### **Return of Private Foundation**

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

OMB No 1545-0047 2019

Department of the Treasury

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

Open to Public Inspection

_		veride del vide					Topics - and mapped
			and ending				
Na	me of to	oundation			A Empl	oyer identification number	r
,	OIIN	I ENMITY ECHNENTION			22	2616020	
		I FAMILY FOUNDATION  Indicated (or P.O. box number if mail is not delivered to street address)	T P.	oom/suite		-2616038 hane number (see instruction	nne)
		GOLDEN GATE POINT		CONTRACTOR		1-362-4243	лізі
		vn, state or province, country, and ZIP or foreign postal code					
		ASOTA FL 34236			C If exer	mption application is pendin	g, check here
G	heck	all that apply   Initial return   Initial retu	urn of a former public	charity	D 1. Fo	reign organizations, check l	here 🕨
		Final return Amended	•	•	2. Fo	reign organizations meeting	ı the
		Address change Name cha	ange			% test, check here and atta-	_
H (	hack	type of organization X Section 501(c)(3) exempt priva		- 1.1	E If pov	nto foundation status was to	
_			ole private foundation	04	•	ate foundation status was te n 507(b)(1)(A), check here	rminated under
		arket value of all assets at J Accounting method		rual	F If the f	formadalisas is is a CO month.	
		year (from Part II, col (c), Other (specify)	M Casii MCC	Juai		foundation is in a 60-month section 507(b)(1)(B), check	
		\$ 10,029,237 (Part I, column (d), mus	et ha on cach hacie )				_
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		·		(d) Disbursements
•	41.	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for chantable purposes
	<b>,</b>	the amounts in column (a) (see instructions) )	books			income	(cash basis only)
	1-1-	Contributions, gifts, grants, etc., received (attach schedule)	300,000	<u> </u>			
,	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	703		703		
1	4	Dividends and interest from securities	200,833	20	0,833		
	5a	Gross rents					
<u>o</u>	b	Net rental income or (loss)					
ב	6a	Net gain or (loss) from sale of assets not on line 10 $$ STMT $$ $$ $$ $$ $$	131,824				
Revenue	ь	Gross sales pnce for all assets on line 6a 1,815,729					
8	7	Capital gain net income (from Part IV, line 2)		14	18,590		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 2	19,876	1	9,876		
	12	Total. Add lines 1 through 11	653,236	37	0,002	0	
Ś	13	Compensation of officers, directors, trustees, etc	0		ì		
xpenses	14	Other employee salanes and wages					
ě	15	Pension plans, employee benefits					
	16a	Pension plans, empleyee benefits Legal less (attach schedule)					
_a ⊒e	H,	on/iccounting fees (attach sche்ற்புe) STMT 3	830				
Ę	d	Stither Micessia Medical State (1997)	22,671				
<u> </u>	17	Toterest C					
is	18	Taxes (attach schedule) (seemstructions) STMT 5  Depreciation (attach schedule) and depletion	6,311				
ij	19 L	Depreciation (attach schedule) and depletion					
₽	20	Occupancy				I	
٥	21	Travel, conferences, and meetings					
ä	22	Printing and publications					
g	23	Other expenses (att. sch )					
Operating and Administrative E	24	Total operating and administrative expenses.				-	
20		Add lines 13 through 23	29,812		0	0	0
ğ	25	Contributions, gifts, grants paid SEE STATEMENT 6	433,825				433,825
	26	Total expenses and disbursements. Add lines 24 and 25	463,637		0	0	433,825
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	189,599				
	b	Net investment income (if negative, enter -0-)		37	0,002		
	l c	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2019)

Form 990-PF (2019) JOHN FAMILY FOUNDATION 23-2616038

Page 2

	Part l	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	fyear
_	art	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	275,597	447,012	447,012
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶	1		-
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
ı	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see		l	
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
S	8	inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	b	Investments – corporate stock (attach schedule) SEE STMT 7	744,301	1,022,867	1,919,696
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
_	12	-Investments mortgage-loans	94,732	94,732	
	13	Investments – other (attach schedule) SEE STATEMENT 8	7,424,373	7,163,991	7,662,529
	14	Land, buildings, and equipment, basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶			
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	8,539,003	8,728,602	10,029,237
╛	17	Accounts payable and accrued expenses			
	18	Grants payable			<del></del>
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			<del></del>
ap	21	Mortgages and other notes payable (attach schedule)			
ت	22	Other liabilities (describe ► )			····
	23	Total liabilities (add lines 17 through 22)	0	0	
7		Foundations that follow FASB ASC 958, check here	<del>                                     </del>		<del></del>
ဖွ		and complete lines 24, 25, 29, and 30.		l l	
<b>Net Assets or Fund Balances</b>	24	Net assets without donor restrictions			
<u>a</u>	25	Net assets with donor restrictions			
Ö		Foundations that do not follow FASB ASC 958, check here		-	
킼		and complete lines 26 through 30.	1		
피	26	Capital stock, trust principal, or current funds		]	
ō	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
ets	28	Retained earnings, accumulated income, endowment, or other funds	8,539,003	8,728,602	
SS	29	Total net assets or fund balances (see instructions)	8,539,003	8,728,602	<del></del>
	30	Total liabilities and net assets/fund balances (see		· · · · · ·	
ž		instructions)	8,539,003	8,728,602	
$\overline{}$	Part I				**
_		net assets or fund balances at beginning of year – Part II, column (a), line 29	(must agree with		
•		of-year figure reported on prior year's return)	. •	1	8,539,003
2		amount from Part I, line 27a		2	189,599
		rincreases not included in line 2 (itemize) ▶		3	
		ines 1, 2, and 3		4	8,728,602
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	nn (b), line 29	6	8,728,602
_					000 DE

1al 1 .at	Losses for Tax on Investme	ent Income			
	and(s) of property sold (for example, real estate, use, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
LPL-24956279			S Someton		
b LPL-20541081					
С		•			
di					
9					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale	(h) Gain ((e) plus (f)	•
a 148,562					148,56
28					2
; <u> </u>		· <u>-</u>			
1			·		
					-,-
Complete only for assets showing g	ain in column (h) and owned by the	foundation on 12	2/31/69	(I) Gains (Col	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of cot (i) I(j) if any	col (k), but not l Losses (fro	•
1		*			148,56
)					2
<b>1</b>					
Capital gain net income or (net capi	tal loss) If gain, also enter in P			2	148,59
Net short-term capital gain or (loss)	as defined in sections 1222(5) and (	6)			
If gain, also enter in Part I, line 8, co	olumn (c) See instructions If (loss), e	enter -0- ın 🎝			
Part I, line 8				3	
Part V Qualification Unde	r Section 4940(e) for Reduce	<u>ed Tax on Ne</u>	<u>t Investment Inc</u>	come	
or optional use by domestic private fo	undations subject to the section 494	0(a) tax on net ir	ivestment income)		
section 4940(d)(2) applies, leave this	part blank				
	40404		16.1		୮. ଟ
	1 4942 tax on the distributable amount		the base period?		Yes X N
Yes," the foundation doesn't qualify u	nder section 4940(e) Do not comple	ete this part			Yes X N
	nder section 4940(e) Do not comple	ete this part			Yes X N
Yes," the foundation doesn't qualify u  Enter the appropriate amount in eac  (a)	nder section 4940(e) Do not comple th column for each year; see the inst	ete this part	naking any entries	District	(d)
Yes," the foundation doesn't qualify u Enter the appropnate amount in eac	nder section 4940(e) Do not complete column for each year; see the institute (b)  Adjusted qualifying distributions	ete this part ructions before r	naking any entries		
Yes," the foundation doesn't qualify u  Enter the appropriate amount in eac  (a)  Base penod years  Calendar year (or tax year beginning in)  2018	nder section 4940(e) Do not complete h column for each year; see the institution (b)  Adjusted qualifying distributions	ete this part ructions before r	naking any entries		(d) pution ratio
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Yes," the foundation doesn't qualify u  Enter the appropriate amount in each  (a)  Base penod years  Calendar year (or tax year beginning in)  2018  2017  2016  2015  2014  Total of line 1, column (d)  Average distribution ratio for the 5-ye the number of years the foundation is  Enter the net value of noncharitable-  Multiply line 4 by line 3  Enter 1% of net investment income (	Adjusted qualifying distributions  (b) Adjusted qualifying distributions  501,7 320,6 355,9 333,8 360,0  ear base period – divide the total on has been in existence if less than 5 years assets for 2019 from Part X, line	Net value  7 0 5  8 5  9 5 6  3 4 4  9 1 0  Inne 2 by 5 0, or rears	naking any entries (c) e of nonchantable-use asso	2 3 4 5 6	(d) putton ratio rided by col (c))

	1 990-PF (2019) JOHN FAMILY FOUNDATION 23-2616038 Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 – se	e instr	P uctic	age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				<u>,</u>
	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		3.	700
_	here ► X and enter 1% of Part I, line 27b				<del>, 0 0</del>
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				
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	**	3.	700
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		3,	700
6	Credits/Payments:				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				
b	Exempt foreign organizations – tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)  6c 4,500				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		4,	<u>500</u>
8	Enter any penalty for underpayment of estimated tax. Check he X if Form 2220 is attached	8			141
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		!	659
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 659 Refunded ▶	11			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a	Щ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1	i 1	!
	instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			i 1	
	published or distributed by the foundation in connection with the activities			. [	
C	Did the foundation file Form 1120-POL for this year?		1c	$\Box$	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ (2) On foundation managers ► \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			.	
•	on foundation managers > \$				v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u> _
•	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		,		X
40	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3	-+	
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	4a   A 4b		<u>X</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/1	5		X
•	If "Yes," attach the statement required by General Instruction T		-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or			İ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			ļ	
	conflict with the state law remain in the governing instrument?		6	$\mathbf{x}$	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	i Part XV	7	X	<del></del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► NONE				<del></del>
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			- 1	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		"	++	<del></del>
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"				_
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		-		<u></u> -
	names and addresses		10		Х
			Form 990		

4a

4b

Form 990-PF (2019)

Form 990-PF (2019) JOHN FAMILY FOUNDATION 23-2616038 Page 5 Statements Regarding Activities (continued) Yes No 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? 13 Website address ► N/A The books are in care of ▶ MILDRED D. JOHN Telephone no ▶ 941-362-4243 14 378 GOLDEN GATE POINT ZIP+4 ▶ 34236 Located at ▶ SARASOTA 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here 15 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 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 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 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)? No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after X No Yes termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 1b Organizations relying on a current notice regarding disaster assistance, check here 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? N/A 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)) At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines X No 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions ) N/A 2b If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. , 20 , 20 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise Yes X No at any time during the year? 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 the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the N/A foundation had excess business holdings in 2019) 3b

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 chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

	990-PF (2019) JOHN FAMII			2616038	antinuad)		P	age (
		arding Activities for Which F	orm 47 20 Iviay De	Required (C	onunuea)		Г.,	
5a	During the year did the foundation p	-			v [V] N-		Yes	No
	· · · · · · · · ·	vise attempt to influence legislation (	,		Yes X No			
		pecific public election (see section 49	(55), or to carry on,		v [ <del>V</del> ] N-			
	directly or indirectly, any voter r	-	•	<u> </u>	Yes X No	ļ		ŀ
	-	for travel, study, or other similar purp			Yes X No			
		on other than a charitable, etc , orga	nization described in		v 🔽 v.			ļ
	section 4945(d)(4)(A)? See inst				Yes 🔀 No		i	
	* -	han religious, charitable, scientific, lit	erary, or educational		, , ,		İ,	
	• •	of cruelty to children or animals?			Yes 🛚 🔀 No			
b		did any of the transactions fail to qua	-		), /D	l		
	_	n a current notice regarding disaster		uctions	N/A	5b	-	
		notice regarding disaster assistance,			▶ 📙			
С	If the answer is "Yes" to question 5a		ption from the tax	)	—			
	because it maintained expenditure			N/A ∐	Yes   No			
	•	ed by Regulations section 53 4945-	• •				i I	
6a	Did the foundation, during the year,	receive any funds, directly or indirec	tly, to pay premiums					
_	on a personal benefit contract?		, .		Yes X No			
b	•	pay premiums, directly or indirectly,	on a personal benefit	contract?		6b		X
_	If "Yes" to 6b, file Form 8870				(F)			
	At any time during the tax year, was				Yes 🗓 No			
b	If "Yes," did the foundation receive-	• •		insaction?	N/A	7b		
8	-	ion 4960 tax on payment(s) of more	than \$1,000,000 in		v 🔽 v		1	
	remuneration or excess parachute			<u> </u>	Yes X No			
Pa		Officers, Directors, Trustee	s, Foundation Ma	nagers, High	lly Paid Empl	oyee	s,	
	and Contractors					_		
	ist all officers, directors, trustees,	and foundation managers and the	ir compensation. Se	e instructions.				
		<del></del>	<del></del>	Γ''	1 .		-	
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	oense ac	count.
	(a) Name a	and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred		pense ac r allowar	
		and address	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit			
	UL R JOHN	SARASOTA	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces
37	UL R JOHN 8 GOLDEN GATE POINT	SARASOTA FL 34236	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00	(c) Compensation (If not paid,	employee benefit plans and deferred compensation	othe		
37 MI	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN	SARASOTA FL 34236 SARASOTA	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
37 MI	UL R JOHN 8 GOLDEN GATE POINT	SARASOTA FL 34236	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		nces
37 MI	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN	SARASOTA FL 34236 SARASOTA	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
37 MI	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN	SARASOTA FL 34236 SARASOTA	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
37 MI	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN	SARASOTA FL 34236 SARASOTA	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT	SARASOTA FL 34236 SARASOTA FL 34236	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pair	SARASOTA FL 34236 SARASOTA FL 34236	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation	othe		o O
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT	SARASOTA FL 34236 SARASOTA FL 34236	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  O  The plans are plant and deferred compensation  O  The plant are plant and the plant are plant	othe		o O
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pai	SARASOTA FL 34236 SARASOTA FL 34236  The state of the sta	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00	(c) Compensation (If not paid, enter -0-)  0	employee benefit plans and deferred compensation	othe		0 0
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pair	SARASOTA FL 34236 SARASOTA FL 34236  The state of the sta	(b) Title, and average hours per week devoted to position  PRESIDENT 0.00  V. PRESIDENT 0.00	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred compensation  O  O  (d) Contributions to employee benefit plans and deferred	(e) Exp	er allowar	0 0
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pair "NONE."	SARASOTA FL 34236 SARASOTA FL 34236  The state of the sta	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00  Iuded on line 1 – see	(c) Compensation (If not paid, enter -0-)  0	employee benefit plans and deferred compensation  O  O  (d) Contributions to employee benefit	(e) Exp	pense ao	0 0
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pai	SARASOTA FL 34236 SARASOTA FL 34236  The state of the sta	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00  Iuded on line 1 – see	(c) Compensation (If not paid, enter -0-)  0	employee benefit plans and deferred compensation  O  O  (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ao	0 0
37 MI 37	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pair "NONE."	SARASOTA FL 34236 SARASOTA FL 34236  The state of the sta	(b) Title, and average hours per week devoted to position  PRESIDENT  0.00  V. PRESIDENT  0.00  Iuded on line 1 – see	(c) Compensation (If not paid, enter -0-)  0	employee benefit plans and deferred compensation  O  O  (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ao	0 0
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377 MI 377 2	UL R JOHN 8 GOLDEN GATE POINT LDRED D JOHN 8 GOLDEN GATE POINT  Compensation of five highest-pair "NONE."	SARASOTA FL 34236 SARASOTA FL 34236  d employees (other than those inc	(b) Title, and average hours per week devoted to position  PRESIDENT 0.00  V. PRESIDENT 0.00  luded on line 1 – see  (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0	employee benefit plans and deferred compensation  O  O  (d) Contributions to employee benefit plans and deferred	(e) Exp	pense ao	0 0

Form 990-PF (2019)

▶

2

3

All other program-related investments. See instructions

Total. Add lines 1 through 3

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

Form 990-PF (2019)

Form 990-PF (2019) JOHN FAMILY FOUNDATION Undistributed Income (see instructions) (b) (c) Years prior to 2018 2018 Corpus 2019 Distributable amount for 2019 from Part XI. 0 line 7 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only **b** Total for prior years 20 \_ , 20\_ Excess distributions carryover, if any, to 2019 a From 2014 362,840 337,200 **b** From 2015 358,638 c From 2016 324,418 d From 2017 506,000 e From 2018 1,889,096 f Total of lines 3a through e Qualifying distributions for 2019 from Part XII, 433,825 line 4. ► \$ a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions out of corpus (Election required <u>see instructions</u>) d Applied to 2019 distributable amount 433,825 e 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: 2,322,921 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of pnor 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 instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) 8 Excess distributions carryover from 2014 not 362,840 applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2020. 1,960,081 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 337,200 Excess from 2015 358,638 Excess from 2016 Excess from 2017 324,418 506,000 Excess from 2018 433,825 Excess from 2019

3 Grants and Contributions Paid During		or Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	тобрин		<u></u>
a Paid during the year SEE SCHEDULE 378 GOLDEN GATE POINT SARASOTA FL 34236	NONE	(	HARITABL	E 433,825
	-			
Total		·	▶ 3a	433,825
<b>b</b> Approved for future payment N / A				
Total			<b>▶</b> 3b	

Enter gross a	mounts unless otherwise indicated	ctivities Unrelat	ed business income	Excluded	by section 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
Ū	ervice revenue					(000 11101101101)
	<del> </del>	<u> </u>		<del> </del> -		<u>.</u>
				<u> </u>		
				1		·····
				<del> </del>		
f						
	and contracts from government agencies			· · · · · · · · · · · · · · · · · · ·		<u> </u>
-	nip dues and assessments					
	savings and temporary cash investments					703
	and interest from securities					200,833
5 Net rental	income or (loss) from real estate.					
	inanced property					
<b>b</b> Not de	bt-financed property					
6 Net rental	income or (loss) from personal property					
7 Other inve	stment income					19,876
8 Gain or (lo	ss) from sales of assets other than inventory					131,824
9_Net_incom	e or (loss) from special events					
IO Gross prof	fit or (loss) from sales of inventory					
11 Other reve	enue a					
b						
d				L		
е				}		
			<del></del>			
2 Subtotal A	Add columns (b), (d), and (e)		0		0	
3 Total. Add	line 12, columns (b), (d), and (e)		0		0 <b>13</b>	
13 Total. Add See workshe	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations)				13	
See workshee Part XVI-	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A		ment of Exempt	Purpo	13	353,236
See workshee Part XVI-I	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
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I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	353, 236
I3 Total. Add See workshee Part XVI-I Line No. ▼	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	ne is reported i	ment of Exempt n column (e) of Part )	Purpo:	ses	

Form 990-PF (2019) JOHN FAMILY FOUNDATION 23-2616038 Page 1:

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt

$\sim$	$\neg$	-2	_	1	_	$\sim$	$\sim$	$\sim$	
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		<b>Organizations</b>				•				•
1	Did the org	anization directly or in	directly eng	gage in any of the	e following with a	any other organization describe	ed		Yes	No
	_	01(c) (other than sec			_	· -		1		
	organizatio		, ,,	, ,		3 .				
	-	om the reporting four	dation to a	noncharitable ex	cempt organizati	on of		i		
	(1) Cash	<b>g</b>						1a(1)		Χ
	(1) Odon (2) Other a	ccate					1	1a(2)		X
	Other trans							10(2)		
				-4				4.44		v
	• ,	f assets to a nonchar	•				1	1b(1)		X
	• •	ses of assets from a r			zation			1b(2)		<u>X</u>
	• •	of facilities, equipmen	-	ssets			r	1b(3)		X
(	(4) Reimbu	irsement arrangemen	ts				ļ	1b(4)		<u>X</u>
(	( <b>5</b> ) Loans o	or loan guarantees						1b(5)		<u>X</u>
(	(6) Perform	nance of services or n	nembership	or fundraising so	olicitations			1b(6)		<u>X</u>
C	Shanng of f	acilities, equipment, r	nailing lists,	other assets, or	paid employees	<b>3</b>		1c		_X_
d l	If the answe	er to any of the above	ıs "Yes," co	implete the follow	wing schedule C	Column (b) should always shov	the fair market			
,	value of the	goods, other assets,	or services	given by the rep	orting foundatio	n If the foundation received le	ss than fair market			
,	value in any	transaction or sharir	ng arrangem	nent, show in col	umn (d) the valu	e of the goods, other assets, o	r services received			
	) Line no	(b) Amount involved		e of nonchantable exe			transactions, and sharing a	rranger	nents	
N/A							-			
				····	•					
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			i	<del> </del>			<del></del>			
2a I	s the found	ation directly or indire	ctly affiliate	d with, or related	I to, one or more	tax-exempt organizations	_	_	_	
C	described in	section 501(c) (othe	r than section	on 501(c)(3)) or i	n section 527?			] Yes	s X	No
b l	f "Yes," con	nplete the following se	chedule							
	(a	) Name of organization		(b) Type of	organization	(c) Descr	ption of relationship			
N	/A									
							· · · · · · · · · · · · · · · · · · ·			
					··					
		****								_
						chedules and statements, and to the be	est of my knowledge and be	lief, it is	true,	
	correct, ar	od complete Declaration of	preparer (other	than taxpayer) is bas	sed on all information	of which preparer has any knowledge	May the IRS discus	s this ret	um	$\neg$
Sign				_			with the preparer sh			
Here		$) \sim \alpha$	) (				See instructions	Ŭ Y	es 📗	No
11010	1	$\frac{1}{2}$	-A	<u>ر</u>	10	15-20 PRES	SIDENT			—
	Signa	ture of officer or trustee	-70 Y	<u> </u>	Date	Title	PIDENI			—
	<del>-1</del>		<del>-//</del>		T	r Hug		$\overline{}$		
	Pnnt/Ty	pe preparer's name	V		Preparer's signatu	re	Date	- 1	Check	_] <sub>1</sub> 1
Paid			ant					- 1	elf-empl	oyed
Prepai	rer T. MI	CHAEL HUGHES			јт. міснає	L HUGHES, CPA	10/13/		000	
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# 232616038 JOHN FAMILY FOUNDATION

### Federal Statements

23-2616038 FYE: 12/31/2019 Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Description		How Received	Whom Sold	<b>-</b>		
	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
LPL FINANCIAL LPL FINANCIAL	1/01/18	1/01/18 12/31/19 \$ 1/01/18 12/31/19	PURCHASE 1,667,110 \$ PURCHASE 29	1,683,854 \$		w.	\$ -16,744
TOTAL		'	\$ 1,667,139 \$	1,683,905 \$	0	\$	\$ -16,766
		Statement 2	Statement 2 - Form 990-PF, Part I, Line 11 - Other Income	rt I, Line 11 - Oth	ner Income		
	Description	U		Revenue per Books	Net Inv	Net Investment Income	Adjusted Net Income
NON DIVIDEND DIST-LPL-2495627 NON DIVIDEND DIST-LPL-2054108 TOTAL	DIST-LPL-2495627 DIST-LPL-2054108			\$ 19,525 351 \$ 19,876	w w	19,525 \$ 351 19,876 \$	0

# Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	S	0 \$
Adjusted Net	\$	8
Net Investment	<b>ም</b>	0 8
Total	\$ 830	\$ 830
Description	INDIRECT ACCOUNTING FEES	TOTAL

1-3

•	•		<u>-</u> .	<u> </u>		<u></u>					 	
10/13/2020 1:11 PM		Charitable Purpose		Charitable Purpose \$		Date 12/31/19		Fair Market Value	1,919,	\$ 1,919,696		4-7
	essional Fees	Adjusted Net	Xes	Adjusted Net	itions, Gifts, Grants	Book Value Explanation	ock Investments	Basis of Valuation	100	· .		
atements	ine 16c - Other Prof	Net Investment	F, Part I, Line 18 - Taxes	Investment	rt I, Line 25 - Noncash Contributions, Gifts, Grants	Book Value Amount 433, 825	Part II, Line 10b - Corporate Stock Investments	End of Year	\$ 976,	\$ 1,022,867		
Federal Statements	Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees	<b>Total</b> \$ 22,671 \$ 22,671	Statement 5 - Form 990-PF,	Fotal \$ 1,862 4,449 \$ 6,311	90-PF, Part I, Line 2	FMV Explanation		Beginning of Year	697,	444, 301		
232616038 JOHN FAMILY FOUNDATION 23-2616038 FYE: 12/31/2019	Statement 4 - F	Description PEES	State	Description PAID TAX	Statement 6 - Form 990-PF, Par	Noncash Description	Statement 7 - Form 990-PF,	Description	PUBLICILY TRADED CORPORATE STOCK HARTFORD			
232616038 JOHN F 23-2616038 FYE: 12/31/2019		Desc INVESTMENT FEES TOTAL		Descr FOREIGN TAX PAID 2018 EXCISE TAX TOTAL		Amount 433, 825		De	PUBLICILY TRADED HARTFORD	10141		

## 232616038 JOHN FAMILY FOUNDATION

## Federal Statements

23-2616038 FYE: 12/31/2019

Statement 8	Form	8 - Form 990-PF, Part II, Line 13 - Other Investmen	<u>ine 13</u>	- Other Investr	nents		
Description		Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
PUBLICILY TRADED MUTUAL FUNDS BEHRINGER REIT	က	6,721,388 100,000	တ	6,523,159 100,000	COST	·γ·	7,660,809
BEHRINGER HARVARD OPPORTUNITY REIT BEHRINGER HARVARD MULTI FAMILY REIT		100,000 100,000		100,000	COST		
RIGHTS AND WARRANTS OTHER INVESTMENTS	l	4,920 398,065		4,920 335,912	COST		1,720
TOTAL	۰۰ ا	7,424,373	ςς.	7,163,991		ᇱ	7,662,529

232616038 JOHN FAMILY FOUNDATION 23-2616038 Federal Statements FYE: 12/31/2019	10/13/2020 1:11 PM
Statement 9 - Form 990-PF, Part XV, Line 2b - Application Format an	d Required Contents
Description	
LETTER SHOULD BE SUBMITTED DETAILING THE PURPOSE OF REQUEST	
Form 990-PF, Part XV, Line 2c - Submission Deadli	nes
Description	
NONE	
Form 990-PF, Part XV, Line 2d - Award Restrictions or Li	mitations
Description	
NONE	
	j
	9

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Name of the organization **Employer identification number** JOHN FAMILY FOUNDATION 23-2616038 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF |X| 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

Name of organization JOHN FAMILY FOUNDATION 23-2616038 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 PAUL AND MILDRED JOHN Person 3855 COUNTY LINE ROAD Payroll 300,000 \$ Noncash PA 17889 WINFIELD (Complete Part II for noncash contributions) (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) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions)

Form	990-PF	Underdistribution and Excess Di	2019		
		For calendar year 2019, or tax year beginning	, ending		
Name					Janto Canton a November
HOT.	N FAMILY	FOUNDATION		23-261	lentification Number

### Undistributed Income Carryovers Form 990-PF, Part XIII

į	Pri	or Undistributed I	ncome		Next Year Carryover		
Tax Year	Nontaxable or Previously Taxed	Taxable in 2019	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2020	
Years prior							
20 15							
20 16							
20 17							
2018							
2019			0				

\* Carryover amount includes 4942(a) amounts

### Excess Distribution Carryovers Form 990-PF, Part XIII

		Current Year	Next Year
	Preceding Tax Year ExcessDistributions	Decreases	Carryover
2014	362,840	362,840	
2015	337,200		337,200
2016	358,638		358,638
2017	324,418		324,418
2018	506,000		506,000
Current	Year Excess Distribution Generated	433,825	
	irryover to Next Year		1,960,081

232616038 JOHN FAMILY FOUNDATION 10/13/2020 1:11 PM **Federal Statements** 23-2616038 FYE: 12/31/2019 **Taxable Dividends from Securities** US Unrelated Exclusion Postal Description Obs (\$ or %) Amount Business Code Code DIVIDENDS-LPL-24956279 \$ 200,019 DIVIDENDS-LPL-20541081 814 200,833 TOTAL Other Investment Income Unrelated Exclusion Postal Description Amount Business Code Code 19,525 NON DIVIDEND DIST-LPL-2495627 \$ NON DIVIDEND DIST-LPL-2054108 351 19,876 TOTAL \$