 JONES BRANCH DRIVE	Room/suite	B Telephone number (703) 883-1000
City or town, state or province, country, and ZIP or foreign postal code MCLEAN, VA 22102		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,219,659.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	2,422,146.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		2,422,146.	0.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	76,120.	0.		76,120.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	8,538.	0.		8,538.
	16a Legal fees STMT 1	5,000.	0.		5,000.
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 2	4,058.	0.		4,058.
	24 Total operating and administrative expenses. Add lines 13 through 23	93,716.	0.		93,716.
	25 Contributions, gifts, grants paid	1,891,400.			1,117,400.
26 Total expenses and disbursements. Add lines 24 and 25	1,985,116.	0.		1,211,116.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	437,030.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			N/A		

Form **8868**
(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. HILTON EFFECT FOUNDATION	Taxpayer identification number (TIN) 84-1854168
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7930 JONES BRANCH DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MCLEAN, VA 22102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA PURTLE

- The books are in the care of ▶ **755 CROSSOVER LANE - MEMPHIS, TN 38117**
Telephone No. ▶ **901-374-5329** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing		228,030.	228,030.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 991,629.			
	Less: allowance for doubtful accounts ▶		991,629.	991,629.
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶))				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		0.	1,219,659.	1,219,659.
Liabilities	17 Accounts payable and accrued expenses		1,798.	
	18 Grants payable		774,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ <u>VACATION NON-UNION</u>)		0.	6,831.
23 Total liabilities (add lines 17 through 22)		0.	782,629.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds ...	0.	437,030.	
	29 Total net assets or fund balances	0.	437,030.	
30 Total liabilities and net assets/fund balances	0.	1,219,659.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I, line 27a	2	437,030.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	437,030.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	437,030.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

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

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

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2 Reserved	2	
3 Reserved	3	
4 Reserved	4	
5 Reserved	5	
6 Reserved	6	
7 Reserved	7	
8 Reserved	8	

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

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

Part VII-A Statements Regarding Activities

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>DE</u>			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ <u>WWW.HILTONEFFECT.ORG</u>			
14 The books are in care of ▶ <u>DONNA PURTLE</u> Telephone no. ▶ <u>901-374-5329</u>			
Located at ▶ <u>755 CROSSOVER LANE, MEMPHIS, TN</u> ZIP+4 ▶ <u>38117</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A			
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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

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

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

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

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

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		76,120.	8,538.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ **0**

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Row 1 contains 'N/A'.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1 contains 'N/A'.

Total. Add lines 1 through 3 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	9,438.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,438.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,438.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	142.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,296.
6	Minimum investment return. Enter 5% of line 5	6	465.

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

1	Minimum investment return from Part X, line 6	1	465.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	465.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	465.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	465.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,211,116.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,211,116.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,211,116.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				465.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019	1,579,660.			
f Total of lines 3a through e	1,579,660.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,211,116.				
a Applied to 2019, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				465.
e Remaining amount distributed out of corpus	1,210,651.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,790,311.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	2,790,311.			
10 Analysis of line 9:				
a Excess from 2016 ...				
b Excess from 2017 ...				
c Excess from 2018 ...				
d Excess from 2019 ...	1,579,660.			
e Excess from 2020 ...	1,210,651.			

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

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

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

	Tax year				
		Prior 3 years			
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

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

NONE

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

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Form 990-PF (2020)

HILTON EFFECT FOUNDATION

84-1854168

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Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient <small>Name and address (home or business)</small>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ASSISTING CARING & EMPOWERING CHARITY JABI ABUJA, NIGERIA		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	20,000.
ASSOCIACIO LLIGAM PER A LA INS COMTE BORRELL 20 BARCELONA, SPAIN 08015		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	30,000.
BLACK CULINARIAN ALLIANCE 244 MADISON AVE., 305 NEW YORK, NY 10016		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	45,000.
ECO-SOAP BANK 1800 MURRAY AVE., UNIT 81188 PITTSBURGH, PA 15217		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	62,000.
FOOD FORWARD INC 7412 FULTON AVE., #3 NORTH HOLLYWOOD, CA 91605		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	30,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				1,117,400.
b Approved for future payment				
DC CENTRAL KITCHEN 2625 EVARTS STREET NE WASHINGTON, DC 20018		PC	WASHINGTON DC LOCAL COMMUNITY SUPPORT GRANT	20,000.
INTERNATIONAL YOUTH FOUNDATION 1 EAST PRATT STREET, STE 701 BALTIMORE, MD 21202		PC	SIGNATURE PARTNERSHIP	250,000.
PLANET WATER FOUNDATION P.O. BOX #71298 PHOENIX, AZ 85050		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	34,000.
Total SEE CONTINUATION SHEET(S) ▶ 3b				774,000.

Form **990-PF** (2020)

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FPMI ERA KHOKHLOVSKY LANE, 7/9 BID 2 MOSCOW, RUSSIA		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	43,000.
GLOBAL IMPACT 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314		PC	TO SUPPORT ORGANIZATION'S CHARITABLE MISSION.	68,900.
GOODWILL OF GREATER WASHINGTON 1140 3RD STREET NE, SUITE #350 WASHINGTON, DC 20002		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	15,000.
HABITAT FOR HUMANITY FIJI 1 FOSTER ROAD WALU BAY, SUVA, FIJI		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	32,000.
HARVEST AGAINST HUNGER 1201 FIRST AVENUE S, SUITE 327 SEATTLE, WA 98134		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	20,000.
HATCH ENTERPRISE 61-63 EAST STREET LONDON, UNITED KINGDOM		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	10,000.
INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND STREET, 11TH FLOOR NEW YORK, NY 10168		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	35,000.
JAPAN KODOMO SHOKUDO SUPPORT CENTER 2-12-2 YOYOGI, SHIBUYA-KU TOKYO, JAPAN		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	40,000.
KARI FOUNDATION LEVEL 2, 12-14 DAWN FRASER AVENUE SYDNEY OLYMPIC PARK NSW 2127 SYDNEY, AUSTRALIA		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	30,000.
LOVE BEYOND WALLS 3270 EAST MAIN STREET COLLEGE PARK, GA 30337		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	52,500.
Total from continuation sheets				930,400.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ROLE MODEL MOVEMENT INC 47 W POLK AVE. CHICAGO, IL 60605		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	40,000.
SCHOLARS OF SUSTENANCE FOUNDATION NAKORNSAWAN ROAD, 77, WAT SOMMANAT, POM PRAP SATTRU PHAI BANGKOK, THAILAND		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	45,000.
THE NATIONAL ENVIRONMENTAL EDUCATION FOUNDATION 4301 CONNECTICUT AVENUE NW, SUITE 160 WASHINGTON, DC 20008		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	30,000.
THE SPRINGBOARD CHARITY COOPER'S HALL, 13 DEVONSHIRE SQUARE LONDON, UNITED KINGDOM		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	25,000.
THE WILDLIFE AND ENVIRONMENT SOCIETY OF SOUTH AFRICA 1 KARKLOOF ROAD, HOWICK KWAZULU-NATAL, SOUTH AFRICA		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	40,000.
WATER.ORG 117 W 20TH ST #203 KANSAS CITY, MO 64108		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	40,000.
WORLD WILDLIFE FUND INC 1250 24TH ST. NW WASHINGTON, DC 20037-1193		PC	SIGNATURE PARTNERSHIP	340,000.
YAYASAN EMMANUEL JALAN RAYA GUNUNG PANCAR NO. 100 BOGOR, INDONESIA		NC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	24,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Approved for Future Payment (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	85,000.
THE STUDENT CONSERVATION ASSOCIATION 4601 N. FAIRFAX DR., SUITE 900 ARLINGTON, VA 22203		PC	COVID-19 COMMUNITY RECOVERY & RESLIENCY	30,000.
THE URBAN ALLIANCE FOUNDATION 2030 Q STREET NW WASHINGTON, DC 20009		PC	HIGH SCHOOL INTERNSHIP PROGRAM	25,000.
VITAL VOICES GLOBAL PARTERSHIP 1625 MASSACHUSETTS AVENUE NW, SUITE 300 WASHINGTON, DC 20036		PC	SIGNATURE PARTNERSHIP	100,000.
WORLD CENTRAL KITCHEN INC 655 NEW YORK AVE., 6TH FLOOR WASHINGTON, DC 20001-5554		PC	DISASTER RESPONSE	25,000.
BOYS & GIRLS CLUBS OF GREATER WASHINGTON WASHINGTON 4103 BENNING ROAD. NE WASHINGTON, DC 20019		PC	WASHINGTON, DC LOCAL COMMUNITY SUPPORT GRANT.	5,000.
GLOBAL IMPACT 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314		PC	TO SUPPORT ORGANIZATION'S CHARITABLE MISSION.	50,000.
WORLD WILDLIFE FUND INC 1250 24TH ST. NW WASHINGTON, DC 20037-1193		PC	SIGNATURE PARTNERSHIP	150,000.
Total from continuation sheets				470,000.

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Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HILTON EFFECT FOUNDATION

Employer identification number

84-1854168

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization HILTON EFFECT FOUNDATION	Employer identification number 84-1854168
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HILTON WORLDWIDE HOLDINGS INC. 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	\$ 2,372,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COCA COLA 1 COCA-COLA PLAZA ATLANTA, GA 30312	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization HILTON EFFECT FOUNDATION	Employer identification number 84-1854168
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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Name of organization HILTON EFFECT FOUNDATION	Employer identification number 84-1854168
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

FORM 990-PF	LEGAL FEES			STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	5,000.	0.		5,000.
TO FM 990-PF, PG 1, LN 16A	5,000.	0.		5,000.

FORM 990-PF	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TELEPHONE BANK FEES	458. 3,600.	0. 0.		458. 3,600.
TO FORM 990-PF, PG 1, LN 23	4,058.	0.		4,058.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
VACATION NON-UNION PAYABLE	0.	6,831.	
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	6,831.	

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HILTON EFFECT FOUNDATION

84-1854168

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALEXANDER SHOCKLEY 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	MANAGER OF THE FOUNDATION 40.00	76,120.	8,538.	0.
ALAN WATTS 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR 0.25	0.	0.	0.
CHRIS SILCOCK 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR 0.25	0.	0.	0.
CHRISTOPHER NASSETTA 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR (AS OF 11/1/2020) 0.25	0.	0.	0.
DANNY HUGHES 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR 0.25	0.	0.	0.
IAN CARTER 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR 0.25	0.	0.	0.
JONATHAN WITTER 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR (UNTIL 04/01/2020) 0.25	0.	0.	0.
KATIE BEIRNE FALLON 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR (UNTIL 11/01/2020) 0.25	0.	0.	0.
KEVIN JACOBS 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR 0.25	0.	0.	0.
KRISTIN CAMPBELL 7930 JONES BRANCH DRIVE MCLEAN, VA 22102	DIRECTOR 0.25	0.	0.	0.

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84-1854168

<p>LAURA FUENTES 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>DIRECTOR (AS OF 10/1/2020) 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>MARTIN RINCK 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>DIRECTOR (AS OF 4/1/2020) 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>MATTHEW SCHUYLER 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>DIRECTOR 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>SIMON VINCENT 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>DIRECTOR 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>KATE MIKESELL 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>PRESIDENT 4.00</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>MICHAEL DUFFY 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>TREASURER (AS OF 6/1/2020) 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>FRED SCHACKNIES 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>TREASURER (UNTIL 06/01/2020) 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>TAMDAN VO 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>ASSISTANT TREASURER 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>ABIGAIL HOTCHKIN 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>ASSISTANT TREASURER (UNTIL 04/01/2020) 0.25</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>
<p>OWEN WILCOX 7930 JONES BRANCH DRIVE MCLEAN, VA 22102</p>	<p>SECRETARY 1.00</p>	<p>0.</p>	<p>0.</p>	<p>0.</p>

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

	<p>76,120.</p>	<p>8,538.</p>	<p>0.</p>
	<p>76,120.</p>	<p>8,538.</p>	<p>0.</p>

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 5

GRANTEE'S NAME

ASSISTING CARING & EMPOWERING CHARITY

GRANTEE'S ADDRESS

JABI
ABUJA, NIGERIA

GRANT AMOUNT

20,000.

DATE OF GRANT

10/16/20

AMOUNT EXPENDED

0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

ASSOCIACIO LLIGAM PER A LA INS

GRANTEE'S ADDRESS

COMTE BORRELL 20
BARCELONA, SPAIN

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	10/14/20	10,500.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

FPMI ERA

GRANTEE'S ADDRESS

KHOKHLOVSKY LANE, 7/9 BID 2
MOSCOW, RUSSIA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
43,000.	10/12/20	0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

HILTON EFFECT FOUNDATION

84-1854168

GRANTEE'S NAME

HABITAT FOR HUMANITY FIJI

GRANTEE'S ADDRESS

1 FOSTER ROAD
WALU BAY, SUVA, FIJI

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
32,000.	10/20/20	0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

HILTON EFFECT FOUNDATION

84-1854168

GRANTEE'S NAME

HATCH ENTERPRISE

GRANTEE'S ADDRESS

61-63 EAST STREET
LONDON, UNITED KINGDOM

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
10,000.	11/04/20	0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

HILTON EFFECT FOUNDATION

84-1854168

GRANTEE'S NAME

JAPAN KODOMO SHOKUDO SUPPORT CENTER

GRANTEE'S ADDRESS

2-12-2 YOYOGI, SHIBUYA-KU
TOKYO, JAPAN

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
40,000.	10/13/20	0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

KARI FOUNDATION

GRANTEE'S ADDRESS

LEVEL 2, 12-14 DAWN FRASER AVENUE SYDNEY OLYMPICK PARK NSW 2127
SYDNEY, AUSTRALIA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
30,000.	10/20/20	10,000.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

SCHOLARS OF SUSTENANCE FOUNDATION

GRANTEE'S ADDRESS

NAKORNSAWAN ROAD, 77, WAT SOMMANAT, POM PRAP SATTRU PHAI
BANGKOK, THAILAND

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
45,000.	10/10/20	0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

THE SPRINGBOARD CHARITY

GRANTEE'S ADDRESS

COOPER'S HALL, 13 DEVONSHIRE SQUARE
LONDON, UNITED KINGDOM

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
25,000.	10/19/20	8,000.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

THE WILDLIFE AND ENVIRONMENT SOCIETY OF SOUTH AFRICA

GRANTEE'S ADDRESS

1 KARKLOOF ROAD, HOWICK
KWAZULU-NATAL, SOUTH AFRICA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
40,000.	10/12/20	0.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

YAYASAN EMMANUEL

GRANTEE'S ADDRESS

JALAN RAYA GUNUNG PANCAR NO. 100
BOGOR, INDONESIA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
24,000.	10/15/20	8,074.

PURPOSE OF GRANT

COVID-19 COMMUNITY RECOVERY & RESLIENCY

DATES OF REPORTS BY GRANTEE

12/31/20

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

N/A