

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RAUL MARCELO CLAURE 200 S BISCAYNE BLVD SUITE 4420 MIAMI, FL 33131	DIRECTOR/PRESIDENT 1.0	0	0	0
RENE MARCELO CLAURE 200 S BISCAYNE BLVD SUITE 4420 MIAMI, FL 33131	DIRECTOR/SECRETARY 1.0	0	0	0
MARTIN CLAURE 200 S BISCAYNE BLVD SUITE 4420 MIAMI, FL 33131	DIRECTOR/TREASURER 1.0	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000. ▶				

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				977
2	Undistributed income, if any, as of the end of 2019:				
a	Enter amount for 2018 only.			0	
b	Total for prior years: 2017, 2016, 2015		0		
3	Excess distributions carryover, if any, to 2019:				
a	From 2014.	15,813			
b	From 2015.	1,307			
c	From 2016.	70,150			
d	From 2017.	213,247			
e	From 2018.	14,582			
f	Total of lines 3a through e.	315,099			
4	Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>195,162</u>				
a	Applied to 2018, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions).				
c	Treated as distributions out of corpus (Election required—see instructions).				
d	Applied to 2019 distributable amount.				977
e	Remaining amount distributed out of corpus	194,185			
5	Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	509,284			
b	Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	15,813			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	493,471			
10	Analysis of line 9:				
a	Excess from 2015.	1,307			
b	Excess from 2016.	70,150			
c	Excess from 2017.	213,247			
d	Excess from 2018.	14,582			
e	Excess from 2019.	194,185			

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> Dana-Farber Cancer Institute 450 Brookline Ave Brookline, MA 02215	CHARITABLE DONATION	PC	In support of Profile, a comprehensive personalized cancer medicine initiative, which builds a database of genetic profiles to enable researchers to learn which mutations cause certain cancers and to develop targeted therapeutics.	125,000
The Aspen Institute 1 Dupont Circle NW Suite 700 Washington, DC 20036	CHARITABLE DONATION	PC	In support of the Henry Crown Fellowship Program which offers mentoring and support for community-based leadership and business practices to entrepreneurial leaders.	60,000
Maestro Cares Foundation 1459 W Hubbard St Chicago, IL 60642	CHARITABLE DONATION	PC	Improve the quality of life for orphaned children throughout Latin America by providing housing, classrooms, health clinics, dining, and recreational facilities.	4,806
Total			3a	189,806
b <i>Approved for future payment</i>				
Total			3b	

TY 2019 All Other Program Related Investments Schedule

Name: Marta Bedoya De Claire Foundation Inc
EIN: 27-4196844

Category	Amount
NONE	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: Marta Bedoya De Claire Foundation Inc

EIN: 27-4196844

TY 2019 Other Expenses Schedule**Name:** Marta Bedoya De Claire Foundation Inc**EIN:** 27-4196844**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROCESSING FEES				5,356

TY 2019 Taxes Schedule**Name:** Marta Bedoya De Claure Foundation Inc**EIN:** 27-4196844

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES				

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
Name of the organization Marta Bedoya De Claure Foundation Inc		Employer identification number 27-4196844

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 other 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 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Marta Bedoya De Claire Foundation Inc	Employer identification number 27-4196844
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution.)

Name of organization Marta Bedoya De Claire Foundation Inc	Employer identification number 27-4196844
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization Marta Bedoya De Claure Foundation Inc	Employer identification number 27-4196844
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____**

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

Software ID:
Software Version:
EIN: 27-4196844
Name: Marta Bedoya De Claire Foundation Inc

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	MARCELO CLAURE	\$ 190,000	Person ☒
	200 S BISCAYNE BLVD SUITE 4420		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)
<u>2</u>	ANDRES FREIRE	\$ 5,000	Person ☒
	200 S BISCAYNE BLVD C/O CLAURE GRO		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)
<u>3</u>	JOAO VITOR MENIN	\$ 10,000	Person ☒
	200 S BISCAYNE BLVD C/O CLAURE GRO		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)
<u>4</u>	AGCM INTERNATIONAL LTD ANDRE MACIEL	\$ 14,000	Person ☒
	200 S BISCAYNE BLVD C/O CLAURE GRO		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)
<u>5</u>	SAMIR A SAMA	\$ 10,000	Person ☒
	200 S BISCAYNE BLVD C/O CLAURE GRO		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)
<u>6</u>	SMEJC JIRI	\$ 19,960	Person ☒
	200 S BISCAYNE BLVD C/O CLAURE GRO		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	MICHAEL COMBES	\$ 5,000	Person ☒
	200 S BISCAYNE BLVD C/O CLAURE GRO		Payroll ☐
	MIAMI, FL 33131		Noncash ☐ (Complete Part II for noncash contribution.)
<u>8</u>	MURTAZA AHMED	\$ 10,000	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>9</u>	MORRISON FOERSTER LLP	\$ 10,000	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>10</u>	EUGENIO MATTAR	\$ 10,000	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>11</u>	RAM SUNDARAM	\$ 10,000	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>12</u>	FISHER FAMILY FOUNDATION	\$ 5,100	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	GERRY ELAINE LOPEZ	<u>\$ 5,100</u>	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>14</u>	LEE BOCKER	<u>\$ 5,000</u>	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>15</u>	PETER BRIGER	<u>\$ 5,000</u>	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>16</u>	MICHAEL BUCY	<u>\$ 5,000</u>	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>17</u>	SUEHYUN JOHAN CHUNG	<u>\$ 5,000</u>	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)
<u>18</u>	MANOJ KOHLI	<u>\$ 5,000</u>	Person ☒
	350 CONVENTION WAY STE 200		Payroll ☐
	REDWOOD CITY, CA 94063		Noncash ☐ (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	<u>ZDZISLAW KRZYWON</u>		Person ☒
	<u>350 CONVENTION WAY STE 200</u>		Payroll ☐
	<u>REDWOOD CITY, CA 94063</u>	<u>\$ 5,000</u>	Noncash ☐ (Complete Part II for noncash contribution.)
<u>20</u>	<u>JULIET NYATTA</u>		Person ☒
	<u>350 CONVENTION WAY STE 200</u>		Payroll ☐
	<u>REDWOOD CITY, CA 94063</u>	<u>\$ 5,000</u>	Noncash ☐ (Complete Part II for noncash contribution.)
<u>21</u>	<u>SHU NYATTA</u>		Person ☒
	<u>350 CONVENTION WAY STE 200</u>		Payroll ☐
	<u>REDWOOD CITY, CA 94063</u>	<u>\$ 5,000</u>	Noncash ☐ (Complete Part II for noncash contribution.)