# **Return of Private Foundation**

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

Department of the Treasury

▶Do not enter social security numbers on this form as it may be made public.

<u>Inte</u>	rnal Rev	venue Service PG0 to www.irs.gov/For	m990PF for instruct	ions and	tne latest into	ormation.	Copen to Public Inspection
Fo	r calen	dar year 2019 or tax year beginning ,	and ending				
	lame of fo				A Emp	loyer identification number	
		S & ELIZABETH J CANAVATI FAM	ГГХ			0106616	
		DATION	<del></del>			-2106616	<u>,</u>
		d street (or P O box number if mail is not delivered to street address)  AMBER RD		Room/suite	B Telep	phone number (see instructions)	
_		n, state or province, country, and ZIP or foreign postal code					
	-	WAYNE IN 46814			C If exe	emption application is pending, o	check here
			rn of a former public of	charity	D 1 F	oreign organizations, check her	e ▶ □
		Final return Amended	•			oreign organizations meeting th	
		Address change Name cha			1	5% test, check here and attach	
<del></del>	Check	type of organization X Section 501(c)(3) exempt private	<del></del>			-1-6	
$\ddot{\Box}$			le private foundation	04		/ate foundation status was term on 507(b)(1)(A), check here	inated under
		rket value of all assets at J Accounting method		ccrual	<del></del>		
		ear (from Part II, col (c), Other (specify)	Casii A	Ciuai		foundation is in a 60-month ten r section 507(b)(1)(B), check he	. ["]
	ine 16)		he on each basis \			ν	
	Part I		(a) Revenue and	1	l		(d) Disbursements
<u> </u>		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(p) v	let investment income	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions) )	books			111001110	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	343,14		19.55 到為課題		
13_	2	Check ► if the foundation is <b>not</b> required to attach Sch_B					
14	3	Interest on savings and temporary cash investments	8		88		
די	4	Dividends and interest from securities	101,10	7	101,107	101,107	
	5a	Gross rents	Lm 160c 9-9.ch. for 7-bit co. AP-Hill Ph. E-F'	SEL C. LESLE JOHN	Smile So silve et Will stall distri	The British B. S. G. at Land Co. at Land C	
ē	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-39,97				
Š	b	Gross sales price for all assets on line 6a 11,830		<u> </u>	hethy and 1111 he Manage		
ď		Capital gain net income (from Part IV, line 2)		ije 	0		
	8	Net short-term capital gain				0	
	9	Income modifications				ն, չքեն, մա քինինայնչում - մ ավում դեռնի ո	
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 1	4,23	<del></del>	4,233	4,233	
	12	Total. Add lines 1 through 11	408,59		105,428	105,428	
S	13	Compensation of officers, directors, trustees, etc		이	F	DEOE! /	
enses	14	Other employee salaries and wages				RECEIVE	D
	15	Pension plans, employee benefits		+	- lo	p.	<del>ာ</del> ဖွဲ့
ŭ	16a	Legal fees (attach schedule)  Accounting fees (attach schedule) STMT 2	80	<del>.  </del>	S	JUL 2 2 202	NO BOO
á	b	Accounting fees (attach schedule) STMT 2 Other professional fees (attach schedule)	80	<u> </u>	C	D 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	800
aţ	17	Interest		+		OGDEN I	<del>1</del>
str	18	Taxes (attach schedule) (see instructions) STMT 3	3,25	<del>, </del>	3,254		
Ë	19	Depreciation (attach schedule) and depletion	3,23	41	3,234		
<u>E</u>	20	Occupancy		-			
Ą	21	Travel, conferences, and meetings	·-··	<u> </u>			
<b>6</b>	22	Printing and publications					
ਲ਼ਫ਼	23	Other expenses (att sch.)  STMT 4	1,04	<u></u>	1,049		
≯ë	24	Total operating and administrative expenses.	1,04	<del>1</del>	1,049		
z t	~~	Add lines 13 through 23	5,10	3	4,303	اه	800
GBNNYOS  Operating and Administrative Exp	25	Contributions, gifts, grants paid	5/ 65	7   高記 神通問題			54,653
_	26	Total expenses and disbursements. Add lines 24 and 25	59,75		4,303		55,453
<u>x</u> —	27	Subtract line 26 from line 12	39,73				
$\approx$	a	Excess of revenue over expenses and disbursements	348,840				
63	b	Net investment income (if negative, enter -0-)			101,125		
တ		Adjusted net income (if possible onter 0.)				105,428	
<b>≧</b> For	Paper	vork Reduction Act Notice see instructions	1 4 metamining in a min and 1 Charles ( min)	□ [ ' 45% + P <sub>196</sub> /開]	The statement of the direction.	103,420	Form <b>990-PF</b> (2019)
DAA	poit	work Reduction Act Notice, see instructions.				0.28	Form 550-1 1 (2019)

3,292,427 5 3,292,427 Form **990-PF** (2019)

348,840

2

3

2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

5 Decreases not included in line 2 (itemize)

Form 990-PF (2019) ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616

Part IV Capital Gains	and Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (for example, real estate, warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr )
1a FRONTIER COMM			P	VARIO	OUS	12/18/19
<b>b</b> PRUDHOE BAY			P	VARIO	SUC	12/18/19
c SENIOR HSG PPT			P	VARIO	OUS	12/16/19
_d CAPITAL GAIN D	ISTRIBUTION					
<u>e</u>		<del> </del>	<u> </u>			<u> </u>
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss) minus (g))
<u>a</u> 119			6,293			-6,174
<b>b</b> 2,547			23,177			<u>-20,630</u>
<u>c</u> 8,905			22,336			
_d 259	)					259
<u>e</u>						
(i) FMV as of 12/31/69	g gain in column (h) and owned by the four (j) Adjusted basis as of 12/31/69	(k) Exce	ess of cot (i)		(k), but not	(h) gain minus less than -0-) <b>or</b> om cot (h))
			, <sub>(1), 11</sub> (1),		•	
 b		<del></del>		<u> </u>		-6,1/4 -20,630
c						-13,431
d						259
e						20.
Capital gain net income or (net can)     Net short-term capital gain or (loss)	apital loss)  If gain, also enter in F  If (loss), enter -0- in F  ss) as defined in sections 1222(5) and (6)	Part I, line 7		2		-39,976
Part I, line 8	column (c) See instructions If (loss), ente		nvestment Incon	3		
	is part blank ion 4942 tax on the distributable amount of under section 4940(e) Do not complete the		e period?			Yes X No
	each column for each year, see the instruction		any entries			
(a)		lons before making				(d)
Base penod years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net valu	(c) ie of nonchantable-use assets			nbution ratio
2018		066	2,999,5	16	(60) (6)	0.020025
2017		500	2,360,6			0.019274
2016		050	1,767,3			0.039070
2015		550	1,281,6	533		0.031639
2014	86,	880	848,4			0.102402
2 Total of line 1, column (d)				2		0.212410
	5-year base period – divide the total on line on has been in existence if less than 5 years	•		3		0.042482
4 Enter the net value of noncharitation	ole-use assets for 2019 from Part X, line 5			4		3,769,575
5 Multiply line 4 by line 3				5		160,139
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6		1,011
7 Add lines 5 and 6				7		161,150
8 Enter qualifying distributions from	Part XII, line 4			8		55,453
If line 8 is equal to or greater than Part VI instructions	line 7, check the box in Part VI, line 1b, an	d complete that par	t using a 1% tax rate S	See the		

orn	1990-PF (2019) ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616				Page
P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	8 – s	ee ins	truction	is)
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	المستقدر المالا	J.D. GHALLE	2,023
-	here ▶ and enter 1% of Part I, line 27b	77.20			A MARKET
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
·	Part I, line 12, col (b)	obest ch			
2		2			(
3	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			-	2,023
٠ • •	Add lines 1 and 2	3	<del></del>		<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	+		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	4" danta.	-2-176"-ELB".0	2,021
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 90	니			
b	Exempt foreign organizations – tax withheld at source	<b>-</b> \$\$		THE S	
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				والمرابعة المتعملة
7	Total credits and payments Add lines 6a through 6d	7			900
8	Enter any penalty for underpayment of estimated tax. Check here $\boxed{X}$ if Form 2220 is attached	8			30
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1,153
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
1	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11			
Pa	TOVII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		,	ALL Y	es No
	participate or intervene in any political campaign?			1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			"	1
-	instructions for the definition			16	l x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
					iang
_	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?			1c	
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				ring
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	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, articles				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X
la	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If "Yes," attach the statement required by General Instruction T				
5	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?				K
,	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 X	v			<del>`</del>
la.		. •		1 1000 175 1750	連出 即照相:
3a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	IN				alike
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b >	
)	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV. If "Yes,"				
	complete Part XIV			9	X
)	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses			10	Х
				Form <b>990</b> -	PF (2019
					,

P	art.VII-A Statements Regarding Activities (continued)	<u> </u>				-9-
					Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement. See instructions			12	ł	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?		13	Х	<del>                                     </del>
	Website address ► N/A					
14		phone no	260-0	572-	362	4
	6630 AMBER RD.	p			-	-
	Located at ▶ FORT WAYNE IN	7IP+4 ▶	4681	4		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – check here			-		▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	<b>▶</b>	15			
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	100	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country					
P	art VIIB Statements Regarding Activities for Which Form 4720 May Be Required	•		1484 1744		14114 1 1111
	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)			1111111111		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			斟酌
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	<u> </u>	٠٠٠ لينا			
	the benefit or use of a disqualified person)?	Yes	X No	推路		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after					
	termination of government service, if terminating within 90 days )	Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	_				
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ □		1, "-"-"-"- 11 116 1	
С	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			SHE		湖南
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				554	h
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?	Yes Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
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 )		N/A	2b		ali 1.4" (
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	<b>▶</b> 20 , 20 , 20 , 20			WP)		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No	äÿ		
b	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				MA	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the					
_	foundation had excess business holdings in 2019 )		N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					Y
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019	?		4b		Χ

Form 990-PF (201	n TSA	S	æ	ELTZABETH	ıΤ	CANAVATT	FAMTT.Y	35-2106616
1 01111 330-1 1 (201	<i>9)</i>	_	Œ		0	CITIATIATIT	$\Gamma L T \Gamma T \Gamma T \Gamma$	33 2100010

₽P:	art VII-B Statements Re	garding Activities for Which Fo	orm 4720 May Be R	equired (cont	ınued)			
5a	During the year did the foundation	pay or incur any amount to		_			Yes	No
	(1) Carry on propaganda, or other	wise attempt to influence legislation (secti	ion 4945(e))?		Yes 🗓 No	膝頭		ü
	(2) Influence the outcome of any s	pecific public election (see section 4955),	, or to carry on,					
	directly or indirectly, any voter	registration drive?			Yes 🗓 No			
	(3) Provide a grant to an individua	for travel, study, or other similar purpose	es?		Yes 🗓 No		175	
	(4) Provide a grant to an organization	tion other than a charitable, etc , organiza	tion described in					M
	section 4945(d)(4)(A)? See ins	structions			Yes 🛚 No		۱	
	(5) Provide for any purpose other	than religious, charitable, scientific, literar	y, or educational					
	purposes, or for the prevention	of cruelty to children or animals?			Yes X No			
b	If any answer is "Yes" to 5a(1)-(5),	did any of the transactions fail to qualify	under the exceptions desc	cribed				
	ın Regulations section 53 4945 or i	n a current notice regarding disaster assis	stance? See instructions		N/ <u>A</u>	5b		
		notice regarding disaster assistance, chec			▶ □			
C	If the answer is "Yes" to question 5	a(4), does the foundation claim exemption	n from the tax		_			
	because it maintained expenditure	responsibility for the grant?		N/A 📗	Yes No		i k	
	If "Yes," attach the statement requi	red by Regulations section 53 4945-5(d)					azk	
6a	Did the foundation, during the year,	, receive any funds, directly or indirectly, to	o pay premiums		_			
	on a personal benefit contract?				Yes $\overline{f X}$ No			
b		, pay premiums, directly or indirectly, on a	personal benefit contract	?		6b	In hor call to	X
	If "Yes" to 6b, file Form 8870							鸜
7a		s the foundation a party to a prohibited tax			Yes X No			
b		any proceeds or have any net income attr		17	N/A	7b		1 1 1441
8	•	tion 4960 tax on payment(s) of more than	\$1,000,000 in					
Harris en	remuneration or excess parachute				Yes X No			44
Pa		ut Officers, Directors, Trustees	, Foundation Mana	gers, Highly I	Paid Employe	es,		
	and Contractors							
	List all officers, directors, trustees	, and foundation managers and their o	compensation. See insti	uctions.	ή			
	(a) Nar	ne 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		ense acco allowance	
IS	(a) Nar A CANAVATI	ne and address  FORT WAYNE	hours per week	(If not paid,	employee benefit plans and deferred			
		···	hours per week devoted to position	(If not paid,	employee benefit plans and deferred compensation			
<u>66</u>	A CANAVATI	FORT WAYNE	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		
<u>66</u> EL	A CANAVATI 30 AMBER RD.	FORT WAYNE IN 46814 FORT WAYNE	hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		es (
<u>66</u> EL	A CANAVATI 30 AMBER RD. IZABETH CANAVATI	FORT WAYNE IN 46814	hours per week devoted to position  TRUSTEE  0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		es
<u>66</u> EL	A CANAVATI 30 AMBER RD. IZABETH CANAVATI	FORT WAYNE IN 46814 FORT WAYNE	hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		es (
66 EL 66	A CANAVATI 30 AMBER RD. IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa	FORT WAYNE IN 46814 FORT WAYNE	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		es
66 EL 66	A CANAVATI 30 AMBER RD. IZABETH CANAVATI 30 AMBER RD.	FORT WAYNE IN 46814 FORT WAYNE IN 46814	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		es (
66 EL 66	A CANAVATI 30 AMBER RD. IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other		(
66 EL 66	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	(
66 EL 66	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	(
66 EL 66	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	(
66 EL 66	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	(
66 EL 66	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	(
66 EL 66	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814 FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	(
666 ELL 666	A CANAVATI 30 AMBER RD.  IZABETH CANAVATI 30 AMBER RD.  Compensation of five highest-pa "NONE."	FORT WAYNE IN 46814  FORT WAYNE IN 46814  id employees (other than those includ	hours per week devoted to position  TRUSTEE 0.00  TRUSTEE 0.00  TRUSTEE 0.00	(If not paid, enter -0-)  0  octions). If none,	employee benefit plans and deferred compensation  enter .  (d) Contributions to employee benefit plans and deferred	other	ense accor	O O

Form	<u> 390-PF (2019) ISA S &amp; ELIZABETH J CANAVATI FAMILY :</u>	<u>35-2106616</u>		Page 7
Pa	Information About Officers, Directors, Trustees, Foundation		plo	
	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
ИО	NE.			
			<b>—</b>	
			<u></u>	
Total	Number of others are a first and for a reference of the same of th			<del></del>
	number of others receiving over \$50,000 for professional services  LIX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·		
	e foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the nui Zations and other beneficianes served, conferences convened, research papers produced, etc.	mber or		Expenses
1	N/A		-	<del></del>
-	- ,			
2				
_	_			
3				
_				
4				
55 <b>-</b> 100				
	Summary of Program-Related Investments (see instructions)			A
	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 ${ m N/A}$	<del></del>		Amount
•				
2 _				
	_			
All oth	er program-related investments. See instructions			
3		1		
		1		

Form 990-PF (2019)

Total. Add lines 1 through 3

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

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  a Average monthly fair market value of securities  b Average of monthly cash balances  c Fair market value of all other assets (see instructions)  d Total (add lines 1a, b, and c)  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  3 Subtract line 2 from line 1d  4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	Eran	see instructions )	touna	lations,
purposes  a Average monthly fair market value of securities  b Average of monthly cash balances  c Fair market value of all other assets (see instructions)  d Total (add lines 1a, b, and c)  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  3 Subtract line 2 from line 1d  4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	1 F		<b>建筑</b> 3	
Average monthly fair market value of securities  b Average of monthly cash balances  c Fair market value of all other assets (see instructions)  d Total (add lines 1a, b, and c)  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  3 Subtract line 2 from line 1d  4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see				
b Average of monthly cash balances c Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) 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 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	•	·	1a	3,790,620
total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  Acquisition indebtedness applicable to line 1 assets  Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		, , , , , , , , , , , , , , , , , , ,		36,360
d Total (add lines 1a, b, and c) 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  3 Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		,		0
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 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		·		
1c (attach detailed explanation)  2 Acquisition indebtedness applicable to line 1 assets  2 Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see				
Acquisition indebtedness applicable to line 1 assets  Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		· I I		
3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see				0
4 Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		· · · · · · · · · · · · · · · · · · ·		
The state of the s			<del>-  </del>	
instructions) 4 57,4	-	· ·	<u> </u>	57,405
		, '	<del></del>	3,769,575
		· · · · · · · · · · · · · · · · · · ·		188,479
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations				
and certain foreign organizations, check here ▶ and do not complete this part )			undat	,iOHS
	1 N		1	188,479
2a Tax on investment income for 2019 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·		100,47,2
b Income tax for 2019 (This does not include the tax from Part VI)  2b				
			20	2 023
3 Distributable amount before adjustments Subtract line 2c from line 1 3 186, 4			<del></del>	2,023 186,456
4 Recoveries of amounts treated as qualifying distributions		·	-	100,430
				186,456
6 Deduction from distributable amount (see instructions)				100,400
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		`	-	
		•	7	186,456
Part XIII Qualifying Distributions (see instructions)				100,400
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes				
				55,453
b Program-related investments – total from Part IX-B				
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		- T	<del></del>	<del></del>
purposes 2			2	
3 Amounts set aside for specific charitable projects that satisfy the	-	· · · · · · · · · · · · · · · · · · ·		
a Suitability test (prior IRS approval required)  3a		r i i i i i i i i i i i i i i i i i i i		
b Cash distribution test (attach the required schedule)  3b				<del></del>
				55,453
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income				
Enter 1% of Part I, line 27b See instructions	-		5	0
		· · · · · · · · · · · · · · · · · · ·		55,453
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	-		 	

1000	10 00/1//2020 9 09 AIM					
Form	n 990-PF (2019) ISA <u>S &amp; ELIZ</u>	ABETH J CAN	AVATI FAMII	LY 35-21066	16	Page <b>9</b>
	art XIII Undistributed Income					• •
			(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI	l.	Corpus	Years prior to 2018	2018	2019
	line 7			t signing the contract of the		186,456
2	Undistributed income, if any, as of the end	of 2019	<u> SKAK-PAKIAN PAK</u>			
а						
b		, 20			WELL THAT IS NOT THE	
3	Excess distributions carryover, if any, to 20	 019	斯德特特人的话题等			
а	From 2014	33,818				
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018	•				
f	Total of lines 3a through e		33,818	rgairiethairieth		
4	Qualifying distributions for 2019 from Part	XII,		der in the state of the state o		
	line 4 ▶ \$ 55, 453					
а	Applied to 2018, but not more than line 2a					
	Applied to undistributed income of prior year	ars				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Elec	ction				
	required – see instructions)					
d	Applied to 2019 distributable amount					55,453
е	Remaining amount distributed out of corpu	ıs				
5	Excess distributions carryover applied to 2	019				
	(If an amount appears in column (d), the sa	ame				
	amount must be shown in column (a))		33,818			33,818
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5				
b	Prior years' undistributed income Subtract	t				
	line 4b from line 2b					
С	Enter the amount of prior years' undistribut	ted				
	income for which a notice of deficiency has	5				
	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					
е	Undistributed income for 2018 Subtract lin	ne				
	4a from line 2a Taxable amount - see					
	instructions				n 1 1 - e. er - r im redina izaben 1	
f	Undistributed income for 2019 Subtract lin	ies				
	4d and 5 from line 1 This amount must be					
	distributed in 2020					97,185
7	Amounts treated as distributions out of cor					
	to satisfy requirements imposed by section	1				
	170(b)(1)(F) or 4942(g)(3) (Election may be	e				
	required—see instructions)					
8	Excess distributions carryover from 2014 n	ot				
	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2020.	·				
	Subtract lines 7 and 8 from line 6a	ļ	Pantalahina at Santa at Gibra (1961)			
10	Analysis of line 9					
а	Excess from 2015					
b	Excess from 2016					
C	Excess from 2017					
d	Excess from 2018					
_	Evenes from 2010	ľ	1980-1986-1986-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	P	PROPERTY COST TO A CONTRACTOR OF THE PROPERTY	THE COMMAND AND PROPERTY AND PARTY A

NO RESTRICTIONS

Form 990-PF (2019) ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During	If recipient is an individual,			
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year	or substantial contributor	_		
ANTIOCH ARCHDIOCESE PO BOX 5238 ENGLEWOOD NJ 07631	NONE	PUBLIC	OPERATING	10,24
ARAB AMERICAN INSTITUTE 1600 K ST NW STE 601 WASHINGTON DC 20006	NONE	PUBLIC	CPERATING	10
ARTS UNITED 300 E MAIN ST FORT WAYNE IN 46802	NONE	PUBLIC	<b>OPERATING</b>	50
BRIGHT STARS BETHLEHEM PO BOX 185 MOUNT MORRIS IL 61054	NONE	PUBLIC	CPERATING	2,50
CARTER CENTER 453 JOHN LEWIS PKWY NE ATLANTA GA 30307	NONE	PUBLIC	OPERATING	10
CHILDREN'S RELIEF FUND PO BOX 60692 POTOMAC MD 20859	NONE	PUBLIC	CPERATING	10,000
COMMUNITY FOUNDATION OF GE 555 E WAYNE ST FORT WAYNE IN 46802	NONE	PUBLIC	CPERATING	6,200
FIRST PRESBYTERIAN 300 W WAYNE ST FORT WAYNE IN 46802	NONE	PUBLIC	CPERATING	100
FORT WAYNE YWCA 1610 SPY RUN AVE FORT WAYNE IN 46805	NONE	PUBLIC	CPERATING	3,000
FWMS ALLIANCE 709 CLAY STREET 101 FORT WAYNE IN 46802	NONE	PUBLIC	CPERATING .	1,46
Total b Approved for future payment			<b>▶</b> 3a	54,653
N/A				
Total			<b>▶</b> 3b	

3 Grants and Contributions Paid During t		or Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year HABITAT FOR HUMANITY 2020 E WASHINGTON BLVD FORT WAYNE IN 46803	NONE	PUBLIC	CPERATING	1,000
HEALTHIER MOMS AND BABIES 1025 W RUDISILL BLVD FORT WAYNE IN 46807	NONE	PUBLIC	CPERATING	518
HOLY LAND CHRISTIAN FOUNDAT 69335 WISCONSIN AVE * BETHESDA MD 20815	ION NONE	PUBLIC	QPERATING	3,000
INDIANA CENTER FOR MID EAST PO BOX 12005 FORT WAYNE IN 46862	PEACE NONE	PUBLIC	OPERATING	3,400
INDIANA UNIVERSITY FOUNDATI 301 UNIVERSITY BLVD INDIANAPOLIS IN 46202	ON NONE	PUBLIC	CPERATING	100
ISMA 322 CANAL WALK INDIANAPOLIS IN 46202	NONE	PUBLIC	CPERATING	500
JUNIOR ACHIEVEMENT 550 E WALLEN RD FORT WAYNE IN 46825	NONE	PUBLIC	<b>OPERATING</b>	286
LANE COMMUNITY COLLEGE 4000 E 30TH AVE EUGENE OR 97405	NONE	PUBLIC	OPERATING	1,500
LEADERDOG 1039 S ROCHESTER RD ROCHESTER HILLS MI 48307	NONE	PUBLIC	<b>OPERATING</b>	103
MISS VIRGINIA FOOD PANTRY 1312 S HANNA ST FORT WAYNE IN 46802	NONE	PUBLIC	<b>QPERATING</b>	100
Total b Approved for future payment		<u> </u>	<b>&gt;</b> 3a	
N/A				
			1	
,			1	
Total			▶ 3b	

Part XV Supplementary Information (continued)

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	reapient		
a Paid during the year NATIONAL PARKS 1500 K ST NW STE 700 WASHINGTON DC 20005	NONE	PUBLIC	CPERATING	100
PERFECT PAWS PO BOX 15868 FORT WAYNE IN 46885	NONE	PUBLIC	CPERATING	400
PHJC PO BOX 1 DONALDSON IN 46513	NONE	PUBLIC	CPERATING	100
SALVATION ARMY 1021 FAIRFIELD AVE FORT WAYNE IN 46802	NONE	PUBLIC	CPERATING	200
ST. CATHERINE'S UNIVERSITY 2004 RANDOLPH AVE ST. PAUL MN 55105	NONE	PUBLIC	OPERATING	5,000
ST. JOHN CHRYSOSTROM 639 PUTNAM AVE FORT WAYNE IN 46808	NONE	PUBLIC	QPERATING	1,800
ST. MARY'S SOUP KITCHEN 1101 LAFAYETTE ST FORT WAYNE IN 46802	NONE	PUBLIC	OPERATING	500
SUPERSHOT 709 CLAY ST 101 FORT WAYNE IN 46802	NONE	PUBLIC	OPERATING	100
VINCENT VILLAGE 2827 HOLTON AVE FORT WAYNE IN 46806	NONE	PUBLIC	OPERATING	375
VISITING NURSE 5910 HOMESTEAD RD FORT WAYNE IN 46814	NONE	PUBLIC	OPERATING .	120
Total b Approved for future payment			▶ 3a	
N/A				
Total			▶ 3b	

3 .Grants and Contributions Paid During		or ruture Payment	<del></del>	<del></del>
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			<del></del>
a Paid during the year WBOI - NEI PUBLIC RADIO 3204 CLAIRMONT CT FORT WAYNE IN 46898	NONE	PUBLIC	OPERATING	1,25
			ľ	
			1	
			1	
		1	1 1	
		İ	1 1	1
				•
Total	<u>.L</u>	, <u>k</u>	▶ 3a	<del></del>
b Approved for future payment				
N/A				
			, [	
	1		1	
	<u></u>			
Total			<b>▶</b> 3b	

orm 990-PE (2019)	TSA	S	χ.	ELTZABETH	.Т	TTAVAVATT	F'AMTT.Y	35-2106616
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	A Analysis of Income-Producing Analysis of Income-Producing Analysis otherwise indicated		business income	Exclude	d by section 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
	service revenue					(See instructions )
a		_	<del></del>	<del> </del>		
<u> </u>		-		<del> </del>		<u> </u>
ď ——–		<del>-</del>				
e						
f		-				<del></del>
g Fees	and contracts from government agencies		-			
	nip dues and assessments					
3 Interest or	savings and temporary cash investments					88
4 Dividends	and interest from securities			14	101,107	
5 Net rental	income or (loss) from real estate				Property and a second s	
	înanced property					
	ebt-financed property	-				
	income or (loss) from personal property			<del> </del>		4 022
	stment income			-		<u>4,233</u> -39,976
	ess) from sales of assets other than inventory					-39,970
	e or (loss) from special events fit or (loss) from sales of inventory			<del>                                     </del>		
	enue a			-		
b						· · · · · · · · · · · · · · · · · · ·
с						
d						
e						
12 Subtotal A	Add columns (b), (d), and (e)		0		101,107	
12 Subtotal A	line 12, columns (b), (d), and (e)	######################################	0	######################################	101,107 <b>13</b>	
12 Subtotal A 13 Total. Add (See workshee	l line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculations )				13	-35,655 65,452
12 Subtotal A 13 Total. Add (See workshee	tine 12, columns (b), (d), and (e) at in line 13 instructions to verify calculations )  Relationship of Activities to the	Accomplishmer	nt of Exempt Pu	rposes	13	
12 Subtotal A 13 Total. Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e) at in line 13 instructions to verify calculations )  Relationship of Activities to the	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total. Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452
12 Subtotal A 13 Total Add See workshee Part XVIII	tine 12, columns (b), (d), and (e)  et in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incom	Accomplishmer	nt of Exempt Pu	rposes	13  d importantly to the	65,452

•		Organizations							•	
1 Di	d the orga	inization directly or ind	rectly engage	e in any of the follo	wing with any other	er organization described		4	Yes	No
		01(c) (other than section								Min
or	ganization	15?		-						
a Tr	ansfers fr	om the reporting found	lation to a nor	ncharitable exempt	t organization of					
	) Cash	, •		·	Ū			1a(1)	Johnston	X
(2	) Other a:	ssets						1a(2)		Х
•	her transa									
		assets to a noncharit	able exempt	organization				1b(1)	hard water	X
		ses of assets from a no			n			1b(2)		X
		of facilities, equipment,			"			1b(3)		X
		rsement arrangements		Ç (S				1b(4)		X
			>							X
		r loan guarantees		£				1b(5)		
		ance of services or me	•	•				1b(6)		X
	-	acilities, equipment, ma	-		• •	(h) -h	. f d	1c		
		· · · · · · · · · · · · · · · · · · ·	-	-		(b) should always show the				
		_	_		-	e foundation received less the				
						e goods, other assets, or se				
	ne no	(b) Amount involved	(c) Nan	ne of nonchantable exem	npt organization	(d) Description of tran	nsfers, transactions, and sharing arr	angemen	ts	
N/A			·}							
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de	scribed in	ation directly or indirect section 501(c) (other t	than section 5			empt organizations	1	Ye	s X	No
<u>DIT</u>		plete the following sch	nedule	11.7			Non-anti-oran of anti-oran oran			
		a) Name of organization		(b) Type of c	organization	{C	) Description of relationship			
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						iles and statements, and to the bes ich preparer has any knowledge	st of my knowledge and belief, it is	true,		
			· · ·	^			May the IRS discu			
Sign			1 /)	<i>\frac{1}{2}</i>		10/2	with the preparer s See instructions	K7	yes	No
Here		///	/ / /		. /	128/20	L			
	<b>—</b>		-/ $-$ /	$\sim$			RUSTEE			
	Signa	ture of officer or trustee			Date	Title				
	Pnnt/Typ	e preparer's name	_		Preparer's signature		Date		Check	٦,
					( - m	_ ( )/.		í	self-emp	loyed
Paid	MARK	J. ANDORFER,	CPA			) Cust	06/17			
Preparer	Firm's na			ANDORFER	& CO. L	ZP		017	582	
Use Only	Firm's ac			STREET,		2		1679		1
			WAYNE,		2-2311			-42		
						<del> </del>		orm 99		

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

ISA S & ELIZABETH J CANAVATI FAMILY FOUNDATION

Employer identification number 35–2106616

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 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 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 (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

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

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)

PAGE 1 OF 1

Name of organization

ISA S & ELIZABETH J CANAVATI FAMILY

Employer identification number 35-2106616

Part I	Contributors (see instructions) Use duplicate copies of P	art I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ISA CANAVATI 6630 AMBER RD. FORT WAYNE IN 46814	\$ 343,144	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, assiess, and En 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c)Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

PAGE 1 OF 1

age 3

Name of organization

ISA S & ELIZABETH J CANAVATI FAMILY

Employer identification number

35-2106616

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
1	4992.18 SHARES HEWLETT PACKARD		
		\$ 80,025	12/13/19
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
1	5285.56 SHARES HP INC.		
		\$ 107,561	12/13/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
1	2853.75 SHARES ORACLE CORP		
		\$ 155,558	12/13/19
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
		\$	

168610 ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 FYE: 12/31/2019		Federal Statements		6/17/2020 9:08 AM
. State	Statement 1 - Form 990-PF,	990-PF, Part I, Line 11 - Other Income	Income	·
Description		Revenue per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT INCOME TOTAL		\$ 4,233 \$ 4,233	\$ 4,233 \$ 4,233	\$ 4,233 \$ 4,233
Statement 2	- Form 990-PF,	Part I, Line 16b - Accounting Fees	nting Fees	
Description TAX PREPARATION TOTAL	<b>Total</b>	Investment	Adjusted Net	Charitable Purpose \$ 800
SI	Statement 3 - Form 990	- Form 990-PF, Part I, Line 18 - Taxes	axes	,
Description EXCISE TAX ON INVESTMENT INCOME FOREIGN TAX TOTAL	\$ 2,029 1,225 \$ 3,254	Net Investment \$ 2,029 1,225 \$ \$ 3,254	Adjusted Net	Charitable Purpose
Staten	Statement 4 - Form 990-PF, I	90-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES INVESTMENT FEES MISC INVESTMENT EXPENSE TOTAL	305	305 744 \$ 1,049	·   0	n w
				4-

# **Federal Statements** 168610 ISA S & ELIZABETH J CANAVATI FAMILY 35-2106616 FYE: 12/31/2019

Statement 5 - Forn	orm 990-PF, Part II, Line 10b - Corporate Stock Investments	10b - Corpor	ate Stock I	nvestments	
Description	Beginning of Year	End of Year	l of ar	Basis of Valuation	Fair Market Value
AT&T INC	1,22	\ \ \ \ \ \ \ \	, 52	COST	5,60
BANK OF AMERICA	12, 66		, 31	COST	34,73
BLACKSTONE MTG TR	9,71		5,44	COST	9, 66
CISCO SYSTEMS	,20		, 55	COST	2,26
CITIGROUP	7,76		8,79	COST	3,30
DIAGEO PLC	9,59	H	3,24	COST	0,86
EATON VANCE TAX MAN GL	1,26		3,05	COST	21,94
EXXON MOBIL CORPORATION	10		11,048	COST	15,791
FORD MOTOR	1,70	4	0,41	COST	2,01
FRONTIER COMMUNICATIONS	6,29			COST	
	, 47		0,49	COST	4,10
	9,78		20,626	COST	20,693
HEWLETT PACKARD			0,02	COST	9,17
HP INC		ī	7,56	COST	8,61
INTEL CORP	8,34	5	3,88	COST	49,58
INVESCO QQQ TRUST	, 18		1,52	COST	7,11
HARES S&P US PFD			6,75	COST	7,71
AY	25,63		2,80	COST	08,21
	1,66	m	3,95	COST	6,28
	64,12		1,46	COST	11,23
MEDIRONIC PLC	32,95		2,95	COST	40,35
MERCK & CO	, 68		1,48	COST	5,84
MICROSOFT CORP	7,73		4,15	COST	40,03
NESTLE S A REG B ARD F	13,23	l	, 23	COST	, 52
			5,55	COST	51,19
PFIZER INC	3,17		4,42	COST	4,89
PROCTER & GAMBLE	1,55		2,45	COST	8,75
PRUDHOE BAY RLTY TR	2,39			COST	
SENIOR HSG PPTY TR	1,37			COST	
	0,10		0,34	COST	5,15
500 INDEX	6,17		8,24	COST	4,56
VANGUARD EMERGING MKTS	1,68		2,07	COST	2,82
	10,802		11,586	COST	20,375
WP CAREY INC	5, 10		7,45	COST	6,88
TOTAL	\$ 2,890,266	\$ 3,2	78,437		\$ 4,476,335

168610 ISA S & ELIZABETH J CANAVATI FAMILY

**Federal Statements** 

35-2106616 FYE: 12/31/2019 6/17/2020 9:08 AM

Statement 6 - Form	990-PF	Part XV Li	ine 2a - Name	Address and	Fmail for	<b>Annlications</b>
Julienieni v - i viin	33U-F1.	rait Av. L	ille La - Haille.	Audicoo allu		Applications

Description

ISA CANAVATI 260-423-9405 6630 AMBER RD FORT WAYNE IN 46814 EJWC612@YAHOO.COM

# Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

NO SPECIFIC

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NO DEADLINES

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NO RESTRICTIONS