# SCANNED MAY 2 0 2021

# Form 990-PF

Department of the Treasury

121 D

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.

OMB No 1545-0047

2019

Open to Public Inspection

| =-                               |          | GO TO WWW.IIS.gov/FOIIIISSOFF TO  |                                 |                     |             | <u> </u>   |                                       |
|----------------------------------|----------|---|---------------------------------|---------------------|-------------|--|---------------------------------------|
|                                  |          | ndar year 2019 or tax year beginning  | , 2019                          | 9, and 6            |             | r identification number  | , 20                                  |
|                                  |          |   |                                 |                     |             |  | er                                    |
| Sh                               | erma     | n and Linda <u>Saperstein</u> Charitable Trustreet (or PO box number if mail is not delivered to street address)            |                                 | /a                  |             | 981976<br>ie number (see instructi   |                                       |
|                                  |          |   | Room                            | v/suite             | •           | •  | ionsj                                 |
| 73                               | 63 E     | . McLellan Blvd.<br>, state or province, country, and ZIP or foreign postal code  |                                 |                     |             | <u> 596-1675                                     </u>  | <del></del> j                         |
|                                  |          |   |                                 |                     | C If exempt | ion application is pend  | ing, check here ► []                  |
|                                  |          | dale AZ 85250   |                                 |                     |             |  | •                                     |
| G                                | Check    |   | of a former public              | charity             | D 1. Foreig | n organizations, check   | here ► 📗                              |
|                                  |          | ☐ Final return ☐ Amended  |                                 |                     |             | n organizations meeting  |                                       |
|                                  | <u> </u> | Address change Name cha   |                                 | 7/1                 |             | here and attach compu  |                                       |
|                                  |          | type of organization: Section 501(c)(3) exempt p  | L.                              | <i>,</i> ,          |             | foundation status was 07(b)(1)(A), check here  | terminated under                      |
|                                  |          | on 4947(a)(1) nonexempt charitable trust  Other ta  |                                 |                     | 000,000     | 5. (5)(.)(.), y <sub>1</sub> 5551515   | ٠ ـ ـ                                 |
|                                  |          | narket value of all assets at J Accounting method   | I. 🔼 Cash 📙 A                   | ccruai              |             | ndation is in a 60-mont<br>ction 507(b)(1)(B), checl   |                                       |
|                                  |          | f year (from Part II, col. (c), ☐ Other (specify)  5) ► \$ 52.364. (Part I, column (d), must b.                             | o on each bosis \               |                     | under ser   | 5000 507 (b)(1)(b), Chec   | K liele                               |
| _                                | art I    |   | e on cash basis.)               |                     |             |  | (d) Dishuspaments                     |
|                                  | ar L I   | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal               | (a) Revenue and<br>expenses per |                     | investment  | (c) Adjusted net   | (d) Disbursements<br>for charitable   |
|                                  |          | the amounts in column (a) (see instructions).)  | books                           | ın                  | come        | income   | purposes<br>(cash basis only)         |
|                                  | 4        |   | 50,000.                         | · ·                 | 19 as . d   | र्व अस्ति पुरु   |                                       |
|                                  | 1 2      | Contributions, gifts, grants, etc., received (attach schedule)  Check ► ☐ if the foundation is not required to attach Sch B | 30,000.                         |                     | 1           | , , , , , , , , , , , , , , , , , , ,  | * 7                                   |
|                                  | 3        | Interest on savings and temporary cash investments  | 64.                             |                     |             | * mi.  |                                       |
|                                  | 4        | Dividends and interest from securities  | 04.                             |                     | 04.         |  | 2.7                                   |
|                                  | 5a       | Gross rents   |                                 | <del></del>         |             | ·· *   |                                       |
|                                  | b        | Net rental income or (loss)   | 112.                            | , O , A             |             | A STATE OF S | , ,                                   |
| 60                               | 6a       | Net gain or (loss) from sale of assets not on line 10   |                                 |                     | <u> </u>    |  | , , , , , , , , , , , , , , , , , , , |
| Revenue                          | b        | Gross sales price for all assets on line 6a   |                                 | 3-8 1               | <u> </u>    | 3  |                                       |
| ĕ                                | 7        | Capital gain net income (from Part IV, line 2)  | 3 4 3                           |                     |             | , , , , , , , , , , , , , , , , , , ,  | 1 2 A. "                              |
| æ                                | 8        | Net short-term capital gain   |                                 | .:2:                | 0.00        | * 2  | 2                                     |
|                                  | 9        | Income modifications  | Barrier Land                    |                     | 0.4         |  |                                       |
|                                  | 10a      | Gross sales less returns and allowances   | ره در کې                        |                     | 8           | 3 A  | 2334                                  |
|                                  | b        | Less: Cost of goods sold  | and the second                  | و دستان             | 37.000      |  | 5 5 7 7 7 1                           |
|                                  | С        | Gross profit or (loss) (attach schedule)  |                                 | وا و '<br>سخون دوسر |             | 06   | 는 <b>긴</b> . I                        |
|                                  | 11       | Other income (attach schedule)  |                                 |                     |             | 316  |                                       |
| _                                | 12       | Total. Add lines 1 through 11   | 50,064.                         |                     | 64.         | Ē  | 2 17 1                                |
| S                                | 13       | Compensation of officers, directors, trustees, etc.   |                                 |                     |             |  | ~ 12 L                                |
| enses                            | 14       | Other employee salaries and wages   |                                 |                     |             |  |                                       |
| Per                              | 15       | Pension plans, employee benefits  |                                 |                     |             |  |                                       |
| X                                | 16a      | Legal fees (attach schedule)  |                                 |                     |             |  | -osc                                  |
| ē                                | ь        | Accounting fees (attach schedule)   |                                 |                     |             |  |                                       |
| 章                                | C        | Other professional fees (attach schedule) L-16c .Stmt   | 2,500.                          |                     | 2,500.      |  | <u> </u>                              |
| itra                             | 17       | Interest  |                                 |                     |             |  |                                       |
| nis                              | 18       | Taxes (attach schedule) (see instructions)  |                                 | <u> </u>            |             |  | 1:5. 4                                |
| Ē                                | 19       | Depreciation (attach schedule) and depletion  |                                 |                     |             |  | W. 218 19                             |
| Ad                               | 20       | Occupancy   | <u> </u>                        |                     |             |  |                                       |
| ק                                | 21       | Travel, conferences, and meetings   |                                 |                     |             |  |                                       |
| ā                                | 22<br>23 | Printing and publications   |                                 |                     |             |  |                                       |
| ing                              | 23       | Other expenses (attach schedule)  Total operating and administrative expenses.  | <u> </u>                        |                     |             |  |                                       |
| Operating and Administrative Exp | ~~       | Add lines 13 through 23   | 2 500                           |                     | 2 500       |  | 1                                     |
| ğ                                | 25       | Contributions, gifts, grants paid   | 2,500.                          | Ran Ran             | 2,500.      | Le March 34  | E 5 300                               |
| Ō                                | 26       | Total expenses and disbursements. Add lines 24 and 25   | 55,300.<br>57,800.              | 3 MA                | 2,500.      | Canada Nama di Nama  | 55,300.<br>55,300.                    |
|                                  | 27       | Subtract line 26 from line 12.  | 57,000.                         | 12 m                |             | 1 (1- 0 )  | 7 52 2 7 18% H                        |
|                                  | a        | Excess of revenue over expenses and disbursements   | 7,736.                          | A PARTY             |             | P. Land  |                                       |
|                                  | ь        | Net investment income (if negative, enter -0-) .  | Grant Transfer Hard             | 12 Marshitt         | 0 .         | 3 13 12 17 + 43 H  | 77.20                                 |
| _                                | С        | Adjusted net income (if negative, enter -0-)  | " PERSONAL STR                  | 10:200              |             |  | NOS Press Pull                        |

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

| Pa                   | art II | Balance Sheets Attached schedules and amounts in the description column  | Beginning of year      | End o           | of year   |
|----------------------|--------|--|------------------------|-----------------|---|
|                      |        | should be for end-of-year amounts only (See instructions)  | (a) Book Value         | (b) Book Value  | (c) Fair Market Value   |
|                      | 1°     | Cash—non-interest-bearing  |                        |                 |   |
|                      | 2      | Savings and temporary cash investments   | 60,100.                |                 | 52,364.   |
|                      | 3      | Accounts receivable ▶  |                        |                 |   |
|                      |        | Less: allowance for doubtful accounts ▶  |                        |                 |   |
|                      | 4      | Pledges receivable ▶   |                        |                 |   |
|                      |        | Less: allowance for doubtful accounts ▶  |                        |                 |   |
|                      | 5      | Grants receivable  |                        |                 |   |
| ,                    | 6      | Receivables due from officers, directors, trustees, and other  |                        |                 |   |
|                      |        | disqualified persons (attach schedule) (see instructions)  |                        |                 |   |
|                      | 7      | Other notes and loans receivable (attach schedule) ▶   |                        |                 |   |
|                      |        | Less: allowance for doubtful accounts ▶  |                        |                 |   |
| ţ                    | 8      | Inventories for sale or use  |                        |                 | ,   |
| Assets               | 9      | Prepaid expenses and deferred charges  |                        |                 |   |
| Ř                    | 10a    | Investments—U.S. and state government obligations (attach schedule)  |                        |                 |   |
|                      | b      | Investments - corporate stock (attach schedule)  |                        |                 | <u></u>   |
|                      | С      | Investments - corporate bonds (attach schedule)  |                        |                 |   |
|                      | 11     | Investments—land, buildings, and equipment basis ▶   |                        |                 |   |
|                      |        | Less: accumulated depreciation (attach schedule) ▶   |                        |                 |   |
|                      | 12     | Investments – mortgage loans   |                        |                 |   |
|                      | 13     | Investments—other (attach schedule)  |                        |                 |   |
|                      | 14     | Land, buildings, and equipment. basis ▶  |                        |                 |   |
|                      |        | Less: accumulated depreciation (attach schedule) ▶   |                        |                 |   |
|                      | 15     | Other assets (describe ▶ )   |                        | <u> </u>        |   |
|                      | 16     | Total assets (to be completed by all filers-see the  |                        |                 | •   |
|                      |        | instructions. Also, see page 1, item l)  | 60,100.                | 52,364.         | 52,364.   |
|                      | 17     | Accounts payable and accrued expenses  |                        | <u>.</u> .      |   |
| Ś                    | 18     | Grants payable   |                        |                 |   |
| Liabilities          | 19     | Deferred revenue   |                        | - <u>-</u>      |   |
|                      | 20     | Loans from officers, directors, trustees, and other disqualified persons   |                        |                 |   |
| <u>.a</u>            | 21     | Mortgages and other notes payable (attach schedule)  |                        |                 |   |
| _                    | 22     | Other liabilities (describe ► )  |                        |                 | v i i i i i i i i i i i i i i i i i i i   |
|                      | 23 ,   | , Total liabilities (add lines 17 through 22)  |                        |                 |   |
| alances              |        | Foundations that follow FASB ASC 958, check here   |                        | i               |   |
| Ē                    |        | and complete lines 24, 25, 29, and 30.   |                        |                 |   |
|                      | 24     | Net assets without donor restrictions  |                        |                 |   |
| 8                    | 25     | Net assets with donor restrictions   |                        |                 |   |
| Ĕ                    |        | Foundations that do not follow FASB ASC 958, check here ► 🗵  |                        |                 |   |
| ĭ                    |        | and complete lines 26 through 30.  |                        | 50.00           |   |
| ŏ                    | 26     | Capital stock, trust principal, or current funds   | 60,100.                | 52,364.         | S PORTE NO THE PART SAFERING  |
| šţs                  | 27     | Paid-in or capital surplus, or land, bldg., and equipment fund   |                        |                 |   |
| 256                  | 28     | Retained earnings, accumulated income, endowment, or other funds   | 50 100                 |                 |   |
| Ä                    | 29     | Total net assets or fund balances (see instructions)   | 60,100.                | <u>52,</u> 364. |   |
| Net Assets or Fund B | 30     | Total liabilities and net assets/fund balances (see  | 60 100                 | 50.064          |   |
|                      | rt III | Instructions)  Analysis of Changes in Net Assets or Fund Balances  | 60,100.                | 52,364.         | NACES OF THE SAME OF THE PARTY |
| عما<br>1             |        |  | man (a) 1:=== 00 (=:   |                 | Γ — —   |
| '                    |        | al net assets or fund balances at beginning of year—Part II, colu -of-year figure reported on prior year's return) |                        |                 | 60 100  |
| 2                    |        |  |                        |                 | 60,100.   |
| 3                    |        |  |                        |                 | -7,736.   |
| 4                    |        | I lines 1, 2, and 3  |                        | 4               | 52 264  |
| 5                    | D      |  |                        | <u> </u>        | 52,364.   |
| 6                    | Tota   | reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—     | Part II. column (b) II | ne 29 6         | 52,364.   |

| Part            | V Çapital Gains and  | d Losses for Tax on Investme  | nt Income       |  |                          |           |  |
|-----------------|--|---|-----------------|--|--------------------------|-----------|--|
| _               |  | nd(s) of property sold (for example, real esta<br>use, or common stock, 200 shs MLC Co) | ite,            | (b) How acquired<br>P-Purchase<br>D-Donation | (c) Date ac<br>(mo , day |           | (d) Date sold<br>(mo , day, yr )                           |
| <u>1a</u>       |  |   |                 |  |                          |           |  |
| b               |  |   |                 |  |                          |           |  |
| <u>C</u>        |  | 4444  |                 |  | <del></del>              |           |  |
| _ <u>d</u>      |  | <del> </del>  |                 |  |                          |           |  |
| _ <u> </u>      |  |   |                 |  |                          |           |  |
|                 | (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable)  |                 | other basis<br>nse of sale                   |                          |           | in or (loss)<br>(f) minus (g))                             |
| _ <u>a</u>      |  |   |                 |  | <del></del>              |           | <u></u>  |
| _ <u>b</u>      |  |   |                 |  |                          |           |  |
| _ <u> </u>      | ·  |   |                 |  |                          |           | <del></del>  |
| _ <u>d</u><br>e | <del></del>  |   | <del></del>     |  |                          |           | <u> </u>   |
|                 | Complete only for assets sho                                     | owing gain in column (h) and owned by   | the foundation  | on 12/31/69                                  | <i>m</i> c               | (C-       | J. (h) ann mun   |
|                 | (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Exces       | s of col (i)<br>(j), if any                  | col (k                   | ), but no | of (h) gain minus<br>of less than -0-) or<br>from col (h)) |
| a               |  |   |                 |  |                          |           |  |
| <u>b</u>        |  |   |                 |  |                          |           |  |
| _ <u> </u>      |  |   | <u> </u>        |  |                          |           |  |
| <u>d</u>        |  |   | <del></del>     |  | <u> </u>                 |           |  |
| _ <u> </u>      | <u> </u>   | ( If any all  | so enter in Pa  | et Lling 7                                   |                          |           |  |
| 2               | Capital gain net income o  |   | nter -0- in Par |  | 2                        |           |  |
| 3               | If gain, also enter in Part                                      | n or (loss) as defined in sections 1<br>I, line 8, column (c). See instruct             | 222(5) and (6)  |  |                          | -         |  |
|                 |  | <u> </u>  |                 |  | 3                        |           |  |
| Part            |  | ler Section 4940(e) for Reduc   |                 |  |                          |           |  |
|                 | tion 4940(d)(2) applies, leav                                    | vate foundations subject to the se<br>e this part blank.                                | Clion 4340(a)   | tax on het invest                            |                          | 16.)      |  |
|                 |  | section 4942 tax on the distributa<br>qualify under section 4940(e). Do n               |                 |  | oase period              | <b>!?</b> | ☐ Yes ☐ No   |
| 1               |  | ount in each column for each year;  |                 |  | akıng any e              | ntries.   | <del></del>  |
| Cale            | (a)<br>Base period years<br>endar year (or tax year beginning in | (b) Adjusted qualifying distributions   | Net value of    | (c)<br>f noncharitable-use as                | ssets                    |           | (d)<br>stribution ratio<br>divided by col (c))             |
|                 | 2018   | 43,760  | ).              | 46,2   | 53.                      |           | 0.946101   |
|                 | 2017   | 24,510  |                 | 39,1   |                          |           | 0.626758   |
|                 | 2016   | 21,670  |                 | 22,5   |                          |           | 0.960550   |
|                 | 2015   | 31,645  |                 |  | 59.                      |           | 6.255189   |
|                 | 2014   | 36,270  | 0.]             | 7,4  | 65.                      |           | 4.858674   |
| 2               | Total of line 1 column (d)                                       |   |                 |  |                          |           | 12 (47272  |
| 2<br>3          | Total of line 1, column (d)                                      | for the 5-year base period—divid  |                 |  |                          |           | 13.647272  |
| 3               |  | oundation has been in existence if  |                 |  |                          |           | 2.729454   |
| 4               | Enter the net value of non                                       | charitable-use assets for 2019 fro  | m Part X, line  | 5  | . 4                      | -         | 37,096.  |
| 5               | Multiply line 4 by line 3  |   |                 |  | . 5                      |           | 101,252.   |
| 6               | Enter 1% of net investme   | nt income (1% of Part I, line 27b)  |                 |  | . 6                      | -         | 0.   |
| 7               | Add lines 5 and 6  |   |                 |  | . 7                      |           | 101,252.   |
| 8               |  | ons from Part XII, line 4   |                 |  |                          |           | 55,300.  |
|                 | Part VI instructions.  | ater than line 7, check the box in F  | art VI, line 1b | o, and complete t                            | that part us             | ing a     | 1% tax rate. See the                                       |

| Part ' | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948  | <u> </u>      | <u> e in</u>                            | stru | Ction         | 15)            |
|--------|--|---------------|---|------|---------------|----------------|
| 1a     | Exempt operating foundations described in section 4940(d)(2), check here ▶□ and enter "N/A" on line 1.   |               |   |      |               |                |
|        | Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)  |               |   |      |               |                |
| b      | Domestic foundations that meet the section 4940(e) requirements in Part V, check   | 1             |   |      |               | 0.             |
|        | here ▶ ☐ and enter 1% of Part I, line 27b  |               |   |      |               |                |
| С      | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) :   | 25.           |   |      |               |                |
| 2      | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)   | 2             |   |      |               | 0.             |
| 3      | Add lines 1 and 2  | 3             |   |      |               | 0.             |
| 4      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)   | 4             |   |      |               | 0.             |
| 5      | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0   | 5             |   |      |               | 0.             |
| 6      | Credits/Payments:  | <b>F</b> ::12 |   |      |               |                |
| а      | 2019 estimated tax payments and 2018 overpayment credited to 2019   6a   |               |   |      |               |                |
| b      | Exempt foreign organizations—tax withheld at source  |               |   |      |               |                |
| С      | Tax paid with application for extension of time to file (Form 8868) 6c   |               |   |      |               |                |
| d      | Backup withholding erroneously withheld  |               |   |      |               |                |
| 7      | Total credits and payments. Add lines 6a through 6d  | 7             |   |      |               |                |
| 8      | Enter any penalty for underpayment of estimated tax. Check here [ ] if Form 2220 is attached   | 8             |   |      |               |                |
| 9      | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9             |   |      |               | 0.             |
| 10     | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 10            | )                                       |      |               | 0.             |
| 11     | Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ . Refunded ▶   | 11            | 1                                       |      |               |                |
| Part ' | VII-A Statements Regarding Activities  |               |   |      |               |                |
| 1a     | During the tax year, did the foundation attempt to influence any national, state, or local legislation of participate or intervene in any political campaign?  |               | -                                       | 1a   | Yes           | No<br>X        |
| b      | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Sinstructions for the definition  |               | _                                       | 1b   |               | ×              |
| _      | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m published or distributed by the foundation in connection with the activities.  | ateria        | ıls                                     | 1c   |               | ×              |
| C      | Did the foundation file <b>Form 1120-POL</b> for this year?  |               | 5                                       | 10   |               | 7000           |
| d      |  |               |   |      |               |                |
| _      | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imp   |               | -                                       |      |               |                |
| E      | on foundation managers. > \$   | ,0360         | , III                                   |      |               |                |
| 2      | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |               | -                                       | 2    | 317531215     | X              |
|        | If "Yes," attach a detailed description of the activities.   |               | *************************************** | -    |               |                |
| 3      | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change   |               |   | 3    |               | ×              |
| 4a     | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |               | Ļ                                       | 4a   |               | X              |
|        | If "Yes," has it filed a tax return on Form 990-T for this year?   |               | Ļ                                       | 4b   |               | X              |
| 5      | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   |               | -                                       | 5    | (Daglanta et  | X<br>Stanestes |
| _      | If "Yes," attach the statement required by General Instruction T.  |               | Meridia                                 |      |               |                |
| 6      | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.  |               | 16530                                   |      |               |                |
|        | By language in the governing instrument, or  |               |   |      |               |                |
|        | By state legislation that effectively amends the governing instrument so that no mandatory direction in the state of | ns th         | at                                      |      |               | enrici         |
| _      | conflict with the state law remain in the governing instrument?  |               | ا بر                                    | 6    | ×             |                |
| 7      | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and  | Part I        | ۲۷                                      | 7    | X<br>Met:Hate | TV: 1717.144   |
| 8a     | Enter the states to which the foundation reports or with which it is registered. See instructions.   |               | 1                                       |      |               |                |
|        | AZ   |               |   |      |               |                |
| b      | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation  |               | [                                       | 8b   |               | ×              |
| 9      | Is the foundation claiming status as a private operating foundation within the meaning of section 4942   |               |   |      |               |                |
|        | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If   | "Yes          | غ,"                                     |      |               | 1              |
|        | complete Part XIV  |               | Ļ                                       | 9    | igsqcut       | ×∠             |
| 10     | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing names and addresses   | ng th         | eir                                     | 40   |               | Ų.             |
|        | names and addresses  |               |   | 10   |               |                |

| Par     | 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                                      |            | ×        |
| 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                                      |            | ×        |
| 13      | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  |   | ×          |          |
|         | Website address ► N/A  |   |            |          |
| 14      | The books are in care of ▶ Sherman and Linda Saperstein Telephone no. ▶ (480)  |   | 1675       | ·        |
| 15      | Located at ► 7363 E. McLellan Blvd Scottsdale AZ ZIP+4 ► 85250 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here   |   |            | <u> </u> |
| .5      | and enter the amount of tax-exempt interest received or accrued during the year  | • • •                                   | •          |          |
| 16      | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority  |   | Yes        | No       |
|         | over a bank, securities, or other financial account in a foreign country?  | 16                                      |            | ×        |
|         | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶   |   |            |          |
| Par     | VII-B Statements Regarding Activities for Which Form 4720 May Be Required  | 122429677)                              |            | herres   |
|         | 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?   |   |            |          |
|         | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   |   |            |          |
|         | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes   | 100000000000000000000000000000000000000 |            |          |
|         | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?  |   |            |          |
|         | foundation agreed to make a grant to or to employ the official for a period after  |   | 7          |          |
|         | termination of government service, if terminating within 90 days.)   |   |            |          |
| b       | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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                                      |            | ×        |
| . ;     | Organizations relying on a current notice regarding disaster assistance, check here  |   |            |          |
| ₽ 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 2019?  | 1c                                      |            | ×        |
| 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)):   |   |            |          |
| а       | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines  |   |            |          |
|         | 6d and 6e) for tax year(s) beginning before 2019?  |   |            |          |
| b       | Are there any years listed in 2a for which the foundation is <b>not</b> 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                                      | .:11:19301 |          |
| С       | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20 , 20 , 20 , 20   |   |            |          |
| 3a      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise  |   |            |          |
|         | at any time during the year?   |   |            |          |
| Ь       | If "Yes," did it have excess business holdings in 2019 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   | 150                                     |            | 100      |
|         | the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the   |   |            |          |
| 4       | foundation had excess business holdings in 2019)   | 3b                                      |            | ×        |
| 4a<br>b | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | 4a                                      | k@www      | ×        |
| U       | charitable purpose that had not been removed from leopardy before the first day of the tax year beginning in 20192   |   |            |          |

| Part                             | VII-B Statements Regarding Activitie  | s for W        | hich Form  | 4720           | May Be R                            | Require           | ed (conti  | nued)                   |            |                       |                 |
|----------------------------------|---|----------------|--|----------------|-------------------------------------|-------------------|--|-------------------------|------------|-----------------------|-----------------|
| 5a                               | During the year, did the foundation pay or incur  | any am         | ount to:   |                | · · ·                               |                   |  |                         |            | Yes                   | No              |
|                                  | '(1) Carry on propaganda, or otherwise attempt  |                |  |                |                                     |                   | Yes  | X No                    |            |                       |                 |
|                                  | (2) Influence the outcome of any specific publi   |                | on (see sect   | on 495         | 5); or to ca                        | arry on,          |  |                         |            |                       |                 |
|                                  | directly or indirectly, any voter registration d  |                |  |                |                                     |                   | Yes  | ⊠ No                    | 2337777    |                       |                 |
|                                  | (3) Provide a grant to an individual for travel, stu  |                |  |                |                                     |                   | Yes  | <b>⊠</b> No             |            |                       |                 |
|                                  | (4) Provide a grant to an organization other tha  |                |  | _              |                                     | ribed in          | _  |                         |            |                       |                 |
|                                  | section 4945(d)(4)(A)? See instructions   |                |  |                |                                     | <br>              | ∐ Yes  | <b>X</b> No             |            |                       |                 |
|                                  | (5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to  |                |  |                |                                     |                   |  | VIN-                    |            |                       |                 |
| ь                                | If any answer is "Yes" to 5a(1)–(5), did any of the   |                |  |                |                                     |                   | ∐Yes   | No 🔀                    | 1303333333 |                       |                 |
| U                                | in Regulations section 53.4945 or in a current no   |                |  |                |                                     |                   |  | SCHDEU                  | 5b         | 11.41.224.5%          | ×               |
|                                  | Organizations relying on a current notice regard  |                | _  |                |                                     |                   |  |                         |            | Sept.                 |                 |
| С                                | If the answer is "Yes" to question 5a(4), does  | _              |  |                |                                     | the tax           |  |                         |            |                       |                 |
|                                  | because it maintained expenditure responsibility  |                |  |                |                                     |                   | ☐Yes   | ⊠ No                    |            |                       |                 |
|                                  | If "Yes," attach the statement required by Regul  | ations s       | section 53.49  | 45-5(d)        |                                     |                   | _  |                         |            |                       |                 |
| 6a                               | Did the foundation, during the year, receive any  |                |  |                |                                     | emiums            |  |                         |            |                       |                 |
|                                  | on a personal benefit contract?   |                |  |                |                                     |                   | ☐ Yes  | <b>⊠</b> No             | 2          |                       |                 |
| b                                | Did the foundation, during the year, pay premiur  | ns, dire       | ctly or indired  | ctly, on       | a personal                          | l benefit         | contract   | ?.                      | 6b         |                       | ×               |
|                                  | If "Yes" to 6b, file Form 8870.   |                |  |                |                                     |                   | _  | _                       | ki         |                       |                 |
| 7a                               | At any time during the tax year, was the foundation   |                |  |                |                                     |                   |  |                         | -          |                       |                 |
| ь                                | If "Yes," did the foundation receive any proceed  |                |  |                |                                     |                   |  | n7 .                    | 7b         | mtuan                 | 31144411        |
| 8                                | Is the foundation subject to the section 4960 to<br>remuneration or excess parachute payment(s) d   |                |  |                |                                     |                   |  | <b>▽</b> N-             |            |                       |                 |
| Davi                             | VIII Information About Officers, Direct   |                |  |                |                                     |                   |  | No Zaid F               |            | (008<br>   :::::::::: | tanfiata<br>Tan |
| rar                              | and Contractors   | iors, i        | rusices, r   | Junua          | LIOIT WIATI                         | agers,            | inginy i   | aiu L                   | mpicy      | ecs,                  |                 |
| 1                                | List all officers, directors, trustees, and found   | dation r       | nanagers an  | d their        | compens                             | ation, S          | See instru                                       | uctions                 | <u>—</u> — |                       |                 |
|                                  |   |                | e, and average   |                |                                     |                   | Contribution                                     |                         |            |                       |                 |
|                                  | 4.3.34  |                |  |                | npensation                          |                   |  |                         | l (e) Expe | ense acc              | Journ.          |
|                                  | (a) Name and address  | hou            | rs per week<br>ed to position  | (If n          | npensation<br>iot paid,<br>ter -0-) | emplo             | yee benefit<br>erred compe                       | plans                   | (e) Expe   | aliowan               |                 |
| She                              |   | hou            | rs per week<br>ed to position  | (If n          | ot paid,                            | emplo             | yee benefit                                      | plans                   |            |                       |                 |
|                                  | (a) Name and address  rman Saperstein  E. McLellan Blvd Scottsdale AZ 85250   | hou<br>devot   | rs per week<br>ed to position  | (If n          | ot paid,                            | emplo             | yee benefit                                      | plans                   |            |                       |                 |
| 7363                             | rman Saperstein   | hou<br>devot   | rs per week ed to position tee 1.00                                    | (If n          | ot paid,<br>ter -0-)                | emplo             | yee benefit                                      | plans<br>ensation       |            |                       | ces             |
| 7363<br>Line                     | rman Saperstein<br>E. McLellan Blvd Scottsdale AZ 85250   | devote<br>Trus | rs per week<br>ed to position<br>tee                                   | (If n          | ot paid,<br>ter -0-)                | emplo             | yee benefit                                      | plans<br>ensation       |            |                       | ces             |
| 7363<br>Line                     | rman Saperstein<br>E. McLellan Blvd Scottsdale AZ 85250<br>da Saperstein  | devote<br>Trus | rs per week ed to position tee 1.00                                    | (If n          | ot paid,<br>ter -0-)                | emplo             | yee benefit                                      | plans<br>ensation<br>0. |            |                       | 0 .             |
| 7363<br>Line                     | rman Saperstein<br>E. McLellan Blvd Scottsdale AZ 85250<br>da Saperstein  | devote<br>Trus | rs per week ed to position tee 1.00                                    | (If n          | ot paid,<br>ter -0-)                | emplo             | yee benefit                                      | plans<br>ensation<br>0. |            |                       | 0 .             |
| 7363<br>Line                     | rman Saperstein<br>E. McLellan Blvd Scottsdale AZ 85250<br>da Saperstein  | devote<br>Trus | rs per week ed to position tee 1.00                                    | (If n          | ot paid,<br>ter -0-)                | emplo             | yee benefit                                      | plans<br>ensation<br>0. |            |                       | 0 .             |
| 7363<br>Line<br>7363             | rman Saperstein  E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250                                   | Trust Trust    | rs per week ed to position tee 1.00 tee 1.00                           | (If n          | 0 .                                 | emplo<br>and defe | yee benefit<br>erred compe                       | plans<br>ensation<br>0. | other      | allowan               | 0.<br>0.        |
| 7363<br>Line                     | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe          | Trust Trust    | rs per week ed to position tee 1.00 tee 1.00                           | (If n          | 0 .                                 | emplo<br>and defe | yee benefit<br>erred compe                       | plans<br>ensation<br>0. | other      | allowan               | 0.<br>0.        |
| 7363<br>Line<br>7363             | rman Saperstein  E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250                                   | Trust Trust    | rs per week ed to position tee 1.00 tee 1.00 er than thos              | (If n          | 0 .                                 | emplo<br>and defe | yee benefit<br>erred compe                       | 0.                      | other      | allowan               | 0.<br>0.        |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe          | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0 .                                 | emplo<br>and defe | see instr  | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE."  | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than thos              | se incluverage | 0.                                  | emplo<br>and defe | yee benefit erred compe                          | 0. 0. uction            | s). If n   | one, (                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363             | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |
| 7363<br>Line<br>7363<br><b>2</b> | E. McLellan Blvd Scottsdale AZ 85250 da Saperstein  E. McLellan Blvd Scottsdale AZ 85250  Compensation of five highest-paid employe "NONE." | Trus           | rs per week ed to position tee 1.00 tee 1.00 er than those hours per v | se incluverage | 0.                                  | emplo<br>and defe | see instr  (d) Contrib employee plans and compen | 0. 0. uction            | s). If n   | one, o                | 0. 0.           |

| Part VIII  | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)   | mployees,                |
|------------|---|--------------------------|
| 3 Fiv      | e highest-paid independent contractors for professional services. See instructions. If none, enter "NOI   | VE."                     |
|            | (a) Name and address of each person paid more than \$50,000 (b) Type of service   | (c) Compensation         |
| NONE       |   |                          |
|            |   |                          |
|            |   |                          |
| _          |   |                          |
|            |   |                          |
|            |   |                          |
|            | *   |                          |
|            |   |                          |
|            |   |                          |
| T-4-1      | h   | <del> </del>             |
|            | ber of others receiving over \$50,000 for professional services   |                          |
| Part IX-   |   | <del></del>              |
|            | oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of<br>ions and other beneficiaries served, conferences convened, research papers produced, etc | Expenses                 |
| 1          |   | <del></del>              |
| '          |   |                          |
|            | ,   |                          |
| 2          |   | +                        |
|            |   |                          |
|            |   |                          |
| 3          |   |                          |
|            |   |                          |
|            |   |                          |
| 4          |   |                          |
|            |   | }                        |
| -          |   | <u> </u>                 |
| Part IX-   |   | <del>,</del>             |
|            | the two largest program-related investments made by the foundation during the tax year on lines 1 and 2   | Amount                   |
| 1          |   |                          |
|            |   |                          |
|            |   | <del> </del>             |
| 2          |   |                          |
|            |   |                          |
| All other  | program-related investments. See instructions   | +                        |
| 3          |   |                          |
|            | ······································  |                          |
|            | ······································  |                          |
| Total. Add | I lines 1 through 3   |                          |
|            |   | Form <b>990-PF</b> (2019 |

| Par     | Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)   | gn foun  | dations,         |
|---------|--|----------|------------------|
| 1       | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |          |                  |
| а       | Average monthly fair market value of securities  | 1a       |                  |
| ь       | Average of monthly cash balances   | 1b       | 37,661.          |
| C       | Fair market value of all other assets (see instructions)   | 1c       |                  |
| ď       | <b>Total</b> (add lines 1a, b, and c)  | 1d       | 37,661.          |
| e       | Reduction claimed for blockage or other factors reported on lines 1a and   |          |                  |
|         | 1c (attach detailed explanation)   |          |                  |
| 2       | Acquisition indebtedness applicable to line 1 assets   | 2        |                  |
| 3       | Subtract line 2 from line 1d   | 3        | 37,661.          |
| 4       | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see   |          |                  |
| -       | instructions)  | 4        | 565.             |
| 5       | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5        | 37,096.          |
| 6       | Minimum investment return. Enter 5% of line 5  | 6        | 1,855.           |
| Part    |  |          |                  |
| 1       | Minimum investment return from Part X, line 6  | 1        | 1,855.           |
| 2a      | Tax on investment income for 2019 from Part VI, line 5   |          | 1,033.           |
| Za<br>b | Income tax for 2019. (This does not include the tax from Part VI.)   |          |                  |
| C       | Add lines 2a and 2b  | 2c       | 0.               |
| 3       | Distributable amount before adjustments. Subtract line 2c from line 1  | 3        | 1,855.           |
| 3<br>4  | Recoveries of amounts treated as qualifying distributions  | 4        | 1,033.           |
| -       |  | 5        | 1,855.           |
| 5       | Add lines 3 and 4  | 6        |                  |
| 6<br>7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,  | -        |                  |
| •       | line 1   | 7        | 1,855.           |
| Dar     | XII Qualifying Distributions (see instructions)  |          | 1,033.           |
| 1       | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |          | - <del></del>    |
| -       | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26  | 1a       | 55,300.          |
| a<br>b  | Program-related investments—total from Part IX-B   | 1b       | 33,300.          |
| 2       | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,   | 15       |                  |
| 4       | purposes   | 2        |                  |
| 2       | Amounts set aside for specific charitable projects that satisfy the:   |          |                  |
| 3       | · · · · · · · · · · · · · · · · · · ·  | 20       |                  |
| a       | Suitability test (prior IRS approval required)   | 3a<br>3b |                  |
| b       | Cash distribution test (attach the required schedule)  | 3D 4     | E 200            |
| 4<br>5  | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | 4        | 55,300.          |
| 9       | Enter 1% of Part I, line 27b See instructions  | _        | ^                |
| e       |  | 6        | 0.<br>55,300.    |
| 6       | • • • •  |          | <del></del>      |
|         | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.   | g wnethe | r the foundation |

Part XIII Undistributed Income (see instructions) · (a) (b) Years prior to 2018 2018 2019 Corpus Distributable amount for 2019 from Part XI, ,855 line 7 . . . . . . . . . . . . . Undistributed income, if any, as of the end of 2019: Enter amount for 2018 only . . . . . . **b** Total for prior years: 20 \_\_ , 20 \_\_ , 20 Excess distributions carryover, if any, to 2019: From 2014 . . . . . . . 35,897 **b** From 2015 . . . . . . \_\_ 31,392 From 2016 - . . . . . . C 20,542 . .22,555. From 2018 . . . . . . 151,833. Total of lines 3a through e . . . . . . Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 55,300. Applied to 2018, but not more than line 2a. Applied to undistributed income of prior years (Election required—see instructions) : . . Treated as distributions out of corpus (Election . required – see instructions) . . . . . . Applied to 2019 distributable amount . . Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).) . . . Enter the net total of each column as indicated below: 205,278. Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . d. Subtract line 6c from line 6b. Taxable amount-see instructions . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount-see Undistributed income for 2019, Subtract lines 4d and 5 from line 1. This amount must be Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . 35,897. Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 169,381. Analysis of line 9: Excess from 2015 . . . 31;392. Excess from 2016 . . 20,542. Excess from 2017 . . . . 22,555. Excess from 2018 . . 41,447. Excess from 2019 . 53,445.

|      | 4 | ^ |
|------|---|---|
| -ace |   | u |

|      | 90-PF (2019)  |                     |   |  |                       | Page 10           |
|------|---|---------------------|---|--|-----------------------|-------------------|
| Part |   |                     |   |  | )                     | N/A               |
| 1a   | If the foundation has received a ruling   |                     |   | private operating                                  |                       |                   |
| _    | foundation, and the ruling is effective for   |                     |   |  |                       | 4-17 4040(4)(5)   |
| b    | Check box to indicate whether the four  |                     | operating founda                        | Prior 3 years                                      | ection                | ∕ór □ 4942(j)(5)  |
| 2a   | Enter the lesser of the adjusted net income from Part I or the minimum  | Tax year            | 4. 2010                                 | <del>,                                      </del> | (d) 2016              | (e) Total         |
|      | investment return from Part X for   | (a) 2019            | <b>(b)</b> 2018                         | (c) 2017   | (u) 2010 /            |                   |
|      | each year listed  |                     |   |  | <del>/ /</del>        |                   |
|      | 85% of line 2a  |                     |   |  | /                     |                   |
| С    | Qualifying distributions from Part XII, line 4, for each year listed  |                     |   |  |                       |                   |
| d    | Amounts included in line 2c not used directly for active conduct of exempt activities   |                     |   |  |                       |                   |
| е    | Qualifying distributions made directly for active conduct of exempt activities  |                     |   |  |                       |                   |
| _    | Subtract line 2d from line 2c   |                     |   | /  |                       | <del></del>       |
| 3    | Complete 3a, b, or c for the alternative test relied upon:  |                     |   |  |                       |                   |
| а    | "Assets" alternative test-enter:  |                     | ]                                       |  |                       |                   |
|      | (1) Value of all assets   |                     |   |  |                       |                   |
|      | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |                     | <i>f</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  | n (Complete th      | nis part only if t                      | the foundation h                                   | nad \$5,000 or mo     | re in assets at   |
|      | any time during the year-   | -see instruction    | ns.)                                    |  |                       |                   |
| 1    | Information Regarding Foundation  |                     |   |  |                       |                   |
| а    | List any managers of the foundation   | who have contrib    | uted more than 2                        | % of the total cont                                | ributions received b  | y the foundation  |
|      | before the close of any tax year (but o   | only if they have c | ontributed more ti                      | nan \$5,000). (See s                               | section 507(a)(2).)   |                   |
|      | Sherman Saperstein  |                     |   | <del></del>  | <del></del>           |                   |
| b    | List any managers of the foundation ownership of a partnership or other elements.   |                     |   |  |                       | ge portion of the |
|      | None  |                     |   |  |                       |                   |
| 2    | Information Regarding Contribution  |                     |   |  |                       |                   |
|      | Check here ▶ ☐ If the foundation unsolicited requests for funds. If the f   |                     |   |  |                       |                   |
|      | complete items 2a, b, c, and d. See ir  |                     | giits, graints, etc.                    | , to individuals of t                              | organizations under   | other conditions  |
| а    | The name, address, and telephone no   |                     | Idress of the person                    | on to whom applic                                  | ations should be ad   | dressed:          |
|      | Con Cumplementary Tafarrat  | lon Chahama         | · +                                     |  |                       |                   |
| b    | See Supplementary Informat The form in which applications should  | d be submitted an   | nd information and                      | I materials they sho                               | ould include:         |                   |
|      | A   |                     | *************************************** |  |                       |                   |
| C    | Any submission deadlines:   |                     |   |  |                       |                   |
| d    | Any restrictions or limitations on av factors:  | vards, such as t    | geographical a                          | areas, charitable f                                | ields, kinds of insti | tutions, or othe  |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During t | he Year or Approv  | ed for Fu | ture Payment                     |         |
|--|--|-----------|----------------------------------|---------|
| Recipient                                | If recipient is an individual, show any relationship to any foundation manager | status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)      | or substantial contributor   | recipient | Contribution                     |         |
| a Paid dunng the year                    |  |           |                                  |         |
| Jewish Family & Children's Service       | 1  |           | for general                      | }       |
| 4747 N. 7th St., ste. 100                |  |           | support of                       |         |
| Phoenix AZ 85014                         | !  | PC        | mission                          | 1,000.  |
| Jewish Federation of Greater Phoenix     |  |           | for general                      |         |
| 12701 N. Scotttsdale Rd                  |  | [         | support of                       |         |
| Scottsdale AZ 85254                      |  | PC        | mission                          | 6,200.  |
| Mama Hill's Help, Inc.                   |  |           | for general                      |         |
| 755 E. 92nd St.                          |  |           | support of                       |         |
| Los Angeles CA 90002                     |  | PC        | mission                          | 2,000.  |
| Friends of Arizona PBS                   |  |           | general support                  |         |
| 555 N Central Ave Ste 500                |  | }         |                                  |         |
| Phoenix AZ 85004                         |  | PC        |                                  | 250.    |
| HHRC                                     |  |           | general support                  |         |
| 46 University Drive                      |  |           |                                  |         |
| Augusta ME 04330                         |  | PC        |                                  | 250.    |
| Weizmann Institute for Science           |  |           | for general                      |         |
| 633 3rd Ave                              |  |           | support of                       | 200     |
| New York NY 10014                        |  | PC        | mission                          | 300.    |
| Hyde Square Task Force                   |  |           | general support                  |         |
| 30 Sunnyside Street                      |  | 200       | of youth                         | 10.000  |
| Jamaica Plain MA 02130                   |  | PC        | development                      | 10,000. |
| First Place Phoenix                      |  |           |                                  |         |
| 717 E Maryland Ave                       |  | DC        |                                  | 15 000  |
| Phoenix AZ 85014                         |  | PC        | general support                  | 15,000. |
| The Multiple System Atrophy Coaltion     | ļ  |           |                                  |         |
| 9935-D Rea Road #212                     |  | nc.       | annamal aummant                  | 500     |
| Charotte NC 28277                        |  | PC        | general support                  | 500.    |
| See Statement                            |  |           | ,                                |         |
|  | ĺ  |           |                                  | 19,800. |
|  |  |           |                                  | 19,000. |
|  |  |           |                                  |         |
| Total                                    | <u> </u>   | · · ·     | <b>▶ 3</b> a                     | 55,300. |
| <b>b</b> Approved for future payment     |  |           |                                  |         |
|  |  |           |                                  |         |
|  | 1  |           |                                  |         |
|  |  |           |                                  |         |
|  |  |           |                                  |         |
|  | 1  | }         | }                                | 1       |
|  |  |           |                                  |         |
|  |  | l         |                                  |         |
|  |  |           |                                  |         |
|  |  |           |                                  |         |
|  | 1  |           |                                  |         |
|  |  |           |                                  |         |
|  | 1  | }         |                                  | }       |
|  |  |           |                                  |         |
|  | Ì  |           |                                  |         |
| Total                                    |  |           | <b>▶ 3</b> b                     | ,       |

| LE               | rt XVI                           | -Ac Analysis of Income-Producing Ac  | tivities            |               |                  |                            |                                     |
|------------------|----------------------------------|--|---------------------|---------------|------------------|----------------------------|-------------------------------------|
| Ente             | er gros                          | s amounts unless otherwise indicated.  | Unrelated bu        | siness income | Excluded by sect | on 512, 513, or 514<br>(d) | Related or exempt                   |
| 1                | Prog                             | ram service revenue.   | Business code       | Amount        | Exclusion code   | Amount                     | function income (See instructions.) |
|                  | a _                              |  |                     |               |                  |                            |                                     |
|                  | b _                              |  |                     |               |                  |                            |                                     |
|                  | c                                |  |                     | _             |                  |                            |                                     |
|                  | d _                              |  |                     |               |                  |                            |                                     |
|                  | e _                              |  |                     |               |                  |                            |                                     |
|                  | f -                              |  |                     |               |                  |                            |                                     |
|                  | g F                              | ees and contracts from government agencies   |                     |               |                  |                            |                                     |
| 2                | _                                | bership dues and assessments   |                     |               |                  |                            |                                     |
| 3                |                                  | est on savings and temporary cash investments  |                     |               | 14               | 64.                        |                                     |
| 4                |                                  | ends and interest from securities  |                     |               |                  |                            |                                     |
| 5                |                                  | ental income or (loss) from real estate:   |                     |               |                  |                            |                                     |
| •                |                                  | ebt-financed property  |                     |               |                  |                            |                                     |
|                  |                                  | lot debt-financed property   |                     |               |                  |                            |                                     |
|                  |                                  |  | -                   | <del></del>   | <del> </del>     |                            |                                     |
| 6                |                                  | ental income or (loss) from personal property  |                     |               |                  |                            | <del></del>                         |
| 7                |                                  | r investment income  |                     |               |                  |                            |                                     |
| 8                |                                  | or (loss) from sales of assets other than inventory  |                     | <del></del>   | <del> </del>     |                            |                                     |
| 9                |                                  | ncome or (loss) from special events  | <u> </u>            |               | <del> </del>     | - <del></del>              | <u> </u>                            |
| 10               |                                  | s profit or (loss) from sales of inventory   | l                   | <del></del>   | -                | <u></u>                    |                                     |
| 11               |                                  | r revenue: a   |                     |               |                  |                            |                                     |
|                  | ь _                              |  |                     |               |                  |                            |                                     |
|                  | c _                              |  | <u> </u>            |               |                  |                            |                                     |
|                  | d _                              |  | L                   |               | ļ                |                            |                                     |
|                  | е _                              |  |                     |               |                  |                            |                                     |
| 19               | Subte                            | otal. Add columns (b), (d), and (e)  |                     |               | <u> </u>         | 64.                        |                                     |
| 12               |                                  |  |                     |               |                  |                            |                                     |
| 13               | Total                            | 1. Add line 12, columns (b), (d), and (e)  |                     |               |                  | 13                         | 64.                                 |
| 13<br>(See       | Total<br>works                   | <ol> <li>Add line 12, columns (b), (d), and (e)         <ul> <li>sheet in line 13 instructions to verify calculation</li> </ul> </li> </ol>                          | <br>ıs.)            | · · · · · ·   | · · · · ·        | 13                         | 64.                                 |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV          | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV          | <ol> <li>Add line 12, columns (b), (d), and (e)         <ul> <li>sheet in line 13 instructions to verify calculation</li> </ul> </li> </ol>                          | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |
| 13<br>(See<br>Pa | Total<br>works<br>rt XV<br>e No. | <ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul> | is.)<br>accomplishm | ent of Exemp  | t Purposes       |                            |                                     |

Firm's name

Firm's address ▶

**Use Only** 

BAA

Mark L. Saperstein

31 Mossdale Road

Jamaica Plain

| Part     | XVII          | <ul> <li>Informatio</li> <li>Organizati</li> </ul>   | on Regarding Trai   | nsfers to                | and Trans           | action                   | s and             | Relatio  | nships      | Wit             | h Nor              | char             | itabl         | e Exe      | mpt           |
|----------|---------------|--|---|--------------------------|---------------------|--------------------------|-------------------|--|-------------|-----------------|--------------------|------------------|---------------|------------|---------------|
|          | in s<br>orga  | the organization of the control of t | directly or indirectly other than section porting foundation t          | 501(c)(3)                | ) organizatio       | ons) or                  | in sec            | tion 52  |             |                 |                    |                  |               | Yes        | No            |
|          |               | -  |   |                          |                     | -                        |                   |  |             |                 |                    |                  | 1a(1)         |            | X             |
|          |               | Other assets   |   |                          |                     |                          |                   |  |             |                 |                    | •                | 1a(1)         |            | ×             |
|          |               | er transactions:   |   |                          |                     |                          | • •               |  |             |                 |                    | •                | 10(2)         |            |               |
|          |               |  | a noncharitable ex  | omnt oras                | anization           |                          |                   |  |             |                 |                    |                  | 1b(1)         |            | ×             |
|          |               |  | ets from a noncharit  |                          |                     |                          |                   |  |             | • •             | • •                |                  | 1b(2)         |            | ×             |
|          |               |  | s, equipment, or other  |                          |                     |                          |                   |  |             |                 | • •                |                  | 1b(3)         | +          | ×             |
|          |               |  | arrangements  |                          |                     |                          |                   |  |             | •               |                    |                  | 1b(4)         |            | ×             |
|          |               |  | arantees  |                          |                     |                          |                   |  |             | • •             |                    |                  | 1b(5)         |            | ×             |
|          |               | •  | ervices or members  |                          |                     |                          |                   |  |             |                 |                    |                  | 1b(6)         |            | ×             |
|          |               |  | equipment, mailing li   |                          | _                   |                          |                   |  |             |                 |                    |                  | 1c            |            | ×             |
|          |               | -  | of the above is "Ye   |                          |                     |                          |                   |  |             |                 |                    |                  |               | fair m     | L             |
|          | valu<br>valu  | e of the goods, o<br>e in any transacti  | other assets, or servion or sharing arrang                              | rices giver<br>gement, s | n by the repo       | orting fou<br>nn (d) the | undation<br>value | n. If the<br>of the g                            | foundat     | on re           | eceive             | d less<br>or ser | than<br>vices | fair m     | arket<br>ved. |
| (a) Line | по            | (b) Amount involved  | (c) Name of nonc  | haritable ex             | empt organization   | 'n                       | (d) Desc          | cription of                                      | transfers,  | transa          | ctions, a          | ınd shar         | ing am        | angem      | ents          |
|          |               |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          | 1             |  |   |                          |                     |                          |                   |  |             |                 |                    |                  | _             |            |               |
|          |               |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   |  |             |                 | _                  |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          | $\rightarrow$ |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          | _             |  |   |                          |                     |                          | -                 |  |             |                 |                    |                  |               |            |               |
|          | 4             |  |   |                          | <u> </u>            |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               |  | <del></del>   |                          |                     |                          |                   | _  |             |                 |                    |                  |               |            |               |
|          | -             |  | <del> </del>  |                          |                     |                          |                   | <del></del>                                      |             |                 |                    |                  |               |            |               |
|          |               |  | ļ   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               | <del></del>  | ļ   |                          |                     |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               | <del></del>  | L   |                          | <del></del>         |                          |                   |  |             |                 |                    |                  |               |            |               |
|          | desc          | cribed in section 5  | rectly or indirectly a<br>501(c) (other than se<br>e following schedule | ection 501               |                     |                          |                   | nore tax   | r-exemp     | ot org          | janizat<br>        | ions<br>·        | □ <b>Y</b> ¢  | es 🗵       | ] No          |
|          |               | (a) Name of organ  |   | <u>-</u>                 | (b) Type of orga    | anization                |                   |  | (c)         | Descri          | ption of           | relation         | ship          |            |               |
|          |               |  |   |                          | (-, -,,,            |                          |                   | <del>                                     </del> |             |                 |                    |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   | <del> </del>                                     |             |                 |                    |                  | -             |            |               |
|          |               |  |   |                          | ·                   |                          |                   |  |             |                 |                    |                  |               |            |               |
|          |               |  |   |                          |                     |                          |                   | <u> </u>   |             |                 |                    |                  |               | —          |               |
|          |               |  |   |                          | <del></del>         |                          |                   | <del>                                     </del> |             |                 |                    |                  |               |            |               |
|          | Und           | ler penalties of perjury, I  | I declare that I have examin  | led this return          | n, including accom  | panying sci              | hedules ar        | nd statemer                                      | nts, and to | the bes         | st of my           | knowled          | ge and        | belief, if | is true       |
| Sign     | corr          | ect, and complete Decl   | laration of preparer (other th  | han taxpayer)            | is based on all inf | ormation of              | which pre         | eparer has a                                     | any knowle  | dge             | М                  | y the IR         | S disci       | ice thie   | rotum         |
| Here     |               | Xhu.   | South   | <b>+</b> -`              | 17-1-20             | Tru                      | stee              |  |             |                 | wit                | h the pr         | parer :       | shown t    | elow?         |
|          |               | nature of officer or tru   | istee   | ~_                       | Date                | Title                    | 3666              |  |             |                 | _ Se               | e instruc        | tions         | Yes        | □No           |
|          |               | Print/Type preparer  |   | Prepare                  | r's signature       |                          |                   | Date   |             | T.              |                    | , F              | TIN           |            |               |
| Paid     |               | MADYIC   | SAPERSTEIN  |                          | 14//                | <del>/</del>             |                   | 07/  | 01/202      | o   C<br>o   sı | heck 2<br>elf-empl | धार              |               | 2517       | a             |
| Prepa    | arer          |  | Marrie T C  |                          | anner (2)           | <del>D</del>             |                   | 10//   | <u> </u>    | 2 U   3         | pi                 | -,  1            | 019           | <u> </u>   | <u> </u>      |

MA 02130-3022

Firm's EIN ▶ 00-4548478

Form **990-PF** (2019)

Phone no

Sherman and Linda Saperstein Charitable Trust

Form 990-PF: Return of Private Foundation

| Part XV, Line 2: Supplementary Information Regarding | g Contribution, Grant, Gift, Loan, Scholarship, etc.                         | ship, etc.                | Continuation Statement |
|--|--|---------------------------|------------------------|
| Name and Address Information                         | Form Information   | Submission<br>Information | Restrictions.          |
| unda Saperstein<br>lan Blvd<br>12 85250              | By letter explaining the charitable use to which the grant would be applied. | None                      | None                   |
| 480-236-10/2   |  |                           |                        |

## Form 990-PF: Return of Private Foundation

## Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

|   | If recipient is an   |                                      |                                  |             |
|---|--|--------------------------------------|----------------------------------|-------------|
| Recipient name and address (home or business) | individual, show any relationship to any foundation manager or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount      |
| a Paid during the year                        |  |                                      |                                  | <del></del> |
| Honor Health Foundation                       |  | PC                                   | general support                  | 500.        |
| 8125 N Hayden Road                            |  |                                      |                                  |             |
| Scottsdale, AZ 85258                          |  |                                      |                                  |             |
| Detour Company Theatre                        |  | PC                                   | general support                  | 100.        |
| Box 15067                                     |  |                                      |                                  |             |
| Phoenix, AZ 85060                             |  |                                      | 1                                |             |
| America-Israel Cultural Foundation            |  | PC                                   | general support                  | 200.        |
| 1140 Broadway Ste 304                         |  |                                      |                                  |             |
| New York, NY 10001                            |  |                                      |                                  |             |
| Assoc. of AZ Food Banks                       |  | PC                                   | general suport                   | 100.        |
| 340 E Coronado Road                           |  |                                      |                                  |             |
| Phoenix, AZ 85004                             |  |                                      |                                  |             |
| Scottsdale Museum of Contemporary Art         |  | PC                                   | general support                  | 5,000.      |
| 7380 E. Second St                             |  |                                      |                                  |             |
| Scottsdale, AZ 85251                          |  |                                      |                                  |             |
| FINCA   |  | PC                                   | general support                  | 100.        |
| 1201 15th Street                              |  |                                      | }                                |             |
| Washington, DC 20005                          |  |                                      |                                  |             |
| Young Arts Arizona                            |  | PC                                   | general support                  | 150.        |
| 2009 N 7th Street                             |  | ļ                                    | ]                                |             |
| Phoenix, AZ 85006                             |  |                                      |                                  |             |
| Phoenix Theatre                               |  | PC                                   | general support                  | 100.        |
| 100 E McDowell Road                           |  |                                      |                                  |             |
| Phoenix, AZ 85004                             |  |                                      |                                  |             |
| Ballet Arizona                                |  | PC                                   | general support                  | 250.        |
| 2835 E Washington Street                      |  |                                      | gonoral capping                  |             |
| Phoenix, AZ 85034                             |  | ,                                    | ]                                |             |
| Act One                                       |  | PC                                   | general support                  | 1,000.      |
| 910 E. Osborn Rd, Ste C                       |  |                                      | general support                  | 1,000.      |
| Phoenix, AZ 85014                             |  |                                      | i i                              |             |
| ASU Foundation                                | <del></del>  | PC                                   | general support                  | 1,000.      |
| P.O. Box 2260                                 |  | FC                                   |                                  | 1,000.      |
| Tempe, AZ 85280                               |  |                                      |                                  |             |
| Oxfam America                                 |  | DC.                                  |                                  | 100         |
|   |  | PC                                   | general support                  | 100.        |
| 226 Causeway Street                           |  |                                      |                                  |             |
| Boston, MA 02114                              |  |                                      |                                  |             |
| Birthright Israel Foundation                  |  | PC                                   | general support                  | 100.        |
| P.O. Box 21615                                |  | !                                    |                                  |             |
| New York, NY 10087                            |  | <u> </u>                             |                                  |             |
| TGen Foundation                               |  | PC                                   | general support                  | 200.        |
| 445 N 5th St Ste 120                          |  |                                      |                                  |             |
| Phoenix, AZ 85004                             |  |                                      |                                  |             |
| Jewish National Fund                          |  | PC                                   | general support                  | 500.        |
| 78 Randall Ave                                |  |                                      |                                  |             |
| Rockville Centre, NY 11570                    |  |                                      |                                  |             |

## Form 990-PF: Return of Private Foundation

## Part XV, Line 3a: Grants and Contributions Paid During the Year

## **Continuation Statement**

| Recipient name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount  |
|---|---|--------------------------------------|----------------------------------|---------|
| a Paid during the year                        |   |                                      |                                  |         |
| American Heart Association                    |   | PC                                   | general support                  | 50.     |
| 7272 Greenville Ave                           |   |                                      |                                  |         |
| Dallas, TX 75231                              |   | 1                                    |                                  |         |
| CARE  |   | PC                                   | general support                  | 100.    |
| 115 Broadway 5th fl                           |   | Ì                                    |                                  |         |
| New York, NY 10006                            |   | 1                                    |                                  |         |
| American Red Cross                            |   | PC                                   | general support                  | 250.    |
| 4747 N 22nd St ste 100                        |   | 1                                    |                                  |         |
| Phoenix, AZ 85016                             |   |                                      |                                  |         |
| Scottsdale Arts                               |   | PC                                   | general support                  | 10,000. |
| 7380 E 2nd St                                 |   | ]                                    |                                  |         |
| Scottsdale, AZ 85251                          | _   |                                      |                                  |         |
|   |   |                                      |                                  | 19,800. |

# **Legal and Professional Fees**

| Name  | Employer Identification No |
|---|----------------------------|
| Sherman and Linda Saperstein Charitable Trust | 20-6981976                 |

## Line 16a - Legal Fees

| Name of<br>Provider | Type of Service<br>Provided | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| ···                 | -                           |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
|                     | -                           |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
| tal to Form 990     | )-PF, Part I, Line 16a      |                             |                             |                           | .   |

## Line 16b - Accounting Fees

| Name of<br>Provider | Type of Service<br>Provided | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
|                     |                             |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
| etal to Form 000    | PF, Part I, Line 16b        |                             |                             |                           |   |

#### Line 16c - Other Professional Fees

| Name of<br>Provider | Type of Service<br>Provided | Amount<br>Paid<br>Per Books | Net<br>Investment<br>Income | Adjusted<br>Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|---|
| Mark L. Saperstein  | tax preparation             | 2,500.                      | 2,500.                      |                           |   |
|                     |                             |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
|                     |                             |                             |                             |                           |   |
| Total to Form 990-  | PF, Part I, Line 16c        | 2,500.                      | 2,500.                      |                           |   |

#### Schedule B

(Form 990, 99Q-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

#### 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

2019

**Employer identification number** 

Sherman and Linda Saperstein Charıtable Trust 20-6981976 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ★ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 

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).

Cat No 30613X

REV 06/02/20 PRO

Name of organization
Sherman and Linda Saperstein Charitable Trust

Employer identification number

20-6981976

| -       |   |                  |                   |                  |                       |           |
|---------|---|------------------|-------------------|------------------|-----------------------|-----------|
| Part    | Contributors (s                         | ee instructions) | - Use duplicate d | copies of Part L | if additional space i | s needed. |
| , 4, 6, | 00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | oo mon aonomo,   | Coo dapiioaio c   | , op, oo o a     | accinona, opaco .     |           |

| (a) | (b)   | (c)                     | (d)  |
|-----|---|-------------------------|--|
| No. | Name, address, and ZIP + 4                                      | Total contributions     | Type of contribution   |
| 1   | Sherman H. Saperstein 7363 E. McLellan Blvd Scottsdale AZ 85250 | \$ 50,000.              | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |
| (a) | (b)   | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4                                      | Total contributions     | Type of contribution   |
|     |   | \$                      | Person   |
| (a) | (b)   | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4                                      | Total contributions     | Type of contribution   |
|     |   | \$                      | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a) | (b)   | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4                                      | Total contributions     | Type of contribution   |
|     |   | \$                      | Person   |
| (a) | (b)   | (c) Total contributions | (d)  |
| No. | Name, address, and ZIP + 4                                      |                         | Type of contribution   |
|     |   | \$                      | Person   |
| (a) | (b)   | (c)                     | (d)  |
| No. | Name, address, and ZIP + 4                                      | Total contributions     | Type of contribution   |
|     |   | \$                      | Person Payroll Moncash (Complete Part II for noncash contributions.)   |

Name of organization
Sherman and Linda Saperstein Charitable Trust

Employer identification number

20-6981976

| •       |                                    |  |
|---------|------------------------------------|--|
| Part II | Noncash Property (see instructions | s). Use duplicate copies of Part II if additional space is needed. |

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

**Employer identification number** 

Name of organization

| Sherman                   | n and Linda Saperstein Chari  | table Trust                               |  | 20-6981976  |  |
|---------------------------|---|---|--|---|--|
| Part lil                  | (10) that total more than \$1,000 fo  | r the year from any ations completing Par | one contributor. t III, enter the tota | escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and all of exclusively religious, charitable, etc., |  |
|                           | Use duplicate copies of Part III if add   | •   |  | ee manuctions.) > 5   |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                           |  | (d) Description of how gift is held   |  |
|                           |   |   |  |   |  |
|                           |   | (a) Tanas                                 | au af aift                             |   |  |
|                           | (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relation                                 |   |  | nship of transferor to transferee   |  |
|                           |   |   |  |   |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                           |  | (d) Description of how gift is held   |  |
|                           |   |   |  |   |  |
|                           | (a) Tanadas of sife   |   |  |   |  |
|                           | (e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee  |   |  |   |  |
|                           |   |   |  |   |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use o                                 | of gift                                | (d) Description of how gift is held   |  |
|                           |   |   |  |   |  |
|                           | (e) Transfer of gift  |   |  |   |  |
|                           | Transferee's name, address, a   | nship of transferor to transferee         |  |   |  |
| ,                         |   |   |  |   |  |
| (a) No.<br>from<br>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 |   |  |   |  |
|                           |   |   |  |   |  |
|                           |   |   |  | ·   |  |
|                           |   |   |  | •••••••••••••••••••••••••••••••••••••••   |  |

# Additional Information For Tax Return

| Sherman and Linda Saperstein Charitable Trust                                    | 20-6981976 |
|--|------------|
| ,  |            |
| Form 990-PF, p4: Line 8 No   |            |
| Arizona has abolished charity registrations and no longer accents annual reports |            |