efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491317005460

OMB No. 1545-0052

2019

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , an	d ending 12-31-	-2019	
		ındation lope Foundation		A Employer id	entification numbe	r
c/d	David	C Brooker C BROOKER		48-6180459		
Num	ber and	d street (or P.O. box number if mail is not delivered to street address) µth Marina Way	Room/suite	B Telephone nu	ımber (see instructior	ns)
0	333 300	Act Platfid Way		(772) 334-3503	3	
	or town	n, state or province, country, and ZIP or foreign postal code	1	C If exemption	application is pending	a. check here
Jua					approacion to portain.	▶ □
G Cł	neck al		former public charity	D 1. Foreign or	ganizations, check he	ere
		Final return Amended return			rganizations meeting :k here and attach cor	
		☐ Address change ☐ Name change		E If private for	undation status was t	erminated \Box
		pe of organization: $oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}}}} $	foundation e private foundation	under sectio	n 507(b)(1)(A), chec	k here 🕨 🗀
			Cash Accrus	E If the found	ation is in a 60-month	tormination —
of	year (f	from Part II, col. (c), ▶\$ 16,334,106 □ Other (specify) (Part I, column (d) must			n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Davianus and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	30,000			
	2	Check ► ☐ if the foundation is not required to attach	30,000			
	3	Sch. B Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,225	1,225	5	
	5a	Gross rents				
	ь	Net rental income or (loss)				
пe	6a	Net gain or (loss) from sale of assets not on line 10	-3,901,137			
Revenue	b	Gross sales price for all assets on line 6a				
Re	7	Capital gain net income (from Part IV, line 2)		C)	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	11	Other income (attach schedule)	9 1,117,546	1,117,546		
	12	Total. Add lines 1 through 11	-2,752,366			
	13	Compensation of officers, directors, trustees, etc.	0	_,		
	14	Other employee salaries and wages				
Sè	15	Pension plans, employee benefits				
nse	16a	Legal fees (attach schedule)	12,527	C	0	12,527
×pe	b	Accounting fees (attach schedule)	9,300	4,650	0	4,650
e G	С	Other professional fees (attach schedule)				
ati∨	17	Interest	20,995	-		20,995
Str	18	Taxes (attach schedule) (see instructions)	40,000			
Administrative Expenses	19	Depreciation (attach schedule) and depletion				
A G	20	Occupancy				
ב ק	21	Travel, conferences, and meetings				
ਰ ਹ	22	Printing and publications	9 330	330		
Operating and	24	Total operating and administrative expenses.	350	330	1	
er a		Add lines 13 through 23	83,152	4,980	0	38,172
Ö	25	Contributions, gifts, grants paid	1,259,000			1,259,000
	26	Total expenses and disbursements. Add lines 24 and 25	1,342,152	4,980)	1,297,172
	27	Subtract line 26 from line 12:	1,342,132	4,300	1	1,23/,1/2
	a	Excess of revenue over expenses and	4 004 540			
	ь	disbursements Net investment income (if negative, enter -0-)	-4,094,518	1,113,791		
	c	Adjusted net income (if negative, enter -0-)		_,,110,,71		
			ı	i .	1	I .

Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End of	
2			(b) Book Value	(c) Fair Market Value
	Cash—non-interest-bearing	(a) book value	(B) Book Value	(c) Full Flurice value
	Savings and temporary cash investments	479,060	484,057	484,057
3	Accounts receivable			<u></u>
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts ►			
5	Grants receivable			_
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts ►			
., 8	Inventories for sale or use			
sets e	Prepaid expenses and deferred charges			
S -				
₹ 10a		11,118,600	4,966,500	4,966,500
		11,110,000	4,900,300	4,900,300
۱ ،	`````			
11				
	Less: accumulated depreciation (attach schedule) ▶			
12				
13	Investments—other (attach schedule)	10,185,153	10,883,549	10,883,549
14	Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
15	Other assets (describe)			
16	Total assets (to be completed by all filers—see the			
	instructions. Also, see page 1, item I)	21,782,813	16,334,106	16,334,106
17	Accounts payable and accrued expenses			
18	Grants payable			
19 20 21	Deferred revenue			
<u>≒</u> 20	Loans from officers, directors, trustees, and other disqualified persons	0	720,996	
[21	Mortgages and other notes payable (attach schedule)			
- 22	Other liabilities (describe 🕨)			
23	Total liabilities(add lines 17 through 22)	0	720,996	
5	Foundations that follow FASB ASC 958, check here			
<u>Ş</u>	and complete lines 24, 25, 29 and 30.			
[24	Net assets without donor restrictions			
ති 25	Net assets with donor restrictions			
Fund Balance				
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
٥ ء	Capital stock, trust principal, or current funds	21,782,813	15 612 110	
Assets 28 28	Paid-in or capital surplus, or land, bldg., and equipment fund	21,762,613	15,613,110	
8 27				
	Retained earnings, accumulated income, endowment, or other funds	24 702 042	15 612 110	
29 29	Total net assets or fund balances (see instructions)	21,782,813	15,613,110	
30	Total liabilities and net assets/fund balances (see instructions) .	21,782,813	16,334,106	
Part I		20 (
	otal net assets or fund balances at beginning of year—Part II, column (a), line f-year figure reported on prior year's return)	La (must agree with e	•nd- • 1	21,782,813
	nter amount from Part I, line 27a		. 2	-4,094,518
	ther increases not included in line 2 (itemize)		3	
4 A	dd lines 1, 2, and 3		. 4	17,688,295
5 D	ecreases not included in line 2 (itemize)	% j	5	2,075,185
6 T	otal net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 29	. 6	15,613,110

Page **3**

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	· ·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a ML 04111 LT-D			Р		
b ML 04112 LT-D			Р		
c					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed	Cost or	other basis	Gain c	or (loss)
	(or allowable)	plus exp	ense of sale) minus (g)
	8,238		488,800		-300,562
b 1,08	9,145		4,689,720		-3,600,575
c					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	((I)
(i)	(j)		(k)		h) gain minus
F.M.V. as of 12/31/69	Adjusted basis		of col. (i)		less than -0-) or om col.(h))
	as of 12/31/69	over col	l. (j), if any	Losses (II	. , , ,
a					-300,562
b					-3,600,575
<u> </u>					
d					
e		If gain, also enter in F			
	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0) . }	3	
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e.)	
If section 4940(d)(2) applies, le	eave this part blank.				
If "Yes," the foundation does no	e section 4942 tax on the distributal of qualify under section 4940(e). Do	not complete this part	<u>. </u>		es 🗹 No
	nount in each column for each year;	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rat (col. (b) divided by c	
2018	1,267,650		29,733,793		0.042633
2017	1,337,946		18,152,316		0.073707
2016	1,659,584		17,421,665		0.09526
2015	2,896,530		22,988,713		0.125998
2014	1,032,504		24,698,641		0.041804
2 Total of line 1, column (d)		2		0.379402
number of years the four	o for the 5-year base period—divide indation has been in existence if less	than 5 years	3		0.07588
	ncharitable-use assets for 2019 from	,	4		20,410,450
5 Multiply line 4 by line 3	(40) (50) 7 (10)		5		1,548,745
	ent income (1% of Part I, line 27b)		6		11,138
					1,559,883
	ons from Part XII, line 4 , . . eater than line 7, check the box in Pa			 g a 1% tax rate. Se	1,297,172 e the Part VI
instructions.				Fr	orm 990-PF (2019)

Page **6**

5a	During the year did the foundation	pay or incur any amount to:				Yes	No		
	(1) Carry on propaganda, or otherw	ise attempt to influence legislation (section 4945(e))?							
	(2) Influence the outcome of any s	pecific public election (see section 4955); or to carry							
	on, directly or indirectly, any vo	oter registration drive?		· · 🗌 Yes 🗸	No				
	(3) Provide a grant to an individual	for travel, study, or other s	milar purposes?	☐ Yes ☑	No.				
	(4) Provide a grant to an organizat	ion other than a charitable, o	etc., organization describe		140				
	in section 4945(d)(4)(A)? See i	nstructions		· · □ Yes 🗸	No				
	(5) Provide for any purpose other t	han religious, charitable, sci	entific, literary, or	03 _	"				
	educational purposes, or for the	·		⊔ Yes 🖭	No				
b	If any answer is "Yes" to $5a(1)-(5)$,								
	Regulations section 53.4945 or in a				5b				
	Organizations relying on a current r								
С	If the answer is "Yes" to question 5		•						
	tax because it maintained expenditu			· · ☐ Yes ☐	No				
	If "Yes," attach the statement requi	·							
6a	Did the foundation, during the year		or indirectly, to pay premi	ums on					
	a personal benefit contract?			Yes 🗸	No				
b	Did the foundation, during the year	, pay premiums, directly or i	ndirectly, on a personal be	nefit contract?	6b		No		
7 -	If "Yes" to 6b, file Form 8870.			manakian2					
7a b	At any time during the tax year, wa If "Yes", did the foundation receive			∟ Yes 💌	No 7b				
8	Is the foundation subject to the sec	, ,			76				
Ū	excess parachute payment during t								
				Yes <u>▼</u>	110				
Pai	and Contractors	omicers, Directors, Tru	stees, roundation Ma	anagers, Highly Paid Er	npioyees	,			
1	List all officers, directors, truste	es, foundation managers	and their compensation	. See instructions					
1	List all officers, directors, truste	es, foundation managers (b) Title, and average	(c) Compensation	(d) Contributions to	(a) Eypo	250 250	ount		
1	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe	nse acc			
	(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	other a		es		
DAVII	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	other a				
DAVII 6699	(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	other a		es		
DAVII 6699 Stuari	(a) Name and address O C BROOKER South Marina Way 1, FL 34996 THY JEANNE BROOKER	(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	other a		es		
DAVIII 6699 Stuard DORO 6699	(a) Name and address O C BROOKER South Marina Way 1, FL 34996 THY JEANNE BROOKER South Marina Way	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a		0 O		
DAVIII 6699 Stuard DORO 6699 Stuard	(a) Name and address O C BROOKER South Marina Way 1, FL 34996 THY JEANNE BROOKER South Marina Way 1, FL 34996	(b) Title, and average hours per week devoted to position TRUSTEE 0 TRUSTEE 0	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	llowand	0		
DAVIII 6699 Stuard DORO 6699 Stuard	(a) Name and address O C BROOKER South Marina Way 1, FL 34996 THY JEANNE BROOKER South Marina Way	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE TRUSTEE o id employees (other than	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation (1—see instructions). If no	other a	llowand	0		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE iid employees (other than paid (b) Title, and average hours are seen to be a seen to	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way , FL 34996 THY JEANNE BROOKER South Marina Way , FL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	other a	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuard DORC 6699 Stuard	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE id employees (other than paid (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 1—see instructions). If no (d) Contributions to employee benefit plans and deferred	ne, enter "	NONE.	0 0 ount,		
DAVIII 6699 Stuari 6699 Stuari 2 (a)	(a) Name and address O C BROOKER South Marina Way THY JEANNE BROOKER South Marina Way TL 34996 Compensation of five highest-pa	(b) Title, and average hours per week devoted to position TRUSTEE TRUSTEE (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) Compensation Compensation (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation	ne, enter "	NONE.	0 0 ount,		

Form 990-PF (2019)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Information Information About Officers, Directors, Trustees, Foundation Information Informat	lanagers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instruc	ctions). If none, enter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) T	ype 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 info organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ormation such as the number of Expenses
i	
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	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3	Form 990-PF (2019)

2a |

2b

22,276

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

22,276

998.247

998.247

998.247

1,297,172

1,297,172

1,297,172

Form 990-PF (2019)

Tax on investment income for 2019 from Part VI, line 5.

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

2a

3

4 5

6

1

2

3

4

5

b

Part XII

998,247

998,247

Form **990-PF** (2019)

Page 9

Part XIII	

Form 990-PF (20	019)	
Part XIII	Undistributed Income	(see instructions)

Distributable amount for 2019 from Part XI, line 7

(a)

Corpus

2.089.137

298.925

2,388,062

2,388,062

753,966

864 633

470.538

753.966 864,633

470.538

298.925

(b)

Years prior to 2018

(c)

2018

- 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.
- **b** Total for prior years: 2017, 2016, 2015 Excess distributions carryover, if any, to 2019:
- a From 2014.
- **b** From 2015.
- c From 2016. . . d From 2017. e From 2018.

- f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,297,172 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—see instructions).

d Applied to 2019 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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 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 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) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a

indicated below:

factors:

b Approved for future payment

1,259,000

Form **990-PF** (2019)

nter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	<u> </u>					
f						
g Fees	and contracts from government agencies					
	rship dues and assessments					
investn						
	nds and interest from securities			14	1,225	
	ital income or (loss) from real estate: financed property.					
	ebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income			14	1,117,546	
Gain or invento	(loss) from sales of assets other than					
	ome or (loss) from special events:			18	-3,901,137	
	profit or (loss) from sales of inventory					
	revenue: a					
b						
	al. Add columns (b), (d), and (e).				2 702 266	
	al. Add columns (b). (d). and (e).				-2,782,366	
E Total	Add line 12 columns (b) (d) and (e)			12	!	-2 782 366
Total. (See we	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)				-2,782,366
S Total. (See we Part XVI	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See we	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	, ,
3 Total. (See wo Part XVI Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's expressions.	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribut	ed importantly to	-2,782,366

(====)								
	Information Regarding Transfers To and Transactions and Relationships With Noncharit	abla						
Part XVII								
I dit AVII	Exempt Organizations							
1 Did the or	ganization directly or indirectly engage in any of the following with any other organization described in section 501							

		<u> </u>								
1		organization directly or indire or than section 501(c)(3) orga						501	Yes	No
а	` , `	s from the reporting foundati	•		, ,	-	J.			
_		h						1a(1)		No
		er assets						1a(2)		No
b	Other tr	ansactions:						, ,		
	(1) Sal	es of assets to a noncharitabl	le exempt orga	nization.				. 1b(1)		No
	(2) Pur	chases of assets from a nonc	haritable exem	pt organiz	ation			. 1b(2)		No
	(3) Rer	ital of facilities, equipment, o	or other assets.					. 1b(3)		No
	(4) Rei	mbursement arrangements.						1b(4)		No
	(5) Loa	ns or loan guarantees						1b(5)		No
	(6) Perf	ormance of services or memb	bership or fund	raising soli	icitations			1b(6)		No
c	Sharing	of facilities, equipment, maili	ing lists, other	assets, or	paid employees.			1c		No
d		swer to any of the above is "								
		ods, other assets, or service								
	in any tr	ansaction or sharing arrange	ment, snow in	column (a) the value of the	goods, other asse	ts, or services received	a.		
(a)	Line No.	(b) Amount involved (c	:) Name of noncha	aritable exen	mpt organization	(d) Description of	transfers, transactions, ar	nd sharing arrai	ngemen	ts
`			•		<u> </u>	,	,			
2-	To the fe	undation directly or indirectly	, affiliated with	or rolator	d to one or more	tay ayamat araan	izationo			
Zd		•		,	•		_	✓ No		
		d in section 501(c) (other tha		c)(3)) or II	n section 52/? .		∐Yes	IVO		
b	If "Yes,"	complete the following sched	dule.	l /L	N T6iti-		(c) Description of			
		(a) Name of organization		()) Type of organizatio	n	(c) Description of	relationship		
	Ur	der penalties of perjury, I de	clare that I hav	ve examine	ed this return, incl	uding accompanyi	ng schedules and state	ements, and	to the l	best
	of	my knowledge and belief, it i	is true, correct,							
- :		ich preparer has any knowle	dge.	ĺ	I					
	gn	*****			2020-11-12	*****		May the IRS di: return	scuss th	iis
Н	ere	-				\		with the prepai	er show	vn
		Signature of officer or trust	ee	Date		Title		below	-	
								(see instr.) 🗹	Yes └	l No
		Print/Type preparer's nai	me Pren	arer's Sign	ature	Date	PT:	TN		
		, . , po propurer s rial		c. 5 51g11		Date	Check if self-		700	
		Leuise E Bierneld					employed ▶ 🔲	P00368	/89	
Pa	aid	Louise E Pisarski				2020-10-26				
_	epare	Firm's name by Duis	torbouge Case :	e II P						
	se Onl	i ii ii o ii ai ii e e ii ii ee ii a	terhouseCooper	S LLP			Fir	m's EIN ▶		
_ (-	sylum Street S	uite 2400						
			•				Phi	one no. (860	241-7	7000
		Hartfo	ord, CT 061033	3404					, ,	
								Form 990)-PF /	2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317005460								
TY 2019 Accounting Fe	es Sche	edule						
Name: Grace & Hope Foundation								
		c/o David C	Brooker					
	EIN: 48-6180459							
Category	Amo	ount N	let Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

2,000

2,650

4,000

5,300

Ame	ount
EIN:	48-6
	c/o l
	<u> </u>

ACCOUNTING FEES

ML 04111

ML 04112

2,000

2,650

lefile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491317005460 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule **Name:** Grace & Hope Foundation c/o David C Brooker

EIN: 48-6180459

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317005460
TY 2019 Investments Corpora	ite Stock Sched	dule
•		
Name:	Grace & Hope Fol	undation
	c/o David C Brook	ker

Name of Stock		End of Vear Book	End of Vest
Investments Corporation Stock Schedule			
EIN:	48-6180459		

MERRILL LYNCH 04112

Investments Corporation Stock Schedule		
Name of Stock		f Year Fair ket Value
MEDDILL I VNCH 0/111	1 806 000	1 806 000

Name of Stock	Value	Market Value
MERRILL LYNCH 04111	1.806.000	1,806,000

3,160,500

3,160,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317005460
TY 2019 Investments - Other	Schedule	
Name:	Grace & Hope Foundation	
	c/o David C Brooker	

EIN: 48-6180459)		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALTERNATIVE INVESTMENTS			
ML 04111	FMV	45,278	45,278
ML 04112	FMV	10,120,206	10,120,206
PREMIUM INSPECTION & TESTING	FMV	718,065	718,065

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491317005460
TY 2019 Legal Fees Schedule				
	Grace & Hop c/o David C 48-6180459			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CUMMINGS AND LOCKWOOD	12,527			12,527

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349131700546					
TY 2019 Other Decreases Schedule								
Name:	Grace & Hope	Foundation						
	c/o David C Br	ooker						
EIN:	48-6180459							
De	escription		Amount					
NET DECREASE IN FMV OF INVESTMENT	S		2,075,18					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491317005460
TY 2019 Other Expenses Sche	dule			
Name:	Grace & Hope F	oundation		
	c/o David C Brooker			
EIN:	48-6180459			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EMA ANNUAL FEE				
MERRILL LYNCH 04111	150	150		
MERILL LYNCH 04112	150	150		
WIRE FEE				
MERRILL LYNCH 04111	30	30		

Name: Grace & Hope Foundation

c/o David C Brooker

EIN: 48-6180459

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
LIMITED PARTNERSHIP INCOME						
MERRILL LYNCH 04111						
MERRILL LYNCH 04112						
OTHER ALTERNATIVE INVESTMENT INCOME						
MERRILL LYNCH 04111	19,950	19,950				
MERRILL LYNCH 04112	1,097,596	1,097,596				

efile GRAPHIC print - DO NOT I	PROCESS	As Filed Data -	-	DL	N: 93491317005460				
TY 2019 Taxes Schedu	TY 2019 Taxes Schedule								
		- 0							
Name: Grace & Hope Foundation									
c/o David C Brooker									
	EIN:	48-6180459							
<u> </u>			<u> </u>		1				
Category	Am	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
EXCISE		40,000							

Schedule B	O NOT PROCESS	As Filed Data -				DLN: 93491317005460 OMB No. 1545-0047		
(Form 990, 990-EZ,	Schedule of Contributors							
or 990-PF) Department of the Treasury Internal Revenue Service	ı	► Attach to Form 990, 990-EZ, or 990-PF.► Go to <u>www.irs.gov/Form990</u> for the latest information.				2019		
Name of the organization Grace & Hope Foundation c/o David C Brooker					Employer id 48-6180459	entification number		
Organization type (chec	ck 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							
			PF that received, during omplete Parts I and II. S					
Special Rules								
under sections 50 received from any	09(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gr plete Parts I and II.	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that		
during the year, to	otal contributions of	more than \$1,000	or (10) filing Form 990 Dexclusively for religious animals. Complete Part	s, charitable, scien				
during the year, of If this box is check purpose. Don't co	contributions <i>exclus</i> ked, enter here the emplete any of the p	ively for religious, total contributions parts unless the G e	or (10) filing Form 990 charitable, etc., purpose that were received duri eneral Rule applies to the or more during the year	es, but no such con ing the year for an his organization be	tributions tota exclusively re cause it recei	led more than \$1,000. ligious, charitable, etc.		
Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, Pa 990-EZ, or 990-PF).	it must answer "No	" on Part IV, line 2	, of its Form 990; or che	ck the box on line	H of its Form			
For Paperwork Reduction Afor Form 990, 990-EZ, or 990		ructions	Cat. No. 30613X	Schedu	ıle B (Form 990,	990-EZ, or 990-PF) (2019)		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
Grace & Ho	rganization ope Foundation			mployer identification number	
c/o David (Part III	Encoker Exclusively religious, charitable, etc., contrib than \$1,000 for the year from any one contrib organizations completing Part III, enter the to the year. (Enter this information once. See insules duplicate copies of Part III if additional space	utor. Complete of tall of exclusivel structions.)	zations described in columns (a) through y religious, charitab	h (e) and the following line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) U	lse of gift	(d) Description of how gift is held	
-		` '	Transfer of gift Relationship of transferor to transferee		
	Transieree's hame, address, and Zir		rveiatio	inship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) U	lse of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4		ansfer of gift Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4		ansfer of gift Relatio	nship of transferor to transferee	
			Sch	nedule B (Form 990, 990-EZ, or 990-PF) (2019)	