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2019

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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 Inspection

For	cale	ndar year 2019, or tax year beginning 01-01-20)19 , aı	nd ending 12-3	1-2019			
		undation I & FRANK SPARACIO CHARITABLE			identification numbe	r		
				65-0951605				
		d street (or P O box number if mail is not delivered to street address) 7TH ST NY8-114-07-07 AFT	B Telephone	B Telephone number (see instructions)				
				(888) 866-32	75			
		n, state or province, country, and ZIP or foreign postal code NY 100361510		C If exemption	on application is pendin	g, check here		
G Cł	neck al	ll that apply \Box Initial return \Box Initial return of a	former public charity	D 1. Foreign	organizations, check he	ere 📘		
		Final return Amended return			organizations meeting eck here and attach co			
		Address change Name change		·	foundation status was t	· —		
_	,	/pe of organization ✓ Section 501(c)(3) exempt private			cion 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable trust U Other taxabl						
of '	year (f	ket value of all assets at end from Part II, col (c), ▶\$ 18,511,248 J Accounting method □ Other (specify) (Part I, column (d) must	Cash L Accru		idation is in a 60-monti tion 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	Ī	<u> </u>		(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)						
	2	Check ► ☑ if the foundation is not required to attach						
		Sch B						
	3	Interest on savings and temporary cash investments	470 220	454.6	-2			
	4 5a	Dividends and interest from securities Gross rents	478,329	454,6	52			
	b	Net rental income or (loss)						
Θ	6a	Net gain or (loss) from sale of assets not on line 10	321,041					
E E	ь	Gross sales price for all assets on line 6a						
Revenue		838,904						
œ	7	Capital gain net income (from Part IV, line 2)		321,0				
	8	Net short-term capital gain			C			
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	c c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	799,370	775,69	93			
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages			0 0	0		
es	15	Pension plans, employee benefits			0 0			
sue	16a	Legal fees (attach schedule)	472	2	0 0	472		
and Administrative Expenses	ь	Accounting fees (attach schedule)	2,500		0 0			
e.	С	Other professional fees (attach schedule)	134,833	80,9	00	53,933		
atīv	17	Interest	00.1			0		
IStr	18	Taxes (attach schedule) (see instructions)	20,206			0		
Ē	19	Depreciation (attach schedule) and depletion	С)	0			
Ad	20	Occupancy			0 0			
pu	21 22	Printing and publications			0 0			
	23	Other expenses (attach schedule)	2,067	,	-	2,067		
Ē	24	Total operating and administrative expenses.						
Operating		Add lines 13 through 23	160,078	92,6	11 0	58,972		
Ö	25	Contributions, gifts, grants paid	814,319			814,319		
	26	Total expenses and disbursements. Add lines 24 and 25	974,397	92,6	11 0	873,291		
	27	Subtract line 26 from line 12	9/4,39/	92,0		373,291		
	a	Excess of revenue over expenses and						
	Ь	disbursements Net investment income (if negative, enter -0-)	-175,027		32			
	c	Adjusted net income (if negative, enter -0-)		683,0	32			
For		work Reduction Act Notice, see instructions.	1	Cat No 1128		m 990-PF (2019)		

Form 990-PF (2019) Page 2 Beginning of year End of year Attached schedules and amounts in the description column Part II Balance Sheets should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value Cash—non-interest-bearing 93,980 12,967 12,967 2 Savings and temporary cash investments 1,595 221,153 221,153

	3	Accounts receivable -			
		Less allowance for doubtful accounts ▶		0	
	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 ▶			
22	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	_ ا	Investments corporate hands (attach schodule)	123 700	98-1 123 700	134.40

15.634.970

15,992,790

15.992.790

15,992,790

15.992,790

16,205,550

16,030,523

15,992,790 Form **990-PF** (2019)

37,733

-175,027

1

2

3

4

5

16,205,550

16.205.550

16,205,550

16,205,550

18,142,728

18.511.248

Total assets (to be completed by all filers—see the

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

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

Total liabilities(add lines 17 through 22)

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

instructions Also, see page 1, item I)

Grants payable

Accounts payable and accrued expenses .

Deferred revenue

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Net assets with donor restrictions .

Other liabilities (describe >_

16

17 18

19 20

21

22 23

24

25

26

27

28

29

30

Part III

2

3

Liabilities

Fund Balances

Assets or

Net

(a) List and describe 2-story brick wa	How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1aSee Additional Data Table	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a See Additional Data Table	• • • • • • • • • • • • • • • • • • • •			(=/ (-)	, (5)
b					
c					
d					
е					
	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	1\
(i) F M V as of 12/31/69	(j) Adjusted basis	Excess	(k) of col (ı)	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or
a See Additional Data Table	as of 12/31/69	over coi	(j), if any	Losses (III	om col (h))
	=				
b					
<u> </u>					
d					
e		If gain, also enter in P			
	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction		· }	3	321,041
Part V Qualification L	Jnder Section 4940(e) for Re	duced Tax on Net	Investment In	come	
	rivate foundations subject to the sec				
If section 4940(d)(2) applies, le	•			,	
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		ın the base period	7 \ \ \ \ \ \ \ \	es 🔽 No
1 Enter the appropriate am	nount in each column for each year,	see instructions before	making any entrie	!S	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2018	834,420		17,784,812		0 046918
2017	745,876		17,281,676		0 04316
2016	839,211		15,732,860		0 053341
2015	233,685		16,256,121		0 014375
2014	87,109		4,655,774		0 01871
2 Total of line 1, column (c	•		2		0 176504
number of years the foun	ofor the 5-year base period—divide to dation has been in existence if less	than 5 years	<u>3</u>		0 035301
	ncharitable-use assets for 2019 from	•	4		17,655,291
5 Multiply line 4 by line 3			5		623,249
	ent income (1% of Part I, line 27b)		6		6,831
					630,080
8 Enter qualifying distribution If line 8 is equal to or green	ons from Part XII, line 4 , . . eater than line 7, check the box in Pa	art VI, line 1b, and com	<u>8</u> nplete that part usin	 ng a 1% tax rate Se	873,291 e the Part VI
instructions					

Page **6**

5a	During the year did the foundation						Yes	No		
	(1) Carry on propaganda, or other	wise at	tempt to influence legisla	gislation (section 4945(e))?			✓ N			
	(2) Influence the outcome of any s	pecific	public election (see secti	on 4955), or to carry		□ 163		١ .		
	on, directly or indirectly, any voter registration drive? Yes Vo									
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							_		
	(4) Provide a grant to an organization other than a charitable, etc., organization described									
	ın section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other t	han re	eligious, charitable, scient	ıfıc, lıterary, or				<u> </u>		
	educational purposes, or for the	e prev	ention of cruelty to childre	en or anımals?	•	Yes	✓ N			
b	If any answer is "Yes" to $5a(1)-(5)$, dıd a	ny of the transactions fai	I to qualify under the exc	ceptions des	cribed in		Ĭ		
	Regulations section 53 4945 or in a	curre	nt notice regarding disast	er assistance? See instru	ictions			5b		
	Organizations relying on a current r	notice	regarding disaster assista	nce check here		▶				
С	If the answer is "Yes" to question 5	a(4),	does the foundation claim	exemption from the						
	tax because it maintained expendit	ure re	sponsibility for the grant?			☐ Yes	\square N	。		
	If "Yes," attach the statement requi	red by	Regulations section 53 4	1945–5(d)				Ĭ		
6a	Did the foundation, during the year	, recei	ve any funds, directly or	ındırectly, to pay premiui	ms on					
	a personal benefit contract?					☐ Ves	✓ N	_		
b	Did the foundation, during the year	, pay _l	premiums, directly or indi	rectly, on a personal ben	efit contract	t?		6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa	s the	foundation a party to a pr	rohibited tax shelter tran	saction?	☐ Yes	✓ N	۱ .		
b	If "Yes", did the foundation receive	any p	roceeds or have any net i	ncome attributable to the	e transactior	17	"	7b		
8	Is the foundation subject to the sec					tion or				
	excess parachute payment during t	he yea	nr ⁹			☐ Yes	✓ N	ا		
	Information About	Office	ers, Directors, Trusto	ees, Foundation Ma	nagers, H				,	
Pai	and Contractors			·				•		
1	List all officers, directors, truste	es. fo	undation managers and	d their compensation	See instru	ctions				
				u tileli compensationi						
	·		b) Title, and average	(c) Compensation (If	(d) Cor	tributions t		(e) Eyner	ise aco	ount
	(a) Name and address		b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Cor employee b	ntributions (penefit plan	s and	(e) Exper		
MADT	(a) Name and address	(b) Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b	tributions t	s and			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Cor employee b	ntributions (penefit plan	s and			
1444	(a) Name and address	PRESI	 b) Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b	ntributions (penefit plan	s and			
1444 SN LU	(a) Name and address IN T LANG TANGLEWOOD CT	PRESI 10	 b) Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b deferred	ntributions (penefit plan	s and			
1444 SN LU KATRI 1014	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE	PRESI	b) Title, and average hours per week devoted to position DENT	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b deferred	ntributions (penefit plan	s and			
1444 SN LU KATRI 1014 ST LO	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117	PRESI 10 VICE	b) Title, and average hours per week devoted to position DENT PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b deferred	ntributions (penefit plan	s and			
1444 SN LU KATRI 1014 ST LO RUTH	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES	PRESI 10 VICE	b) Title, and average hours per week devoted to position DENT	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b deferred	ntributions (penefit plan	s and			
1444 SN LU KATRI 1014 ST LO RUTH 45 EL	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117	PRESI 10 VICE 10	b) Title, and average hours per week devoted to position DENT PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Cor employee b deferred	ntributions (penefit plan	s and			
1444 SN LU KATRI 1014 ST LO RUTH 45 EL	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA	PRESI 10 VICE 10 SECR	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER	(c) Compensation (If not paid, enter -0-) 0	(d) Cor employee b deferred	ntributions to enefit plan compensat	s and lion	other a	llowand	ces
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER	(c) Compensation (If not paid, enter -0-) 0	(d) Coremployee be deferred	ntributions to benefit plan compensat uctions). I tributions t	s and lon	other a	NONE.	es
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER	(c) Compensation (If not paid, enter -0-) 0	(d) Coremployee be deferred -see instruction (d) Conemployee be deferred	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER aployees (other than the (b) Title, and average	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	ntributions to benefit plan compensat uctions). I tributions t	s and lion	other a	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1	-see instri (d) Con employee b deferred (d) Con employ plans a	uctions to the compensation of the compensatio	s and lion	, enter "	NONE.	unt,
1444 SN LU KATRI 1014 ST LO RUTH 45 EL ORINI 2 (a)	(a) Name and address IN T LANG TANGLEWOOD CT IS OBISP, CA 93401 BREWER DELAC E LINDEN AVE UIS, MO 63117 L HAINES CAMINO MORAGA DA, CA 94563 Compensation of five highest-pa Name and address of each employee more than \$50,000	PRESI 10 VICE 10 SECR 10	b) Title, and average hours per week devoted to position DENT PRESIDENT ETARY/TREASURER Iployees (other than the hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 0 ose included on line 1 (c) Compensation	-see instri (d) Con employee b deferred (d) Con employ plans a comp	uctions to penefit plan compensations). I tributions to yee benefit nd deferred consation	s and lion	, enter "	NONE.	unt,

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

Form 990-PF (2019)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
]
2	
	-
3	
-	-
	-
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
	_
Total. Add lines 1 through 3	<u> </u>
Iotal. Add lines 1 through 3	Form 990-PF (2019)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2

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 set aside for specific charitable projects that satisfy the

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

4

5

2

3a 3h

4

5

873.291

6.831

866,460

Form **990-PF** (2019)

58,972

816,962

Form **990-PF** (2019)

Page 9

Form	990-PF	(20)19
Pa	rt XIII		_

b Total for prior years

a From 2014. **b** From 2015. . . . c From 2016. . . d From 2017. e From 2018.

D-PF	(20	01	9)	
•					

F (20	019)	
	Undistributed Income (see instructions)	

(a)

Corpus

0

0

0

(b)

Years prior to 2018

(c)

2018

814,319

814,319

19)	
Undistributed Income (see instruc	tic
·	

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019

a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ a Applied to 2018, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

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 b Prior years' undistributed income Subtract line 4b from line 2b 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 e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

6 Enter the net total of each column as

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

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. . .

applied on line 5 or line 7 (see instructions) . . .

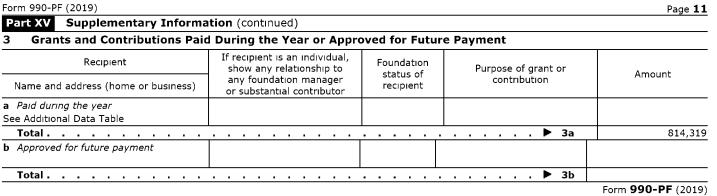
Subtract lines 7 and 8 from line 6a

indicated below:

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

same amount must be shown in column (a))

factors



	-		Unrelated bu	ısıness ıncome	Excluded by section	(e) Related or exempt function income		
b d d d d d d d d d d d d d d d d d d d							(See instructions	
c d d d d d d d d d d d d d d d d d d d								
d e								
g Fees and contracts from government agencies 2 Membership dues and assessments								
g Fees and contracts from government agencies 2 Membership dues and assessments								
g Fees and contracts from government agencies 2 Membership dues and assessments								
2 Membership dues and assessments								
Investments Investments Investments Investments Investments Investments Investments Investments Investments Investment income or (loss) from real estate Investment income or (loss) from personal property Investment income Investment income Investment income Inventory Investment income Investment income Investment income Inventory Investment income Investment income Investment income Inventory Investment income Investment income Inventory Investment income or (loss) from sales of assets other than inventory Inventory Investment income or (loss) from sales of inventory Inventory Investment income or (loss) from sales of inventory Inventory Investment income or (loss) from sales of inventory Inventory Inventory Investment income	2 Membership dues and asse	essments						
So Net rental income or (loss) from real estate a Debt-financed property. b Not debt-financed property. 5 Net rental income or (loss) from personal property 7 Other investment income. 6 Gain or (loss) from sales of assets other than inventory. 7 Net income or (loss) from special events 7 Oross profit or (loss) from sales of inventory. 8 Gross profit or (loss) from sales of inventory. 9 Net income or (loss) from sales of inventory. 10 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e). 799,370 3 Total. Add line 12, columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 15 Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See								
a Debt-financed property					14	478,329		
b Not debt-financed property								
6 Net rental income or (loss) from personal property 7 Other investment income								
7 Other investment income								
3 Gain or (loss) from sales of assets other than inventory								
Inventory								
Net income or (loss) from special events Of Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	, ,				1.8	321 041		
O Gross profit or (loss) from sales of inventory 1 Other revenue a b c d e 2 Subtotal Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See					10	321,011		
to C C C C C C C C C C C C C C C C C C C								
b c d d d d d d d d d d d d d d d d d d								
d	b							
e								
2 Subtotal Add columns (b), (d), and (e)								
3 Total. Add line 12, columns (b), (d), and (e)								
(See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See						· · · · · · · · · · · · · · · · · · ·		
Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	 Takal Add book 45 selections 	- /-> /-> / - >						
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See					13	3	799,370	
	(See worksheet in line 13 ii	nstructions to verify calcu	lations)			3	799,370	
	(See worksheet in line 13 in Part XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in Part XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
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	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
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	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	CSee worksheet in line 13 in a Relationsh. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	
1	(See worksheet in line 13 in art XVI-B Relationshine No. Explain below ho the accomplishm	nstructions to verify calcunip of Activities to the weach activity for which	lations) le Accomplish income is reporto	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	,	

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharital Exempt Organizations	ble	
D. J. kla			$\overline{}$

Part	XVII	Exempt Organi:	zations					•				
1 Did (he org	anization directly or in- han section 501(c)(3)	directly enga						ion 501		Yes	No
a Tran	sfers fi	om the reporting foun	dation to a r	oncharitable ex	empt organizatio	n of						
(1) Cash									. 18	(1)		No
(2) Other assets										(2)		No
		actions										
		of assets to a nonchari	•	-						(1)		No
(2) Purchases of assets from a noncharitable exempt organization										(2)		No
` '	(3) Rental of facilities, equipment, or other assets									(3) (4)		No No
		or loan guarantees.							_	(5)		No
		nance of services or m								(6)		No
		facilities, equipment, n								Lc		No
	-	er to any of the above		· ·						e		
of th	e good	s, other assets, or serv	vices given b	y the reporting	foundation If th	e foundatio	n receive	d less than fair mai	rket value			
ın ar	iy tran:	saction or sharing arra	ngement, sn	ow in column (c	1) the value of tr	ne goods, o	tner asse	ts, or services rece	ivea			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Des	cription of	transfers, transactions	s, and sharing	arra	ngemen	ts
-												
		dation directly or indire	•	*	•							
		n section 501(c) (other		n 501(c)(3)) or i	ın section 527? .			⊔ү	es 🔽 N	0		
b If "Y	es," co	mplete the following so		1 4	L 			(-) D	f			
		(a) Name of organization	n	(1	b) Type of organiza	tion	1	(c) Description	n of relations	пр		
	of my	r penalties of perjury, howledge and belief n preparer has any kno	, it is true, c									
Sign		****			2020-04-26	, *	*****		May the I return	RS di	scuss th	nis
Here) -								with the p	repa	er shov	vn
	S	ignature of officer or to	rustee		Date	7	Γıtle		(see instr	、 レ	7 vac [l No
		Т		T				T	(see msu	<i>)</i> L	i res –	- 110
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		PTIN				
						Ch		Check if self-		0146	417	
D-:-		KAREN J KISER				2020-	employed ▶ ☐					
Paid												
Prepa Use C		Firm's name ► BANI	K OF AMERIC	CA					Firm's EIN	▶94	-16876	65
JJC (, , , , y	Firm's address ▶ P (O BOX 1802									
				DI 020044000					Phone no	888	866-1	3275
		PR	OVIDENCE,	RI 029011802								
								l l				

(a) 2-story brick warehouse,	(s) of property sold (e g , real e or common stock, 200 shs MLC		(b)	(c)	(d)
		·	How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
986 51 COLUMBIA DIVIDEND INCO	1 COLUMBIA DIVIDEND INCOME FUND			2017-12-13	2019-12-18
	OME FUND			2017-12-13	2019-12-18
760 49 COLUMBIA DIVIDEND INCO	OME FUND			2019-12-13	2019-12-18
2638 9 COLUMBIA DIVIDEND INCO	OME FUND			2018-12-13	2019-12-18
61 COLUMBIA DIVIDEND INCOME	FUND			2018-12-13	2019-12-18
385 JPMORGAN VALUE ADVANTAC	GE FUND			2019-12-13	2019-12-18
669 61 JPMORGAN VALUE ADVANT	TAGE FUND			2019-12-13	2019-12-18
39 MORGAN STANLEY EMERGING				2014-11-19	2019-11-04
925 MORGAN STANLEY EMERGING	G			2017-04-18	2019-11-04
1 MORGAN STANLEY EMERGING				2014-11-19	2019-11-04
Form 990PF Part IV - Capital Gair	ns and Losses for Tax on	Investment I	ncome - Colum	ns e - h	
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale		Gain or (loss) (h) (e) plus (f) minus (g)	
24			19		
23,864			21,624	2,240	
18,396			18,282	114	
63,835			54,652	9,183	
15			13	2	
14,461			14,361	100	
25,150			24,976	174	
3			3		
6,475			6,060	415	
7			8		-1
Form 990PF Part IV - Capital Gair	ns and Losses for Tax on	Investment I	ncome - Colum	ns i - I	
Complete only for assets showing o	gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(၊) ol(ϳ), ıf any		t less than -0-) or from col (h))
					5
					2,240
					114
					9,183
					2
					100
					174
					415
					-1

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 1 MORGAN STANLEY EMERGING 2017-10-16 2019-11-04 769 MORGAN STANLEY EMERGING 2017-10-16 2019-11-04 860 MORGAN STANLEY EMERGING 2017-07-17 2019-11-04 1 MORGAN STANLEY EMERGING 2014-11-19 2019-11-04 1008 MORGAN STANLEY EMERGING 2017-01-17 2019-11-04 920 MORGAN STANLEY EMERGING 2016-10-17 2019-11-04 1005 MORGAN STANLEY EMERGING 2016-04-18 2019-11-04 916 MORGAN STANLEY EMERGING 2016-07-18 2019-11-04 1160 MORGAN STANLEY EMERGING 2016-01-19 2019-11-04 2019-11-04 1035 MORGAN STANLEY EMERGING 2015-10-16 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 7 7 5,383 5,462 -79 6,020 6,001 19 7 -1 7,056 6,025 1,031 6,440 5,824 616 7,035 5,750 1,285 6,412 5,496 916 4,976 8,120 3,144 7,245 5.574 1,671 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -79 19 -1 1,031 616 1,285 916 3,144 1,671

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d					
List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
992 MORGAN STANLEY EMER	RGING			2015-07-16	2019-11-04
601 45 MORGAN STANLEY EM	IERGING			2015-04-16	2019-11-04
163 55 MORGAN STANLEY EM	IERGING			2015-04-16	2019-11-04
473 MORGAN STANLEY EMER	RGING			2015-01-16	2019-11-04
1118 MORGAN STANLEY EME	RGING			2019-01-16	2019-11-07
1 MORGAN STANLEY EMERG	ING			2019-04-16	2019-11-07
1127 MORGAN STANLEY EME	RGING			2019-04-16	2019-11-07
1 MORGAN STANLEY EMERG	ING			2018-10-16	2019-11-07
1082 MORGAN STANLEY EME	RGING			2019-07-16	2019-11-07
58 MORGAN STANLEY EMERC	GING			2019-07-16	2019-11-07
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h	
(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale		Gain or (loss) (h) (e) plus (f) minus (g)	
6,944			5,963	981	
4,210			4,031	179	
1,145			1,096	49	
3,311			3,548	-237	
7,793			6,884	909	
7			6	1	
7,856			7,212	644	
7			7		
7,542			7,562	-20	
4			4		
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I	
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69		ss of col(ı) ol(ʒ), ıf any		t less than -0-) or from col (h))
					981
					179
					49
					-237
					909
					1
					644
					-20
<u>;</u>	·		·		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2019-10-14 2019-11-07 601 45 MORGAN STANLEY EMERGING 1089 MORGAN STANLEY EMERGING 2018-10-16 2019-11-07 1 MORGAN STANLEY EMERGING 2014-11-19 2019-11-07 1018 MORGAN STANLEY EMERGING 2018-07-16 2019-11-07 896 MORGAN STANLEY EMERGING 2018-04-16 2019-11-07 852 MORGAN STANLEY EMERGING 2018-01-11 2019-11-07 55 MORGAN STANLEY EMERGING 2017-10-16 2019-11-07 473 MORGAN STANLEY EMERGING 2015-01-16 2019-11-07 221 97 MORGAN STANLEY EMERGING 2014-11-19 2019-11-07 2019-11-07 1 MORGAN STANLEY EMERGING 2014-11-19 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 4,192 4,107 85 7,591 6,623 968 7 8 -1 7,096 6.407 689 6,245 6,264 -19 5,939 -143 6,082 383 391 -8 3,297 3,467 -170 1,547 1,863 -316 7 8 -1 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 85 968 -1 689 -19 -143 -8 -170 -316 -1

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 1320 39 MORGAN STANLEY EMERGING 2014-12-11 2019-11-08 5000 MORGAN STANLEY EMERGING 2014-11-21 2019-11-08 710 91 MORGAN STANLEY EMERGING 2014-11-19 2019-11-08 2228 61 MORGAN STANLEY EMERGING 2014-11-19 2019-11-08 1836 13 MORGAN STANLEY EMERGING 2014-11-19 2019-11-08 55 MORGAN STANLEY EMERGING 2017-10-17 2019-11-13 163 55 MORGAN STANLEY EMERGING 2019-11-08 2019-11-13 1 MORGAN STANLEY EMERGING 2019-11-08 2019-11-13 2019-11-13 860 MORGAN STANLEY EMERGING 2019-11-08 896 MORGAN STANLEY EMERGING 2019-11-13 2018-04-17 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 9,195 10,129 -934 -7,799 34,820 42,619 4,951 5,965 -1.01415,520 18,701 -3,181 12,787 15,407 -2,620 379 390 -11 1,128 1,139 -11 7 7 5,934 5,989 -55 6.258 -76 6,182 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -934 -7,799 -1,014 -3,181-2,620 -11 -11 -55 -76

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2018-01-12 2019-11-13 852 MORGAN STANLEY EMERGING 1 MORGAN STANLEY EMERGING 2017-10-20 2019-11-13 769 MORGAN STANLEY EMERGING 2017-10-20 2019-11-13 1082 MORGAN STANLEY EMERGING 2019-07-17 2019-11-13 4078 35 MORGAN STANLEY EMERGING 2015-02-06 2019-11-13 5000 MORGAN STANLEY EMERGING 2015-01-09 2019-11-13 3679 61 MORGAN STANLEY EMERGING 2014-12-11 2019-11-13 1 MORGAN STANLEY EMERGING 2014-11-20 2019-11-13 2014-11-20 221 97 MORGAN STANLEY EMERGING 2019-11-13 2019-11-13 1 MORGAN STANLEY EMERGING 2014-11-20 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 5,879 6.076 -197 7 7 5,306 5,434 -128 7,466 7,555 -89 28,140 30,919 -2,77934,499 36,666 -2,16725,389 28,227 -2,838 7 8 -1 1,532 1,861 -329 7 8 -1 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -197 -128 -89 -2,779-2,167 -2,838 -1 -329 -1

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2014-11-19 2019-11-13 2228 61 MORGAN STANLEY EMERGING 710 91 MORGAN STANLEY EMERGING 2014-11-19 2019-11-13 473 MORGAN STANLEY EMERGING 2015-01-17 2019-11-13 1 MORGAN STANLEY EMERGING 2016-04-18 2019-11-18 35 MORGAN STANLEY EMERGING 2017-01-17 2019-11-18 1 MORGAN STANLEY EMERGING 2016-07-18 2019-11-18 5000 MORGAN STANLEY EMERGING 2015-04-17 2019-11-18 1700 MORGAN STANLEY EMERGING 2015-09-18 2019-11-18 2015-02-25 1737 MORGAN STANLEY EMERGING 2019-11-18 2015-02-06 2019-11-18 1921 65 MORGAN STANLEY EMERGING Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 15,377 18,701 -3,3244,905 5,965 -1,060 3,264 3,464 -200 7 6 2 2 7 6 1 803 34,259 33,456 11,648 8,383 3,265 11,902 12,630 -728 14,568 -1,401 13,167 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -3,324-1,060 -200 1 1 803 3,265 -728 -1,401

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo , day, yr) (mo, day, yr) D—Donation CAPITAL GAIN DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g)

			318,299			
form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I						
Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	Adjusted basis	Excess of col (i) (k) over col (i) if any	col (k), but not less than -0-) or (I) Losses (from col (h))			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
AMERICAN FRIENDS OF ASIAN RURAL INSTITUTE INC1121 N 94TH ST A	N/A	PC	TOSHIHIRO TAKAMI	44,000

SEATTLE, WA 98103				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKSTOWN HEIGHTS NY 10598	N/A	PC	UNRESTRICTED GENERAL	

GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKSTOWN HEIGHTS, NY 10598	N/A	PC	UNRESTRICTED GENERAL	60,000
HUDSON HIGHLANDS LAND TRUST PO BOX 226	N/A	PC	SUPPORT BREAKNECK RIDGE	30,000

611 GRANITE SPRINGS RD YORKSTOWN HEIGHTS, NY 10598				
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	N/A	PC	SUPPORT BREAKNECK RIDGE	30,000

Total			▶ 3a	814,319
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	N/A	PC	SUPPORT BREAKNECK RIDGE	30,000
YORKSTOWN HEIGHTS, NY 10598				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ADVANCE GCFAPO BOX 9068 NEW YORK, NY 10087	N/A	PC	SUPPORT PALESTINIAN	10,000
ACNM FOUNDATIONPO BOX 380272	N/A	PC	IN HONOR OF DOROTHY LANG	84,000

ACNM FOUNDATIONPO BOX 380272 CAMBRIDGE, MA 02238	N/A	PC	IN HONOR OF DOROTHY LANG	
CAT DEPOT1520 S LODGE DR	N/A	PC	UNRESTRICTED GENERAL	

CAMBRIDGE, MA 02238	.,			_
CAT DEPOT1520 S LODGE DR	N/A	PC	UNRESTRICTED GENERAL	

CAMBRIDGE, MA 02238	1,4,1			3 ,,0
CAT DEPOT1520 S LODGE DR	N/A	PC	UNRESTRICTED GENERAL	5,0

211 151 15 0 C 11 11 1 0 C C C C				
CAT DEPOT1520 S LODGE DR	N/A	PC	UNRESTRICTED GENERAL	5,000
	1			

AT DEPOT1520 S LODGE DR	N/A	PC	UNRESTRICTED GENERAL	5,00
ARASOTA, FL 342395009				

SARASOTA, FL 342395009		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CALIFORNIA POLYTECHNIC STATE N/A PC UNRESTRICTED GENERAL 5,000

UNIVERSITY

Total .

FOUNDATION ONE GRAND AVENUE BLDG 117 NO 208 SAN LUIS OBISPO, CA 934070443				
ALBRIGHT COLLEGEPO BOX 15234 READING, PA 19612	N/A	PC	SCHOLARSHIPS FOR MIDWIFERY	50,319

ALBRIGHT COLLEGEPO BOX 15234 READING, PA 19612	N/A	PC	SCHOLARSHIPS FOR MIDWIFERY	50,319
OGLALA LAKOTA COLLEGE 400 PIYA WICONI RD KYLE, SD 57752	N/A	PC	UNRESTRICTED GENERAL	25,000

Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN RIVERS1101 14TH ST NW N/A PC UNRESTRICTED GENERAL 20,000 WASHINGTON, DC 20005

,				
CHRISTIAN HEALTH SERVICE CORPS 201 PRIVATE ROAD 5819 GRAND SALINE, TX 751403037	N/A	PC	UNRESTRICTED GENERAL	10,000
KIDS ALIVE INTERNATIONAL	N/A	PC	UNRESTRICTED GENERAL	30,000

GRAND SALINE, IX 751403037				
KIDS ALIVE INTERNATIONAL 2507 CUMBERLAND DRIVE VALPARAISO, IN 46383	N/A	PC	UNRESTRICTED GENERAL	30,000
Total			▶ 3a	814 319

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAINT MARYS COLLEGE N/A PC. UNRESTRICTED GENERAL 70,000 122 LEMANS HALL DE DAME IN 46EE60000

	1,174	20	CURRENT FOR BUICKELL	10.000
JENNINGS COUNTY HIGH SCHOOL 800 W WALNUT ST NORTH VERNON, IN 47265	N/A	PC	UNRESTRICTED GENERAL	2,000
NOTRE DAME, IN 465560000				

▶ 3a

800 W WALNUT ST NORTH VERNON, IN 47265	.,,,			_,,,,,
WHEATON COLLEGE510 IRVING AVE	N/A	PC	SUPPORT FOR BUSWELL	10,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
BRIGHT STARS OF BETHLEHEM PO BOX 185 MT MORRIS, IL 61054	N/A	PC	SUPPORT FOR LIBRARY AND	85,000

MT MORKIS, IL 01034				
FOREST PARK FOREVER 5595 GRAND DRIVE IN FOREST PARK ST LOUIS, MO 63112	N/A	PC	UNRESTRICTED GENERAL	37,000

5595 GRAND DRIVE IN FOREST PARK ST LOUIS, MO 63112	IN/A	PC	ONRESTRICTED GENERAL	37,000
CHAMP ASSISTANCE DOGS 4910 PARKER RD FLORISSANT MO 63033	N/A	PC	UNRESTRICTED GENERAL	30,000

5595 GRAND DRIVE IN FOREST PARK ST LOUIS, MO 63112				
CHAMP ASSISTANCE DOGS 4910 PARKER RD FLORISSANT, MO 63033	N/A	PC	UNRESTRICTED GENERAL	30,000
Total			▶ 3a	814,319

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

N/A

ST JOSEPH'S INDIAN SCHOOL

PO BOX 776 CHAMBERLAIN, SD 57325	,			,
RED CLOUD INDIAN SCHOOL 100 MISSION DR PINE RIDGE, SD 57770	N/A	PC	HEALTH CURRICULUM &	25,000

PC

EDUCATION OF NATIVE

RED CLOUD INDIAN SCHOOL 100 MISSION DR PINE RIDGE, SD 57770	N/A	PC	HEALTH CURRICULUM &	25,000
ST AUGUSTINE INDIAN MISSION SCHOOL PO BOX 766 WINNEBAGO, NE. 68071	N/A	PC	UNRESTRICTED GENERAL	20,000

PINE RIDGE, SD 57770				
ST AUGUSTINE INDIAN MISSION SCHOOL PO BOX 766 WINNEBAGO, NE 68071	N/A	PC	UNRESTRICTED GENERAL	20,000
Total	814.319			

Recipient If recipient is an individual, show any relationship to Status of Status of

any foundation manager

Total .

Name and address (home or business)	or substantial contributor			
a Paid during the year				
AMERICAN INDIAN COLLEGE FUND PO BOX 172449	N/A	PC	SCHOLARSHIPS FOR NATIVE	15,000

recipient

NATIONAL MUSEUM OF THE AMERICAN INDIANPO BOX 37012 WASHINGTON, DC 20013 PC PRESERVATION OF NATIVE 5,000	I	DENVER, CO 80217				
	ı	INDIANPO BOX 37012	N/A	PC	PRESERVATION OF NATIVE	5,000

INDIANPO BOX 37012 WASHINGTON, DC 20013	.,,			2,200
CORNERSTONE FOUNDATION 9032 WOOLMARKET ROAD BILOXI, MS 395328152	N/A	PC	UNRESTRICTED GENERAL	7,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
TONY LA RUSSA'S ANIMAL RESCUE FOUNDATION	N/A	PC	UNRESTRICTED GENERAL	10,000

POUNDATION 2890 MITCHELL DR WALNUT CREEK, CA 94598				
ST LABRE INDIAN EDUCATION ASSN	N/A	PC	PROVIDE QUALITY EDUCATION	10,000

ř				
ST LABRE INDIAN EDUCATION ASSN PO BOX 216 ASHLAND, MT 59003	N/A	PC	PROVIDE QUALITY EDUCATION	10,000
SOARING FAGI FPO BOX 879	N/Δ	PC PC	SUPPORT HERITAGE LIVING	10.000

ST LABRE INDIAN EDUCATION ASSN PO BOX 216 ASHLAND, MT 59003	N/A	PC	PROVIDE QUALITY EDUCATION	10,000
SOARING EAGLEPO BOX 879	N/A	PC	SUPPORT HERITAGE LIVING	10,000

ASHLAND, MT 59003				
SOARING EAGLEPO BOX 879 BILLINGS, MT 59103	N/A	PC	SUPPORT HERITAGE LIVING	10,000

SOARING EAGLEPO BOX 879 BILLINGS, MT 59103	N/A	PC	SUPPORT HERITAGE LIVING	10,000

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ST BONAVENTURE INDIAN MISSION N/A PC SUPPORT SELF-SUFFICIENCY 20,000 SCHOOL PO BOX 610

THOREAU, NM 87323				
BASTYR UNIVERSITY-MIDWIFERY SCHOOL 14500 JUANITA DR NE KENMORE, WA 98028	N/A	PC	LANG SCHOLARSHIP FOR	25,000
COMMUNITY CONCERN FOR CATS PO BOX 3795	N/A	PC	UNRESTRICTED GENERAL	25,000

14500 JUANITA DR NE KENMORE, WA 98028				
COMMUNITY CONCERN FOR CATS PO BOX 3795 WALNUT CREEK, CA 94598	N/A	PC	UNRESTRICTED GENERAL	25,000
Total			▶ 3a	814,319

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
CALIFORNIA-PACIFIC UNITED	N/A	PC	UNRESTRICTED GENERAL	15,000

CALIFORNIA-PACIFIC UNITED	N/A	PC	UNRESTRICTED GENERAL	15
METHODIST				
FOUNDATION110 S EUCLID AVE				
PASADENA, CA 911012421				

FOUNDATION110 S EUCLID AVE PASADENA, CA 911012421		
Total	▶ 3a	814,319

efile GRAPHIC print - DO NOT F	ROCESS A	s Filed Data -		D	LN: 93491135002390		
TY 2019 Accounting Fees Schedule							
	Name: T	HE 10HN & E	RANK SPARAC	TO CHARITARI F			
	Name: THE JOHN & FRANK SPARACIO CHARITABLE						
EIN: 65-0951605							
Category	Amou	nt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

TAX PREPARATION FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135002390				
TY 2019 Investments Corporate Bonds Schedule						
•						

134,400

123,700

Name:	THE JOHN & FRANK SPARACIO CHARITABLE
EIN:	65-0951605
Investments Cornorate Bonds Schedule	•

404280604 HSBC HLDGS PLC ADR

nvestments Corporate Bonds Schedule				
Name of Bond	End of Year Book Value	End of Year Fair Market Value		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491135002390
·		

TY 2019 Investments - Other Schedule

Name: THE JOHN & FRANK SPARACIO CHARITABLE

EIN: 65-0951605

Category/ Item	Listed at Cost or	Book Value	End of Year Fair
catego.y, Item	FMV	20011 74140	Market Value
140543828 AMERICAN CAPITAL WOR	AT COST	1,201,678	1,455,794
831681820 AMERICAN SMALLCAP WO	AT COST	1,311,813	1,586,691
617477104 MORGAN STANLEY EMERG			
4812A4351 JP MORGAN STRATEGIC	AT COST	753,137	735,356
278279104 EATON VANCE FLOATING	AT COST	452,853	443,698
885215467 THORNBURG INVESTMENT	AT COST	1,392,290	1,532,763
360802821 AMERICAN FUNDS FUNDA	AT COST	1,244,762	1,437,851
09256H336 BLACKROCK MULTI-ASSE	AT COST	1,084,840	1,167,374
025086877 AMERICAN CENTURY EME	AT COST	512,415	835,632
19766H338 COLUMBIA SELIGMAN	AT COST	448,535	688,770
72201M719 PIMCO INCOME FUND	AT COST	834,273	869,613
19765N245 COLUMBIA DIVIDEND IN	AT COST	1,190,146	1,564,865
63872R764 LOOMIS SAYLES CORE P	AT COST	662,462	703,281
339183105 JPMORGAN MID CAP VAL	AT COST	957,980	1,087,544
543487250 LOOMIS SAYLES STRATE	AT COST	99,191	95,432
4812A2595 JPMORGAN VALUE ADVAN	AT COST	1,232,830	1,540,966
09260B382 BLACKROCK STRATEGIC	AT COST	1,011,711	1,008,470
413838756 OAKMARK GLOBAL SELEC	AT COST	1,244,054	1,388,628

efile GRAPHIC print - DO NOT PROC	CESS As Filed Data	-	DL	N: 93491135002390	
TY 2019 Legal Fees Sched	dule				
_					
Name: THE JOHN & FRANK SPARACIO CHARITABLE EIN: 65-0951605					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL FEES - PRINCIPAL (ALLOCA	472			472	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491135002390			
TY 2019 Other Decreases Schedule						
Name	THE 10HN & E	RANK SPARACIO CHARITABLE	:			
Manier	1112 301114 & 1	NAME STANACIO CHANTABLE	•			
EIN:	65-0951605					
De	escription		Amount			

NET FACTORING ADJ

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491135002390	
TY 2019 Other Expenses Schedule					
Name: THE JOHN & FRANK SPARACIO CHARITABLE					
EIN:	65-0951605				
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE EXPENSE	1,737	0		1,737

CSC - CORP ANNUAL FEE

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491135002390	
TY 2019 Other Professional Fees Schedule					
Name: THE JOHN & FRANK SPARACIO CHARITABLE					
EIN: 65-0951605					
	05 0552000			1	
Category	Amount	Net Investment	Adjusted Net	Disbursements	

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

53,933

134,833

INVESTMNT MNGMNT FEES (NON-DED

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491135002390
TY 2019 Taxes Schedule				
Name:	THE JOHN &	FRANK SPARACIO) CHARITABLE	
EIN:	65-0951605			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	9,667	9,667		0
EXCISE TAX - PRIOR YEAR	163	0		0
EXCISE TAX ESTIMATES	8,332	0		0
FOREIGN TAXES ON NONQUALIFIED	2,044	2,044		0